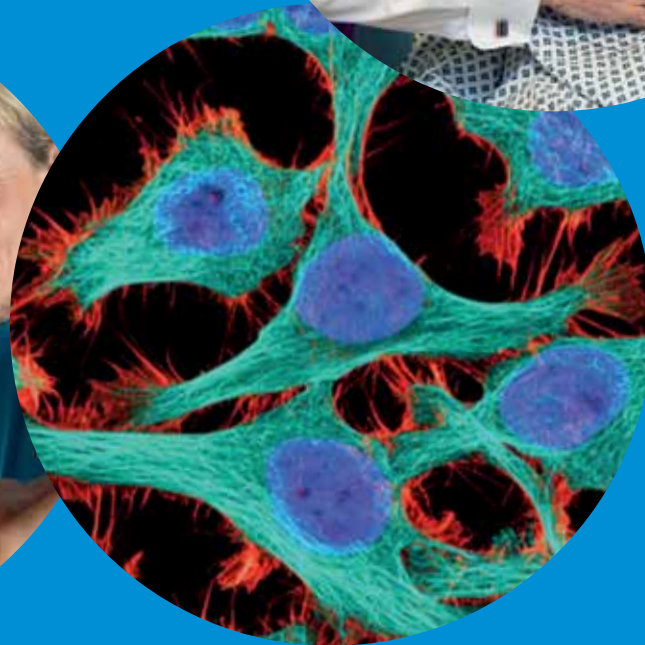
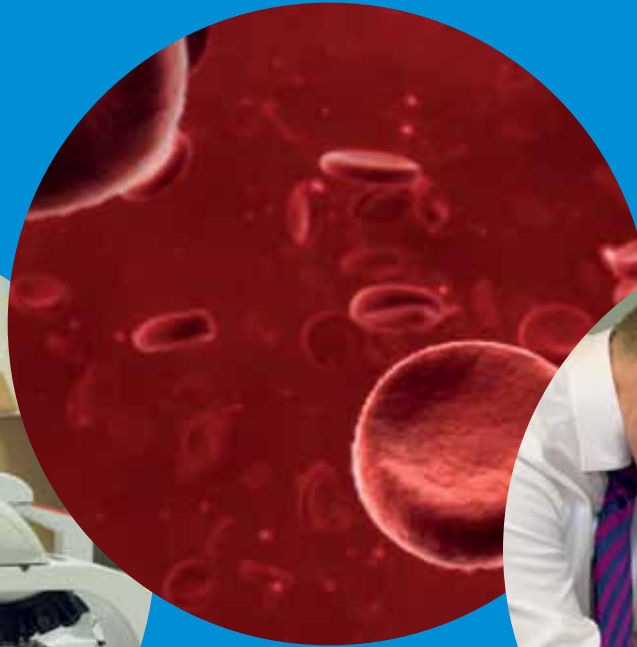




The Royal College of **Pathologists**
Pathology: the science behind the cure



**THE ROYAL
COLLEGE OF
PATHOLOGISTS**
**ANNUAL
REPORT
2013-2014**

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 The changes to the Charter and Articles of the College were approved by the Privy Council, the Department of Health and the Charities Commission just in time for November's Annual General Meeting, but too late to include in last year's report. This approval allowed us to implement the changes in structure and function necessary to handle changes in healthcare and education which are very challenging and far from stable. These challenges illustrate first the need for medical royal colleges as potentially stabilising influences, and second that the influence is often limited. The following

examples of change and stasis are selective because it's not possible to describe every internal activity and external interaction or acknowledge every individual's contribution.

Positive challenges and internal changes The single most important internal change has been the open election for the President. Almost 30% of members voted, many more than in the Summer 2014 elections for the rest of the Honorary Officers. Not all Fellows agreed with this change in the electoral process but it's seen by the majority as a very positive step. It is proving very helpful to have several months to hand over to Suzy Lishman and I am sure she will be an excellent President. This 'handover year' may make a four-year term feasible and desirable in future.

The College has also appointed a Director of Clinical Effectiveness, Peter Cowling, who will head up the Clinical Effectiveness Unit as it expands. This development coincides with the need to respond to the Pathology Quality Assurance Review (PQAR; the 'Barnes' Report'), which was published in January of this year and had the full support of the College. All the recommendations have been accepted by NHS England (NHSE). There will be a big expansion in the membership and work of the Joint Working Group in Quality Assessment. The College will host this group as before and will provide greater support for the governance of its work. The elephant in the room here is who will pay the bill for the increase in this work.

The structure of the International Department's global network has been radically reformed under the leadership of its Director, Ken Fleming. The work has increased so much that it needs at least three more staff who have not yet been appointed. This expansion looks set to continue. The project called Lab Skills in Africa, funded by the Department for International Development through the Tropical Health and Education Trust, has attracted much positive comment. This department is now active in not only all the Anglophone countries of sub-Saharan Africa but also in West Africa, Kurdistan, the Gulf States, Pakistan, Mexico and Myanmar. There has however been a disappointing lack of progress in the development of the Medical Training Initiative to facilitate placement of non-EU trainees, the expansion of overseas examination centres and the opening up of continuing professional development (CPD) to overseas members and non-members.

The College has an excellent Department of Training and Examinations and has been extremely busy this year. Jo Brinklow and David Bailey have worked hard to gain GMC approval for the amalgamated training curriculum for infectious diseases, microbiology and virology. We have a new Examinations Manager in Helen Melliush who, with Kevin West, will have a great deal of work to do

in reforming our exams. There is too much variation across the disciplines, variation which is hard to justify, and it's time to look at a staggered modular examination more tightly bound to curricula. The Shape of Training report from Professor Greenaway, while lacking in detail and barely mentioning pathology, offers us an opportunity to reconsider the length and depth of pre-Certificate of Specialty Training (CST) training programmes and the possibility of post-CST credentialing to achieve sub-specialisation.

Tim Wreghitt and Jeff Seneviratne have produced, with the help of many, new clinical science FRCPATH curricula for the eleven disciplines which are part of the Higher Scientific Specialty Training programme to be run by the National School of Healthcare Science (NSHCS). This is a major achievement and they deserve high praise for their persistence in getting the FRCPATH training



The President hosted a meeting of Pakistani diaspora pathologists in the UK to discuss how they might work together to support and improve pathology training and laboratory medicine services in Pakistan. The March meeting was attended by Dr Maadh Aldouri, the College's International Advisor, Dr Kenneth Fleming, Director of International Affairs, Dr Chughtai Akhtar, President of the Pakistan Association of Pathologists and Major General (Dr) Muhammad Ayyub, consultant haematologist and advisor in pathology



Dr Prentice with Dr Deepti Radia (centre), consultant haematologist at Guy's and St Thomas' Hospital, and Dr Joel Newman, specialist registrar in haematology at the East Sussex Healthcare NHS Trust, speaking on 'The Story of your Blood' at Gresham College, London, in December 2013

curricula and the exams recognised as the route to registration for these healthcare scientists via the Academy of Healthcare Science. There are some details still to be finalised, such as work-place based assessments and equivalence for those FRCPaths and those trainees in non-Higher Specialist Scientist Training (HSST) places to gain registration, but these are not insurmountable. The College will continue to work closely with NSHCS.

The Interspecialty Committee on Molecular Pathology, under the excellent chairmanship of Ian Cree, has produced a new FRCPath curriculum for clinical scientists in molecular pathology of acquired disease. This was a spontaneous piece of work from the College and has been widely welcomed. Modules from this can be extracted, modified and inserted into all the other curricula of the College, whether for medical graduates or for clinical scientists. The College is working closely with NHS England, Health Education England (HEE) and Genomics England in all aspects of reorganisation and development of genetic and molecular diagnostics. It has proved interesting to have to point out to the nouveau genomics enthusiasts that molecular and genetic diagnostics have been embedded in most, if not all, pathology disciplines for some time and some, like virology, are almost exclusively molecular now. That's no excuse for complacency and the College recognises that there are two other new modules needed in all curricula to standardise training in bioinformatics and management of quality. The College is likely to be in a far better position to manage a successful working relationship with HEE once we have all of our Regional College Leads in place; the work of our new Regional Coordination Manager, Digby Ingle, is producing the very powerful regional profiles we need to create national training models and local solutions.

In terms of research, the College has launched its new online, open-access journal, *Pathogenesis*, with the publishers Elsevier and under the editorship of Finbarr Cotter, the College's Director of

Research. This is now attracting a steady flow of submissions but it will take some time to establish itself. Discussions continue with the research funding bodies to establish a better platform for pathological research in higher educational institutes.

Nicki Cohen has kindly taken on the task of producing recommendations for the minimum content of pathology teaching in the undergraduate curriculum and has almost completed her Delphic investigation. This coincides with collaborative work with the Pathological Society of Great Britain and Ireland (Path Soc), which has established an undergraduate network and held its first meeting in the College earlier this year. It came as a pleasant surprise to learn that students in 23 of the UK's medical schools have their own pathology societies and had set up their own network. The British Division of the International Association of Pathology has run this August, in association with the College and Path Soc, a two-day summer school for students at the College which was heavily oversubscribed. It may be easier to persuade schools, the GMC and the Medical Schools Council to standardise at least some teaching of pathology with the support of the students themselves.

External frustrations It is very disappointing to have to acknowledge that the College seems to have had very little impact on the commissioning and reconfiguration of pathology services in England. This is in stark contrast to Northern Ireland, where we have a very close and productive relationship with members, the provincial Medical Director, Michael McBride, and the Executive. The influence in Scotland is more subtle in that representatives of the College are embedded at every level within the governance structure for pathology. The relationship in Wales remains unclear.

There is disagreement amongst the Honorary Officers as to whether RCPATH Consulting (RCPC) has made a useful and general contribution in reconfiguration or commissioning and many members are frustrated that they cannot be allowed to see the contents of the confidential advisory reports from RCPC about their services unless their employers allow it. I offer them my personal apologies for that. I feel that the members of the College and the public are due an anonymised account of the lessons learned through RCPC about configuration and commissioning in England. The role of the private sector merits an urgent review following the withdrawal of one major provider facing heavy financial losses and accusations of overcharging. The Medical Director of NHSE has made clear their view that commissioning of pathology services is a local issue.

Despite that, I have continued to pursue with Jo Martin, the National Clinical Director for Pathology, the creation of a service model that will include high-level quality of service criteria. This emphasises the importance of the PQAR as a means of defining criteria for effective commissioning, so all is not lost. NHSE has agreed that there must be a National Oversight Group, chaired by Sir Muir Gray, to monitor continuous quality provision and improvement in pathology as recommended in the Barnes' report. This is the vehicle through which the College can exercise influence on local commissioning if it so chooses. This is an opportunity not to miss.

The conjunction of all that is happening in the reforms described above with the unexpected appearance of Lord Saatchi's Medical Innovation Bill is bizarre, but I've written enough about the latter. There is no sign of its satisfactory reform or retraction at the time of writing. So it's worth



The President met with Dr Tsehaynesh Messele, Chief Executive of the African Society for Laboratory Medicine (ASLM), in September

4 repeating simply that it is both unnecessary and dangerous. A priority for a Government sworn to progress and innovation should have been reform of the Human Tissue Act and the establishment of the national network of Medical Examiners. There is no hope that either will happen before the next election and a serious risk that both may disappear thereafter in the obscurity of parliamentary and civil service smoke and mirrors. Equally frustrating is the Government's clumsy management of the Care Data Bill, which has generated so much needless anxiety about confidentiality. As a result, we may never now reap the potential benefit of interoperability of separate health databases, which is a much tougher nut to crack than the confidentiality issue. I hope that we might at the very least see the recreation of the funding we have just lost for the National Laboratory Medicine Catalogue and that funding is found to continue the crucial work of the Professional Records Standard Body in defining the standards for electronic patient records.

Conclusion There is and there never will be any shortage of business for the College. It is now set up in a way that makes it more responsive and, despite the challenges I described, it is more likely to be heeded than in the past. It has a challenging but healthy future in discharging its core responsibility to speak wisdom to power.

DR ARCHIE PRENTICE
PRESIDENT



FROM THE PRESIDENT-ELECT

It is an honour to have been elected the next President of the College, particularly as this is the first time that all Fellows have had the opportunity to vote. I have enjoyed taking on the additional role of President-Elect over the last few months and am grateful to the current President for his support and advice. I look forward to working with the new team of Honorary Officers, Directors and Council members to build on the substantial and varied work that Archie has led over the last three years.

Priorities for the first months of my presidency include listening to members' views and looking closely at what the College offers its members, particularly in relation to exams and CPD. Other areas high on the agenda include Higher Specialist Scientific Training, the implications of the Shape of Training Report, the College's role in implementing the Pathology Quality Assurance Review recommendations and the future of academic pathology. I am already working with The Royal College of Physicians on our shared specialties and the Royal College of General Practitioners in relation to patient access to results and the huge variation in pathology test requesting across the country.

One challenge for all of us will be the move from our current home at 2 Carlton House Terrace to temporary accommodation while we look for and prepare our new premises. Much work has gone into the preparation for the move and we hope that disruption will be kept to a minimum. I am grateful to everyone who completed the member survey about the facilities required in the new building; your opinions have been incorporated into the brief given to the architects leading the search for new premises.

I look forward to reporting on progress about the move and all aspects of College business in next year's annual report and to meeting as many of you as possible during the coming year.

DR SUZY LISHMAN

FROM THE CHIEF EXECUTIVE



It has been a busy and fast moving year for the College in terms of its governance and management, particularly as the College's governing documents were changed at the end of 2013, as the President has written.

The major organisational change is that a Trustee Board has been established, replacing both the former Executive sub-committee of Council and the Finance Committee. The Board is now responsible for all matters relating to the structure, governance and management of the College. Council members are no longer the trustees of the College. The role of Council has changed in that it is now responsible for the clinical, educational and professional aspects of the College, and reports to the Board.

The Regional Councils for Scotland, Wales and Northern Ireland continue unaltered, but the College's English regional structure has undergone significant change. Replacing the eight Regional Councils, England has been divided into 13 areas, the boundaries of which match those of the Local Education and Training Boards (LETBs). In the same way that each of the three Vice-Presidents oversees one of the three College functional areas – learning, professionalism and advocacy and communications – three Regional College Leads are being recruited for each of the 13 English areas, again one for each of the three College functions, to act as the College's eyes and ears and represent the College locally on important issues. The first meeting of the Regional Leads and Officers took place in June. To support this new structure, the networking and cross-College activity it entails, we have recruited Digby Ingle as Regional Coordination Manager.

Another important development is that the method of election of all Honorary Officers has been made more democratic. Previously any Fellow could stand for election but only members of Council were eligible to vote. Now, voting has been opened up to all College Fellows, which ensures a stronger mandate for those elected. The first election held under the new rules returned Dr Suzy Lishman as President, who takes up the role in November.

Against the backdrop of these substantial changes, the College workload has been expanding, particularly in the international arena, in delivering the clinical effectiveness strategy, plus increasing the precision and reach of public and political engagement and other outreach activities to promote and advise on the work of the profession. During the year, we passed the milestone of having 50 College employees and this expansion means that we have also had to commit to strengthening our processes and responsiveness across all aspects of College operations.

In terms of how the College does its work, all College committees, including the Trustee Board and Council, are increasingly conducting their business electronically or in writing, in between face-to-face meetings. This is a first and important step in making the College more responsive as it adapts to the demands of a fast-moving world.

To better enable the College to focus its work in line with its strategy, forward plan and budget, while retaining the flexibility to adapt to circumstances and priorities as they unfold, a number of other initiatives are being rolled out. These include:

- ▶ implementing recommendations from a review of committee effectiveness and administrative efficiency

- ▶ the introduction of a new induction process to help Fellows taking on new roles quickly orientate and integrate
- ▶ investment in developing the capability of staff to support Officers, Directors and Chairs in delivering for our members.

We have successfully brought our pathology workforce database back in-house, allowing it to be linked to the main College database. This is a major step forward for us as it will increase our efficiency and in the last ten months approximately nearly half of medical Fellows have updated their records. With your help in improving the accuracy of this information still further, we will be in a stronger position to advise and assist Health Education England in planning an appropriate medical and scientific pathology workforce.

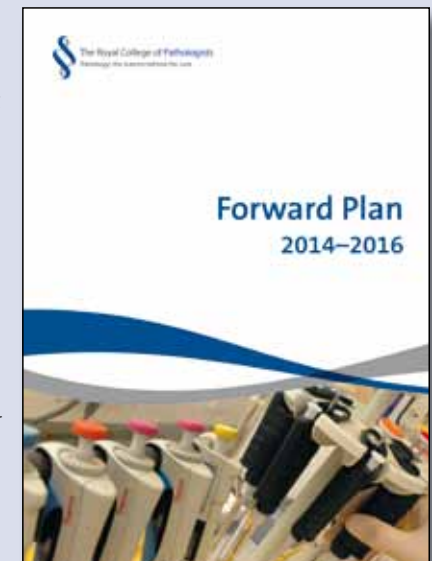
An enhanced online CPD and revalidation system was launched in July 2014, allowing easier recording of activity and evidence of learning.

While these internal changes are important in their own right, we recognise the central importance of ensuring that College services remain relevant and easily accessible to the membership. In pursuit of this, a digital strategy is being drawn up for approval. The first project in this area will be a complete overhaul and redesign of the College website. This will deliver in about 12 months a modern, attractive and functional website that is fit for purpose, delivers a significantly enhanced user experience and allows integration with mobile technologies. The development of a digital strategy alongside the website project will review the IT infrastructure and business practices currently in place, to deliver future value and benefits to staff and members.

Beneath these improvements, we have also implemented a new human resources (HR) management system, reviewed our HR policies to ensure that they are up to date and tested our business continuity plan and response to ensure that the College could continue providing a service in the event of major disruption.

The challenge for the year ahead will be to consolidate the changes we have made, deliver on the ambitious programme of work and fully embed the new governance arrangements. The biggest challenge will be our move to temporary premises and the biggest opportunity will be to source a new permanent home for the College.

DANIEL ROSS
CHIEF EXECUTIVE



FROM THE REGISTRAR



By 2012 the New Fellows' ceremonies and dinners had become sparsely attended and the Annual General Meeting, long coupled with the November New Fellows' ceremony, did nothing to enhance the impression the College gave to new young pathologists as they joined our ranks. It was time for a refresh. Michelle Merrett drafted the reforms and, following discussion with the Honorary Officers, we instituted some major changes.

The New Fellows' ceremony itself has largely remained the same but has been brought forward to an earlier time. The formal dinner has been replaced by a buffet and the major difference to the proceeding is the introduction of a 'pop-up' nursery in the College. We hope the ceremony now has the right combination of humanity and formality to denote recognition of the hard work which goes into the acquisition of Fellowship. I am pleased to say that the changes have resulted in many more new Fellows attending in person to receive their certificates and, as space is limited, there is now even a waiting list for each ceremony.

Along with the requirement to produce and circulate this Annual Report, the College is required by the Charity Commission to hold an Annual General Meeting. This meeting has also been reformed, to introduce less formality in the presentation of the report and discussion of the significant events of the preceding year.

As the name implies, the Registrar is the custodian of the Fellowship register of pathologists. As a consequence of this, the Registrar is responsible for the implementation of the College's new Conduct Regulations. Unfortunately there have been two referrals to this process in the last year and one panel had to be convened to consider the referral.

The College Registrar also undertakes project work and, in this capacity, I chair the Board overseeing the Biomedical Scientist Histopathology Reporting pilot project. This pilot has expanded in its second year, with enthusiastic participants in cellular pathology departments throughout England, Scotland and Northern Ireland. All of the participants are senior biomedical scientists and most, but not all, are advanced practitioners in cervical cytology or advanced dissection practitioners. The participants show great dedication, as the bulk of the reporting experience has to be acquired in addition to their 'day jobs'. The niche areas being piloted at this stage are gastrointestinal and gynaecological pathology. These were chosen as they represent areas of histopathology practice with a high volume of low-complexity, low-litigation reporting. Frequently, these areas contribute to departmental reporting backlogs. Plans to set up a Conjoint Board with The Institute of Biomedical Science (IBMS) are at an advanced stage.

The United Kingdom Accreditation Service (UKAS) continues to pilot the collection of key performance indicator (KPI) data during Clinical Pathology Accreditation (CPA) visits and the results of this pilot will be published in the coming year.

The College Registrar has responsibility for responding to external consultation. This generates a great deal of activity and interesting contributions, all of which are managed by Alison Douglas and Maxine Mantle. In the last year, 75 external consultation requests were received. Of those, 31 did not require a formal College response but were circulated to either all Fellows or the relevant subset of Fellows, in order to allow each Fellow to make an online submission of their own views. A central

College response was provided to 13 consultations (see list) and most are available to view on the College website (www.rcpath.org/publications-media/college-responses).

With the agreement of the Trustee Board, I look forward to beginning my second term as Registrar in November 2014. In order to improve the support I provide to the College as your Registrar, I am undertaking a Leadership Programme for College Honorary Officers, run jointly by the Faculty of Medical Leadership and Management and The Royal College of Physicians. The programme aims to improve the ability of Honorary Officers to understand and to influence politicians and policymakers to further the aims of the College.

DR RACHAEL LIEBMANN REGISTRAR

Organisation requesting response	Title of consultation
Academy of Medical Royal Colleges (for input to the Professional Standards Authority)	Encouraging candour: How can professional regulation encourage healthcare
Home Office	Stronger powers for forensic science regulator
Department of Health	UK Genetic Testing Network Review
House of Commons All-Party Parliamentary Group on Respiratory Health	Call for written evidence on respiratory deaths
NHS Patient Safety for Safe Medication Practice and Medical Devices	Single use device reprocessing: opportunity to comment for Medical Patient Safety Expert Group
Public Health England	UK standards for microbiology investigation: G8 respiratory viruses
Academy of Medical Royal Colleges	Less than full-time working generic information
House of Commons' Health Committee	Complaints and raising concerns
The Royal College of Physicians	Improving quality in allergy services
Advisory Committee on the Microbiological Safety of Food	An update on viruses in the food chain
Department of Health Advisory Committee on the Safety of Blood, Tissues and Organs	Advice on cell-based advanced therapies
Public Health England	Collaborative tuberculosis strategy for England 2014–2019
Advisory Council on Misuse of Drugs	Diversion and illicit supply of medicines

Learning



The Learning function of the College comprises the Training, Examinations, Assessment and International Departments, as well as oversight of research. We also work closely with the Joint Royal Colleges of Physicians Training Board (JRCPTB) of The Royal College of Physicians (RCP), with regard to haematology and immunology training.

This area is overseen by the Vice-President for Learning (Professor Mike Wells) and is led by the Director of Training and Assessment (Dr David Bailey), the Director of Examinations (Dr Kevin West) and the Director of International Affairs (Dr Ken Fleming). It is managed by the Head of Educational Standards (Joanne Brinklow).



Key achievements

Infection training: With the JRCPTB, we have gained approval from the General Medical Council for a Combined Infection Training curriculum, as part of new medical microbiology, medical virology, infectious

diseases and tropical medicine curricula and assessment systems. We developed and implemented workplace-based assessments and held workshops with the RCP to develop a bank of Part 1 examination questions. While work continues on implementing the infection project for an August 2015 start (including recruitment, programme approval and trainee support), we believe this is an important step in preparing training in the infection specialties to meet future patients' needs.

Clinical scientists: We have developed eleven new Clinical Scientists' curricula as part of the Modernising Scientific Careers initiative. FRCPath remains the central summative examination for clinical scientists in pathology and the Assessment Department is developing workplace-based assessments to underpin the curricula. This development will improve the support that the College is able to offer clinical scientists and, in turn, will provide clearer pathways for progression through the various specialties.

E-learning: The College has re-established its relationship with E-Learning for Health (eLfh) and has recruited E-learning Leads for most of the main pathology specialties. E-learning sessions that were previously developed with eLfh will be reviewed and made available on the eLfh site, together with new content. This work will greatly improve the provision of e-learning material for all pathologists in the NHS.

LEPT: The Learning Environment for Pathology Trainees (LEPT) system is an online portfolio for recording workplace-based assessment and multi-source feedback. It also allows trainees to record information about their progress to support their annual review of competence progression (ARCP) process. Following discussions with trainee representatives, we are now working to make the LEPT system more user-friendly.

Digital pathology: In collaboration with GE Healthcare, we now have a dedicated server to allow remote access to a digital slide archive and Fellows have been encouraged to provide teaching material to expand this potentially valuable resource. We have agreed a strategy to provide a digital pathology facility in the future and will continue to develop its full potential for undergraduate and postgraduate education and diagnosis.

Postgraduate meetings: There was a healthy programme of postgraduate educational meetings in 2013–2014. Educational Leads for each Specialty Advisory Committee have been appointed and met in May 2014 to develop and ensure a vibrant future programme, including symposia on generic topics of relevance to all pathology specialties.

Research: The Research Committee seeks to promote research and combat concerns about the decline in research in pathology. There has been some progress in the last year with a strategy to raise awareness of the benefits of academic pathology, including an introduction to pathology for medical students through to trainee days. In addition, in January 2014 the College launched its own open-access journal, *Pathogenesis*, as a vehicle to encourage the developing field of molecular and academic pathology. Although with a molecular bias, it will include other areas of pathology research into the causes of disease. It is hoped to have the first 20 articles published by the end of 2014. Some ring-fenced funding was allocated to a 2013 event to encourage juniors into research and the 2013 Trainee Specialty Research Awards, awarded at the 2014 New Fellows' ceremony, reflected the potential benefits to be gained from wider support for pathology research.

Histopathology curriculum and examination: A survey of Fellows and trainees regarding the histopathology curriculum and examinations was carried out following the Autumn 2013 session and several recommendations are being considered. The Director of Examinations, Chair of the Examiners' Panel and Lead Examiners for each of the FRCPath components are now looking at how best to take this forward, in order to ensure that the College is able to deliver a robust examination that maintains the standards of the specialty and keeps up to date with developments in practice.

New Certificates of Completion of Training (CCT) specialties: The new CCT specialties in diagnostic neuropathology, forensic histopathology and paediatric and perinatal pathology have now been implemented and the new programmes approved.

Examiner categories: Three categories of examiner post have been agreed. 'Item writers' can take up appointment upon completion of the Part 1, 'examiners' after Part 2 and 'senior examiners' after five years in a substantive post. This is intended to provide a wider pool from which the College utilises the expertise of its members in contributing to the development and running of examinations.

New trainee welcome days: We ran two 'Welcome days' last year and included haematology and immunology trainees for the first time. This was in order to further improve the haematology and immunology trainees' links with both the JRCPTB (which is responsible for those curricula) and the College (which are responsible for the FRCPATH examinations). We will continue to do this for haematology trainees, but will alter the arrangements for immunology trainees, due to their smaller numbers.

Biomedical scientist (BMS) histopathology reporting: As this pilot project continues, a Conjoint Board is being established between the College and the IBMS and over 20 new trainees were recruited to participate in the second intake.

Departmental review: The workload of the Training, Examinations and Assessment Departments have been reviewed over the past year to ensure that, despite the increasing scope of work, adequate resources are available to meet the demands of our members, specialties and regulators.

Looking forward

Overseas examinations: We are analysing performance data from the existing Part 1 centres and looking into the possibility of establishing similar Part 2 centres, to meet the demands of those doctors wishing to attempt the FRCPATH examination from outside the UK.

Published works: The assessment of applications for Fellowship by Published Works has been revised and it will be now led by the Research Committee. This will improve the process and ensure that the relevant experts for the specialties are able to support the examiners in the decision-making process.

Examination e-management: Funding has been agreed to develop an e-management system for examinations, which will streamline such processes as the development of question banks, analysis of item performance, compilation of results and provision of feedback. This should result in the reduction of some routine tasks and greater oversight of all the College's examinations.

Supervised learning events and assessments of performance: Working with the College's Specialty Training Committees, we will revamp the workplace-based assessment forms for all specialties.

Improving LEPT: The Assessment Department will continue to work with users and developers to enhance the LEPT system. Effective communication and training sessions for trainers, trainees and deanery administrators will be provided later in the year.

PROFESSOR MICHAEL WELLS
VICE-PRESIDENT FOR LEARNING

A Part 2 histopathology practical examination



Applications for Certificates of Completion of Training (CCT) recommended to the GMC, 1 July 2013 – 30 June 2014

Specialty	Number of applications
Chemical pathology	2
Chemical pathology (metabolic medicine)	3
Haematology	66*
Histopathology	48
Histopathology (forensic pathology)	2
Histopathology (neuropathology)	1
Histopathology (paediatric pathology)	0
Immunology	2*
Medical microbiology and virology	25
Total	149

*Data supplied by the Joint Royal College of Physicians' Training Board

Applications for Certificates of Eligibility for Specialist Registration (CESR) recommended to the GMC, 1 July 2013 – 30 June 2014

Specialty	Number of applications
Chemical pathology	0
Medical microbiology	1
Medical virology	0
Histopathology	9
Subspecialties' applications	0
Total	10

INTERNATIONAL WORK

Overview

Global health cannot be achieved without alleviating the burden of disease and improving healthcare services for everyone. In many low- and middle-income countries, poor-quality and ineffective diagnostic services have become the common bottleneck in their ability to improve health outcomes.

This year, the College's international activities focused on building the capacity of pathology services in developing countries, establishing a cadre of College members capable of being deployed overseas as volunteers and advocating for high-quality laboratory medicine training and services around the world.

The impact of our work continues to raise awareness amongst policy makers about the role of laboratory medicine in addressing global health challenges and its contribution towards achieving the health-related Millennium Development Goals. The LabSkills Africa project has been working to improve services in 20 public sector laboratories in East, Central and Southern Africa. These laboratories serve a combined population of approximately 110 million. Our training and mentoring of 100 laboratory professionals (technologists, pathologists and biomedical scientists) will lead to the strengthening of laboratory teams and the delivery of higher-quality, front-line services to those communities that are most in need.

In Europe, the initiation of work to develop a pan-European proficiency test in cellular pathology will lead to the introduction of a recognised and trusted Europe-wide standard that will allow individuals to demonstrate the transferability of their diagnostic skills from one member state to another. The overarching goal is to encourage the continuous improvement of training programmes in member states in order to meet these European standards.

Key achievements

Pathology training in Iraq: In partnership with the Iraqi Embassy in London, the College hosted a roundtable meeting to discuss ways to support the Federal Government of Iraq's vision of developing the country's pathology workforce and improving the quality of its laboratory services to internationally accredited standards.



The College hosted a roundtable meeting of leaders in September 2013 to discuss common issues in molecular/anatomical pathology in Europe, relating to training, practice and standards. A key outcome was the agreement to develop a pan-European proficiency test in cellular pathology. Clockwise from left: Professor Ian Cree, Professor Claude Cuvelier (Belgium), Professor Mike Wells, Dr Kenneth Fleming, Professor Giorgio Stanta (Italy), Dr Charles Van Heyningen, Dr Archie Prentice, Professor Hans van Krieken (Netherlands), Dr David Bailey and Professor Frederique Capron (France)



Dr Sana Jalal, participant at the 'Training the Trainer' course in Kurdistan, Iraq, receives her certificate of attendance from Dr Kevin West, Director of Examinations

African Society for Laboratory Medicine (ASLM): Dr Archie Prentice met with Dr Tsehaynesh Messele, ASLM Chief Executive. Both signed a memorandum of understanding, committing their organisations to work together to improve pathology and laboratory medicine in Africa.

Chennai declaration on tackling antimicrobial resistance in India: College Council endorsed the Chennai Declaration, which aims to raise the profile of this issue and stimulate efforts towards the development of an antibiotic policy. Since its publication, the declaration has produced a significant change in attitude amongst doctors and health authorities in India.

'Training the Trainer', Iraq: Drs David Bailey, Kevin West and Maadh Aldouri delivered a two-day training course in Erbil, Kurdistan. Supported by the Kurdistan Regional Government and the Kurdistan Board for Medical Specialties, more than 70 trainers, pathologists and students from across Iraq attended the course.



Professor Sajjad Mirza and Dr Neha Bhatnagar, LabSkills Africa course mentors, delivered lectures and practical sessions to 40 lab technicians from Kenya, Tanzania, Uganda, Zambia and Zimbabwe. They attended the residential Technical Skills Development Course at the Aga Khan University Hospital in Nairobi, Kenya in January 2014

Pakistan Association of Pathologists (PAP): In December 2013, Dr Archie Prentice and Dr Kenneth Fleming attended the 37th annual conference of PAP and the 2nd joint conference of the Societies of Pathology, held in Lahore. This led to the College hosting the UK visit of Dr Chughtai Akhtar, PAP President, in March 2014, and a meeting of Pakistani diaspora pathologists in the UK to discuss how they might work together to improve pathology training and laboratory medicine services in Pakistan.

African strategies for advancing pathology: Dr Kenneth Fleming, Professor Akin Abayomi and Rosy Emodi represented the College at a meeting in Siena, Italy, aimed at developing a strategic framework to increase and improve pathology capacity in sub-Saharan Africa.

LabSkills Africa: 30 course mentors from the UK, Australia, Canada, Northern Ireland and South Africa were successfully recruited to support the learning of 100 participants from Kenya, Tanzania, Uganda, Zambia and Zimbabwe on the LabSkills Africa courses. In January 2014, 40 lab technicians from Kenya, Tanzania, Uganda, Zambia and Zimbabwe attended a five-day residential training course for the Technical Skills Development Course at the Aga Khan University Hospital in Nairobi, Kenya. This was followed in February with a five-day leadership retreat in Moshi, Tanzania for 60 pathologists and senior biomedical scientists.

Looking forward

International Department: The work of the Department has grown dramatically and this trend is set to continue. Increasing the capacity of the College's international team and identifying new sources of funding to support international activities will be key priorities for the coming year.

Clinical attachments: We aim to establish a register of Fellows willing to supervise and mentor international medical graduates who visit the UK to undertake a period of clinical attachment or observership. This will provide an invaluable resource for overseas doctors wishing to sit the FRCPath examinations.



Participants on the LabSkills Africa course



The 20 laboratories participating in the LabSkills Africa project have each received a new microscope

LabSkills Africa: The second year of this project, funded by the Department for International Development, will focus on the mentoring of course participants, the implementation of five country-led laboratory improvement projects and the development of LabSkills e-learning.

Overseas examinations: Preparation will commence to establish FRCPath Part 1 examination centres in Cairo (Egypt) and Khartoum (Sudan) by Autumn 2015.

Professionalism



2

The purpose of the Professionalism function and its many work streams 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 for Quality Assessment in Pathology and the Medical Examiners' Committee.

The College function of Professionalism is overseen by the Vice-President for Professionalism (Dr Bernie Croal) and is led by the Assistant Registrar (Dr Terry Jones), Director of Professional Standards (Dr Andy Boon), Director of Clinical Effectiveness (Dr Peter Cowling) and the President, as the Chair of the Professional Performance Panel. It is managed by the Head of Professional Standards (Stella Macaskill).



1. 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, clinical leadership, the development of evidence-based guidance, collaboration on

the development of electronic pathology catalogues and latterly responding to the recommendations of the Pathology Quality Assurance Review. The inaugural year of the Clinical Effectiveness Department has got off to a flying start. The following areas are of particular note.

The Pathology Quality Assurance Review (PQAR)

First published in January 2014 by NHS England, this report details a comprehensive set of challenges and recommendations that aim to further improve standards and quality across all pathology disciplines. The College contributed greatly to this report and is now developing strategies to help meet the recommendations.

Developments and future tasks include:

- ▶ leading the development of proposals to revise the structure and governance of Joint Working Group on Quality Assurance

(UK) in order to deliver a stronger and more consistent approach to quality assurance surveillance

- ▶ leading engagement with other stakeholders, including industry representatives, to help define the likely challenges and solutions to the recommendations
- ▶ ensuring RCPATH representation on the national Oversight Group
- ▶ developing systems to assess and support individual quality assurance
- ▶ assessment of resources required to implement the recommendations.

Guidelines

- ▶ A new database to administer external NICE consultations has streamlined the College's contributions to 118 documents (clinical guidelines, technology appraisal guidance, quality standards and diagnostic assessment).
- ▶ The College continues to strengthen its equal partnership involvement in the production of the multi-agency standardised microbiological methods (SMIs), which are NICE accredited.
- ▶ We have developed and manage a process to enable the extension of NICE-accredited status in the production of future guidelines.
- ▶ We have appointed an administrator to manage guideline production more efficiently.
- ▶ We are working closely with the International Collaboration for Cancer Reporting on the production of internationally agreed, standardised datasets and are currently contributing to the development of the thymic dataset.

Working Group on Cancer Services

- ▶ The Working Group on Cancer Services, chaired by Dr Brian Rous, continues to work with expert authors to update and produce new datasets and tissue pathways to provide recommendations to histopathologists on evidence-based best practice. The College has published two tissue pathways and 15 new and reviewed cancer datasets this year.



- ▶ NICE accreditation of the cancer datasets and tissue pathways has been maintained, including a successful review of the process by NICE in December 2013.
- ▶ The data items identified in the RCPATH datasets are now embedded within the Cancer Outcomes and Services Dataset and will be collected by all Acute Trusts. This will enable detailed information about the pathology of tumours to be collected nationally, which will support epidemiological research into cancer care and prognosis.

Leadership and continuous quality improvement (CQI)

Pathology is traditionally a 'measuring' profession; the measurement of service quality and performance comes naturally to us and we are at the forefront of medicine in this regard. As a profession, we already have high standards, which we are able to demonstrate. What perhaps comes less naturally is the realisation that improving our standards, our quality and our performance is both possible and desirable. This is the concept of continuous quality improvement (CQI) and involves various cyclical processes such as audit, 'plan-do-check-act' (PDCA) cycles, A3 problem solving and various Lean methodologies such as 5S and process sequence mapping. CQI leads to better pathology services with less variation in results and other performance, higher quality year on year and greater efficiency – all of which benefits patient care, the public purse and the wellbeing of our members.

To make CQI an integral part of any service requires strong leadership, and the College is committed to both CQI and leadership. Together with The Royal College of Radiologists, the Academy of Medical Royal Colleges (AoMRC) and the National Pathology Programme, we are delivering two parallel but different leadership training programmes through Phoenix Consulting. The pathology graduates of these programmes, who will be trained in CQI methodologies, will be a useful resource to the College's CQI programme.

Clinical audit

Our audit certification scheme continues to attract many participants. This year, over 81 audits have been submitted to the scheme and high-quality audits continue to be published in each

Bulletin and on the audit pages of the College website, to help other members. The Specialty Advisory Committee on Cellular Pathology has also produced clinical audit templates for use by Fellows to support pathologists with revalidation.

Pathology catalogues

The importance of the development of a future National Laboratory Medicine Catalogue (NLMC), along with ensuring that the current Pathology Bounded Code List (PBCL) is safe for use, was highlighted again in the PQAR. The College continues to provide governance to the development of both the PBCL and NLMC (chaired by Bernie Croal), with much of the development work led by NHS England colleagues. A significant proportion of the content has now been produced, with new initiatives to meet the developing needs of microbiology and histopathology. Many challenges lie ahead regarding catalogue content and structure, implementation and indeed funding, but the College remains committed to this vital process.

Demand optimisation

A multi-disciplinary group, with input from the Pathology Alliance, continues to develop demand-optimisation guidance for incorporation into the Pathology Commissioning Toolkit and minimum retesting interval guidance for all disciplines. This information should become available in the coming year and will allow a more consistent application of strategies to ensure patients get the right test, at the right time, in the right place and avoid unnecessary testing.

2. WORKFORCE

Our Workforce Department has been working harder than ever in the past year, improving the College-held data, contributing to new workforce projection consultations and strengthening the system for job description review and representation on Advisory Appointment Committees (AACs). This work is all vital to ensure that appropriate data and opinion from the profession can be used to help define pathology structure and training, both now and in the future.

Workforce census

Almost 1800 medically qualified pathologists have completed their workforce details online since the launch of the census in July 2013 (approximately 46% of the total medical workforce). Improving this database is vital, so that the information we submit for workforce projection is up to date and accurate.

Workforce projection consultations

Specialty-specific information on likely demand and supply issues for pathologists, along with workforce database information, was submitted to Health Education England (HEE) and their equivalents in the devolved administrations. This input from the College has become very important, given that employers and postgraduate schools will also be providing data and opinion from their perspectives.

Job description review and assessors

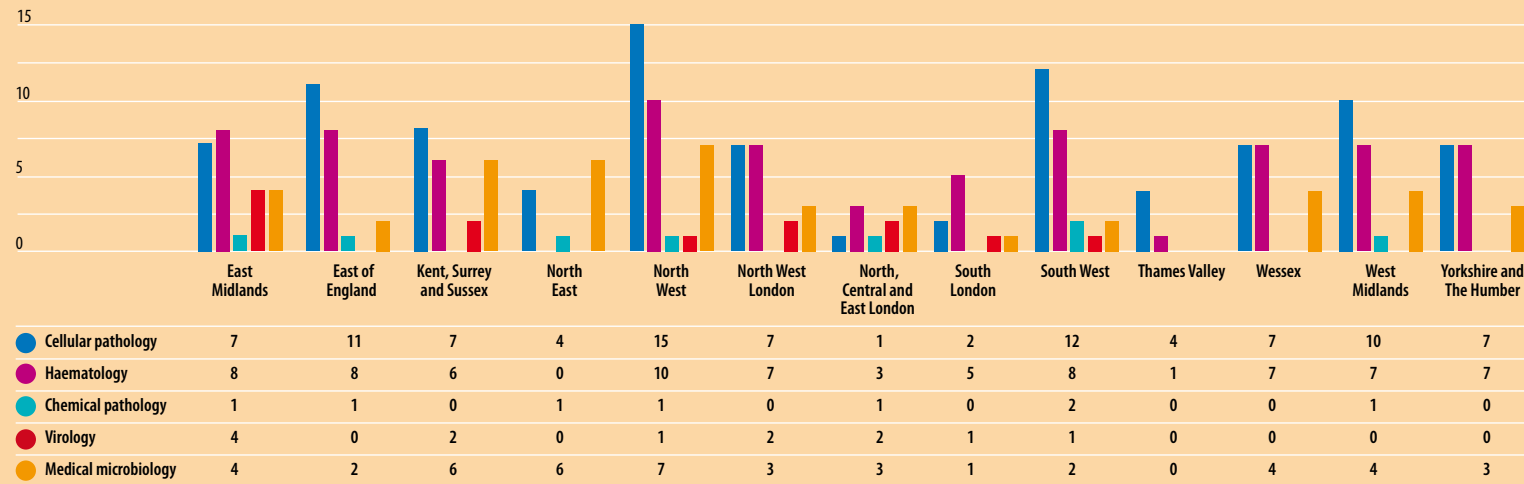
In the past year, 274 job descriptions from England, Wales and Northern Ireland have been received for review, and 273 College assessors were identified and sat on AACs. The centralisation of the consultant job description review service has been approved and will be implemented in the coming year. This will standardise the service offered by the College to human resources departments and reduce the workload of those College Fellows who work so hard on our behalf to coordinate regional reviews. Similar review and representation on interview panels in Scotland continues via the Scottish Academy-led system.

The graph opposite indicates that there are issues with appointments to consultant posts in some areas of England, but the College offers a service by reviewing job descriptions and person specifications to ensure that they contain the relevant information to attract high-calibre candidates.

Clinical scientist workforce

We have proposed a new system to support the appointment process for consultant clinical scientists and will discuss it with other stakeholders. The job description review process and representation on interview panels mirror that for medical appointments, although the guidance will be largely advisory rather than statutory. A clinical scientist lead for workforce planning will also be appointed shortly.

Total number of AACs 2013



A workforce planning submission was also made to HEE covering all clinical scientist disciplines.

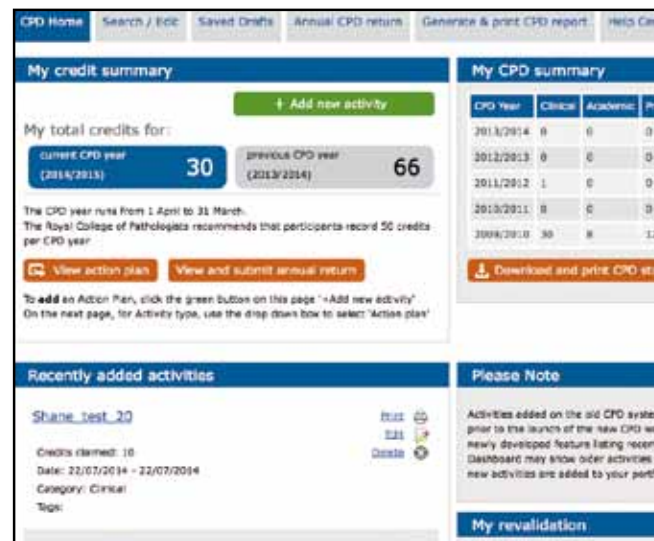
3. PROFESSIONAL STANDARDS

Continuing professional development (CPD)

The College has successfully completed the move to an online-only CPD portfolio. As of 1 July 2014, 83% of CPD participants submitted their CPD return for 2013–2014, exceeding expectations. Out of 384 CPD participants whose portfolios were selected for review in 2012–13, 373 demonstrated compliance with the scheme requirements (97%). A new, enhanced online portfolio system went live in July 2014. The Professional Standards Department continues to work with the Clinical Effectiveness Department to ensure that the principles of CQI are embedded in our CPD scheme.

Professional Performance Panel

Over the past year, we have administered one new clinical service review, carried out at the request of the employing organisation.



The new online portfolio provides an enhanced CPD and revalidation experience for members

We also provided advice on potential performance issues that did not proceed to formal review. We monitor progress on our recommendations and have become proactive in ensuring action in the interests of patient safety. We are currently developing formal working arrangements with the Care Quality Commission and National Clinical Advisory Service (NCAS).

Revalidation and remediation

In the past year, we have offered a medical revalidation advisory service for the benefit of Fellows, Appraisers and Responsible Officers, and have received 112 enquiries. We have been proactive in ensuring these groups are aware of the service offered and Fellows have been regularly updated on revalidation developments. We have participated in the formal evaluation of revalidation activities through the AoMRC. We have also contributed to AoMRC initiatives in developing remediation systems to address deficiencies identified and are working with NCAS to ensure a College role in medical remediation.

4. MEDICAL EXAMINERS' COMMITTEE (MEC)

The MEC, chaired first by Professor Peter Furness and now by Dr Alan Fletcher, was set up as a result of this College being recognised as lead royal medical college for medical examiners. The medical examiner posts will be created as a result of implementation of the reform of death certification included in the Coroners and Justice Act 2009. Implementation has had several delays imposed and no firm decision has been taken by the Department of Health, but we hope it will move forward in the coming year.

5. JOINT WORKING GROUP ON QUALITY ASSESSMENT IN PATHOLOGY

In the last year, the Group, chaired by Professor Tim Reynolds, has:

- ▶ **worked** with the National Pathology Quality Assurance Review (PQAR) Team investigating the structure of pathology quality management in the UK
- ▶ **worked** with the Medicines and Healthcare Products Regulatory Agency and EQA schemes to improve communication of issues with assays so that appropriate action can be taken
- ▶ **consulted** with College Officers, EQA Scheme providers and industry representatives on the response to the PQAR. Plans are in place, in conjunction with the PQAR Oversight Group, to implement changes to the structure of the technical EQA monitoring function to make it more consistent, potent and fit for purpose. This will make a significant contribution to the quality of laboratory services and further reassure patients and healthcare professionals
- ▶ **improved** links between Joint Working Group and UKAS to help assure accreditation standards by ensuring that quality problems are recognised by UKAS which will allow labs to be investigated more thoroughly in areas where problems have been identified
- ▶ **continued** to work with laboratories to ensure their quality performance meets standards of acceptability.

The Committee will be working with the Clinical Effectiveness Department on the response to the review and proposals for changes to structure and governance of the committee.

6. ETHICS

The goals of the Ethics Committee, chaired by Professor Terry Cook, are to consider matters referred to it concerning the ethics and practice of pathology. The Committee includes both professional and lay members, one of whom has professional expertise in ethics.

Particular areas in which the Committee has been asked to comment include:

- ▶ the use of human tissue and information in audit and quality assurance
- ▶ conflicts of interest and professional probity
- ▶ anonymisation and consent
- ▶ protection of confidentiality.

DR BERNIE CROAL

VICE-PRESIDENT FOR PROFESSIONALISM



The Pathology Catalogue Executive Team meets at the College

Advocacy and communications



The Communications team covers all aspects of the College's communications with our members and other stakeholders. It includes publishing, press and media, public engagement and the website.

This College function is overseen by the Vice-President for Advocacy and Communications (Dr Suzy Lishman) with the Director of Public Engagement (Professor Paola Domizio). It is managed by the Head of Communications (Diane Gaston).



Key achievements

The department has grown steadily over the last few years and now forms an active and responsive team, which works across all areas of College business and with members in all specialties around the world.

Our key achievements in the last year include the following.

- ▶ A highly successful public lecture series based on the 2012 College publication, *A History of Pathology in 50 Objects*. Eminent pathologists, including microbiologist Professor Hugh Pennington and College President Dr Archie Prentice, spoke about a selection of the objects at prestigious venues including the Royal Society and Gresham College. Schools resources based on objects in the book have been developed and used by teachers and pathologists around the country.
- ▶ The introduction of a Public Engagement Innovation Grant Scheme to inspire innovative and creative events, raise public awareness of pathology and develop the science communication skills of pathologists and scientists. A panel selected eight applicants from a strong field to receive grants to fund events including engagement sessions for community health professionals, an interactive workshop for school students, a careers event for medical students, an art installation for the public and a cupcake decorating activity.
- ▶ The introduction of a robust document management system to ensure that College documents are up-to-date and accurate.

Specialty Advisory Committees have reviewed all documents related to their specialty and either updated, endorsed or archived them. A rolling programme of review has been introduced to make sure that all documents remain current.

- ▶ Submitting evidence to Select Committees and the All-Party Health Group on a range of topics including respiratory deaths, health screening and public expenditure on health and social care.
- ▶ Being invited to be a partner organisation for the BBC's 'World War 1 at Home' UK-wide road shows.

Benefits for the profession

The College has continued to represent the specialty at all levels

Participants on the Science Communication training course in Bristol, February 2014, run in conjunction with the Science Museum



and has a particularly high profile with government. Building on the College strategy, the Communications team has developed a plan for engaging policy makers to maximise influence. The Communications team has prepared evidence for parliamentary committees and briefing documents for the President and other Honorary Officers.

The Communications team has developed a cross-College programme of policy and advocacy work aimed at raising awareness and understanding of the role of pathology and its contribution to healthcare.

Our media work has focussed on consolidating and building our profile, in particular developing closer working relationships with national and professional press, offering spokespeople for interview and providing briefings to print and broadcast media. Examples include an interview with the College Registrar, Dr Rachael Liebmann, on reconfiguring pathology services and coverage of the President's speech at a round table event, Testing Times, both featuring in the *Health Service Journal*. The College also had a number of letters published in the national press including a letter in *The Times* on the disparities in the take up of the PSA test as a marker for prostate cancer; in the *Telegraph*, a joint letter with the Institute of Biomedical Science on the contribution professional organisations can make to the quality of inspections made by the Care Quality Commission; and a letter calling for the new role of medical examiner to be introduced without delay.

Public engagement activity has increasingly targeted medical students to go some way to address the reduction in exposure to pathology in their training. These activities are just one of the ways we are increasing students' experience of the discipline. The aim is to provide all students, irrespective of their future career path, with a good working knowledge of pathology and the role of pathology professionals in diagnosis and treatment. Information about careers in pathology has also been developed to help students make informed choices.

Benefits for patients and the public

The College has continued to involve patients and the public in all aspects of its work through the Lay Advisory Committee (until December 2013) and through its new Lay Network (from January

Case study 1

50 OBJECTS

A History of Pathology in 50 Objects was published in December 2012 to mark the College's 50th anniversary. Since then the book has formed the basis of a range of public engagement activities, including a successful lecture series. Downloadable resources have been developed to accompany the book and are available on the 'I Love Pathology' website. Resources include quizzes, ready-to-use presentations, individual pages from the book, suggested lists of linked objects arranged in themes and a selection of events toolkits for schools including 'Making designer babies' and 'To screen or not to screen'.

Hugh Pennington,
Emeritus Professor
of Bacteriology at
the University of
Aberdeen and College
Fellow, delivered
a public lecture on
Staphylococcus aureus
based on the *50
Objects* book



2014). Patients' views are sought on a wide range of subjects and lay representatives contribute to College committees and represent the College on external bodies.

The Public Engagement team's major project for 2014 is the BBC World War One at Home series of road shows, being developed in collaboration with the BBC. A specially designed Nissen hut will feature pathology from 1914 to the present day, with plenty of opportunities for the public to talk to pathologists and take part in a variety of interactive exhibits. Over 150,000 people are expected to attend the road shows, which will be entertaining, informative and raise the profile of the College.

The Public Engagement team has facilitated an increasing number of outreach requests for schools and has delivered a range



Participants at the Schools Science Conference 2014, which brought hundreds of school students to the College



The College's Public Engagement Grant Innovation Scheme funded an event discussing microbiology via a cupcake decorating activity

of schools events. Schools resources have also been produced. This has given school students the opportunity to attend unique science lessons in which they can learn about science in a different way and gain insight into the variety of careers in pathology.

Benefits for members

The President's monthly e-newsletter has been improved following feedback from members and is now more accessible. An additional, specialty-specific, newsletter has been introduced to inform members of upcoming scientific meetings that might be of interest to them.

Science communication training has been provided for members, with sessions held in Birmingham, London, Bristol and Leeds. Over 50 members attended the training this year and a variety of innovative events have been held as a result.

The 2014 Furness Science Communication Prize was awarded to Mrs Katy Heaney, Principal Biochemist at Barnet and Chase Farm Hospital, for her inspirational public engagement work through Lab Tests Online UK and National Pathology Week. This annual prize competition is open to all pathology trainees and recognises sustained, high-quality, public engagement activity.

College publications this year included nine new guidelines, 15 cancer datasets, two tissue pathways as well as the Annual Report and quarterly Bulletins. The publishing team also supported the work of other College departments, publishing 30 clinical

audit templates with the Clinical Effectiveness department, 11 FRCPath clinical science curricula with the Training department, AAC guidance notes and job descriptions with the Workforce department and a guide to the CPD scheme with the Professional Standards Unit.

Working in partnership

The Communications department developed a discussion document on patient access to results for the Pathology Alliance, a group of the major pathology specialist societies in the UK. A web portal was also developed for the Alliance, allowing members to discuss a wide range of issues and share relevant documents.

The Public Engagement team has continued to work with festival and conference organisers to develop partnership events and maximise impact and publicity. The College hosted the 2013 Schools Science Conference and contributed to the Royal Society Summer Science Exhibition and the Cheltenham Science Festival. Several events were held with long-standing partners including the Hunterian Museum at The Royal College of Surgeons and the Old Operating Theatre Museum.

What's next?

Science communication training will continue to be provided free of charge to members. Sessions for this year are already planned in London and Manchester, with other locations to follow. In addition,

Case study 2

FOCUS ON VETERINARY PATHOLOGY

The College had serious concerns about proposed cuts to farm animal health surveillance. The cuts risk new and re-emerging disease outbreaks being undetected, which would threaten timely and effective responses being put in place to contain any danger. It could also jeopardise animal welfare, trust in the £10 billion livestock industry and damage the wider farming community economically and risk public health. A strong media campaign, with coverage in *The Times*, *BBC Breakfast News* and the *Today* programme, highlighted the issues; questions were asked in Parliament; and a briefing provided to the Environment, Food and Rural Affairs Select Committee. Although the changes to livestock surveillance are being implemented, there are indications that our concern to ensure that there is the right number of active veterinary pathologists with the right training and experience is being taken seriously.



an advanced science communication course for more experienced event organisers is being held at the Science Museum in London for the first time, giving members who have already attended the standard course the opportunity to develop their skills further.

Although most of the planning for the BBC World War One at Home road shows has taken place this year, the events themselves will take place later in 2014 and will be featured in next year's Annual Report.

National Pathology Week returns from 3–9 November 2014 for

another week packed with pathology-related activities, talks and open days. Promotional materials and booklets are being prepared to help pathologists and scientists deliver informative, interactive events for a wide range of audiences. The 'I Love Pathology' website has been updated to provide ideas, advice and resources for members.

The highlight of National Pathology Week 2014 will be the first International Pathology Day, which is being held on Wednesday 5 November. Over 40 pathology organisations around the world have already signed up to participate in International Pathology Day and many more individuals are expected to hold events. A day of global-themed pathology events will be held at the College, including a round-table discussion with international leaders and policy makers.

The College website is being completely overhauled to offer an accessible, easy-to-use portal for members, aspiring pathologists and the public. Focus groups drawn from our membership will help inform the structure and appearance of the website, which will be launched in 2015. The 'I Love Pathology' public engagement website will be incorporated into the new College website.

The quarterly College Bulletin will continue to be produced and will be complemented by a twice-yearly digital edition, which will contain a wider range of content including interviews, video clips of educational and public engagement events and news stories.

Over the next year the College will concentrate on building and strengthening its national network of lay representatives, ensuring that patients are at the heart of all aspects of College business. A recruitment drive will be held and induction and training days will be introduced, along with an information pack for lay representatives.

A new post, the Director of Communications, will be introduced from November 2014. This role, which incorporates that of the current Director of Public Engagement, will provide professional leadership for the Communications department, overseeing all areas of work and working closely with the Vice-President with responsibility for Advocacy and Communications.

The Communications department has been delighted to work with the Learning team to help develop the first Pathology Summer School for medical students. Led by the British Division of



College member, Dr Lizzie Stannard, shows children how well they washed their hands at our interactive 'Blood and Bugs' exhibition at the BBC World War One at Home road show, June 2014

the International Academy of Pathology and in collaboration with the Pathological Society, the College hopes that this will become an annual event. Speakers include eminent pathologists and current trainees, giving students a unique chance to understand the opportunities and reality of working in the speciality.

The College will launch its new 'Undergraduate' membership category at the 2014 Pathology Summer School, inviting all the delegates to join as founder members. Membership will be open to all UK medical, veterinary and science students for a nominal sum and will provide opportunities to learn more about pathology through a dedicated area of the College website and a series of meetings, workshops and awards.

As the next General Election moves closer, we will work to inform politicians of the importance of pathology as the foundation of diagnosis and treatment.

DR SUZY LISHMAN
VICE-PRESIDENT FOR ADVOCACY AND COMMUNICATIONS

Pathology in practice



4



CLINICAL BIOCHEMISTRY SAC

**PROFESSOR WILLIAM FRASER
CHAIR**

Clinical biochemistry is the pathology specialty concerned with the analysis of body fluids such as blood and urine.

Clinical biochemists diagnose, treat and monitor diseases by interpreting the level of different chemicals in samples.

Workforce Significant concerns have been raised about the number of medical and scientific trainees in place in comparison to future requirements by the specialty. We have been addressing issues related to recruitment and retention of trainees and the generation of accurate data on the numbers of trainees required. We have also discussed the importance of having training programmes and an examination system that are fit for purpose.

Training Programmes have been updated in line with the Shape of Training review. The examinations leading to FRCPath will be reviewed in the coming year to align with training and attempt to reduce the examinations burden on trainees. We have focussed on the question of laboratory training, particularly for medical graduates, and a suitable mechanism to deliver high-quality training that will meet the requirement of trainees.

Clinical effectiveness, governance and key performance indicators

Our important programme of clinical audit is ongoing and we generated several templates to assist Fellows and trainees in the performance of audit. The Keele benchmarking process continued, with heavy involvement from SAC representatives. Establishment of relevant and important KPIs was an important aspect of our work and this will continue in the coming year. Discussion has commenced with the Association for Clinical Biochemistry and Laboratory Medicine on the mechanism and guidance that may be required to implement the process of provision of biochemistry reports direct to patients.

Academic activities One of the most successful events we held was 'Drugs in Sport', a meeting allied to the Commonwealth Games in Glasgow. It was held at Hampden Park prior to the Games and its very interesting programme attracted a large audience.



CELLULAR PATHOLOGY SAC

**PROFESSOR JAMES LOWE
CHAIR**

Cellular pathology describes the group of pathology specialties that study changes in cells and tissues to make a diagnosis.

It includes twenty subspecialties, such as neuropathology, dermatopathology and haematopathology, each of which has a College Advisor sitting on this committee.

Workforce planning We have submitted evidence to Health Education England (HEE) to highlight the changing profile of cellular pathology work, the increased demands on services and the need to increase the number of trainee posts. However, simply increasing the number of consultants is not going to be a sustainable way of delivering services. Building upon work done regarding biomedical scientists delivering cut-up, a pilot project on biomedical scientist reporting has been extremely encouraging. This has led to a strategic decision to develop qualifications and career pathways for clinical scientist appointments in cellular pathology, which we will be working on with the HEE.

New technology for microscopy Recent developments in whole-slide imaging and digital microscopy have opened up new possibilities for application in diagnostic services. We formed a working group on digital microscopy and have drafted standards and approaches to be considered in its diagnostic use. We will now consult with Fellows to help us realise the potential of this new technology in service delivery, training and quality assurance.

Integrated reporting The management of individual patients is increasingly influenced by specific features of their disease, often linked to particular genetic alterations. Treatment for many diseases, especially cancer, is now adopting a 'personalised medicine' approach (also known as individualised, stratified or precision medicine) while for other diseases, although there is no specific therapy, prognostic information from molecular or genetic testing is used in shared decision-making with patients.



Admiring the Scottish Football Association Challenge Cup during a tour of Hampden Park, following the 'Drugs in Sport' meeting

Professor David Cowan from King's College London Drug Control Centre, a laboratory accredited by the World Anti-Doping Agency, which was involved in testing athletes at the Olympic Games



Integrated reporting for patient management is a necessary development to take advantage of these molecular insights into disease. Such reports:

- ▶ provide those managing the patient with a single accessible document, containing all relevant information to inform patient management
- ▶ improve patient safety by minimising confusion inherent with attempting to reconcile multiple individual reports
- ▶ provide the patient with a summary document that can be used as a basis for shared decision making.

However, the concept of integrated reports is not well developed in clinical services and present laboratory information system structures do not easily enable their creation. To address this important and growing area, we have established a working group to produce a framework and standards for integrated reporting that can span all areas of cellular pathology and directly benefit patient management.

Thoracic pathology Rapid advances in targeted therapy for lung cancers have necessitated changes in the way that tissue is handled and tumours are diagnosed, so we have updated our guidance and produced an audit to ensure that tumours are being subtyped to an appropriate level nationally. The Pulmonary Pathology Club has also refined the national EQA scheme in order to encourage greater uniformity in national practice.

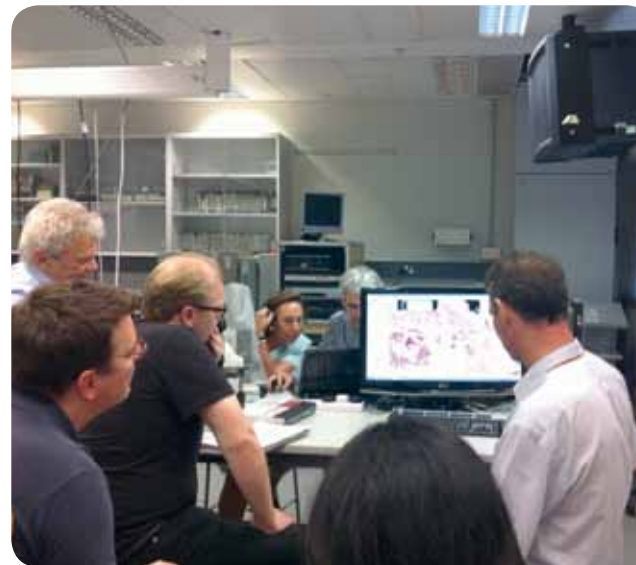
Haematopathology Haematopathology educational events have taken place in London, Edinburgh and Birmingham, and the British Lymphoma Pathology Group (BLPG) held two meetings to share important updates on everyday diagnostic practice.

Other BLPG achievements include:

- ▶ creating a virtual, slide-based haematopathology EQA scheme, contributing to the improvement of diagnostic standards and patient safety
- ▶ completing a national audit of trucut needle biopsy use for diagnosis of lymphoma, which provided important evidence-based recommendations for the College's lymphoma dataset

- ▶ launching an initiative to establish a virtual tissue bank inviting all members to make available records of their diagnostic material of potential interest for research, and establishing mechanisms for consent and ethical approval.

We are also writing new College guidance that addresses integrated pathology reporting of lymphomas and aspects of laboratory organisation to facilitate integration of results from various sources. This document will help standardise diagnosis of lymphoma across the country, aid commissioning and organisation



Professor Andrew Nicholson, the College's Specialist Advisor for thoracic pathology, teaching using digital microscopy at the Practical Pathology Course, Imperial College, London

of services in line with the national recommendations and improve the quality of diagnosis for patients.

Looking forward, haematopathology in the UK is facing significant reorganisation to follow the NICE/Improving Outcomes commissioning guidance, though there is a significant lack of clarity and guidance regarding competences and training. This College will therefore need to establish a leading role to address these issues and discuss increasing demands for unified expertise across the board of haematological malignancies.



CYTOPATHOLOGY SAC

DR THOMAS GILES
CHAIR

Cytopathology is the study of cells in body fluids, smears and tissue samples, for example the study of cervical smears for the detection of changes in the cervix that could lead to cancer.

Our challenges There have been major changes to cervical screening, which are expected to impact greatly on workload and staffing requirements of cytology laboratories. We are also expected to demonstrate the quality of the pathology service. We must therefore deliver a trained workforce of high quality, necessary to provide pathology services into the future.

What we are doing

- ▶ We are working with the IBMS to diversify opportunities for senior biomedical scientists in cytology so that they can use their skills for the benefit of patients.
- ▶ Technical EQA is being introduced in non-cervical cytology to provide assurance to the public of the quality of service being provided.
- ▶ A survey of members is informing a review of cytology examinations and training.



DERMATOPATHOLOGY SAC

**DR ALAN EVANS
CHAIR**

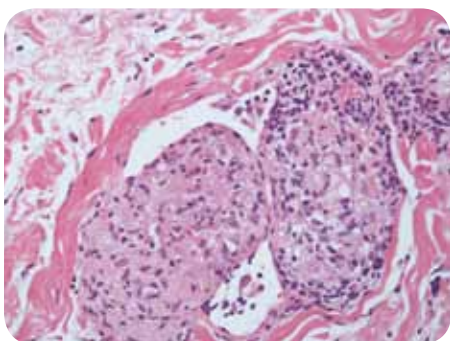
Dermatopathology is the branch of pathology concerned with disease of the skin, for example rashes, lumps and skin cancer.

During the last year, the former Dermatology Joint Sub-Committee received SAC status, but it remains a partnership between this College and the British Association of Dermatology, aiming to ensure that issues pertaining to the practice of UK dermatopathology are dealt with consistently, irrespective of the practitioner's background.

In recent years, the Committee has been negotiating with the GMC to get dermatopathology formally recognised as a subspecialty. While the GMC initially seemed supportive, the results of the Shape of Training review meant that it would be unlikely, so work on this has now been suspended.

We organised a Dermatology Study Day in November, a well-attended event that covered practical aspects of cutaneous lymphomas, an update on some of the more common skin tumours, newer inflammatory dermatoses and genetic aspects of melanoma. A similar day is planned for November 2015.

Dr Sara Edward has been selected to develop e-learning in dermatopathology as part of a wider College grouping. She will assess current e-learning resources in dermatopathology and



Intralymphatic granulomas in orofacial granulomatosis

identify and develop new material.

We continue to contribute to the monitoring and review of the College's Specialist Diploma Examination in Dermatology, now chaired by Dr Thomas Brenn, and maintain an overview of the Specialist EQA Scheme, chaired by Dr Mark Bamford. The scheme provides participants with a strong educational component and, if requested, the SAC is able to provide advice to participants whose performance is considered substandard.

The College's datasets for reporting basal cell carcinoma, squamous cell carcinoma, Merkel cell carcinoma and melanoma have been updated and are published on the College website, together with Dr Michael Eden's skin cancer electronic reporting tool. Widespread use of these datasets should help to ensure a uniformly high quality of reporting and contribute to the care of patients with skin cancer across the UK.



GENETICS AND REPRODUCTIVE SCIENCE SAC

**MRS GAIL NORBURY
CHAIR**

Genetics as part of pathology is concerned with both inherited and acquired changes

in our genetic material that determines our health and risk to family members. Allied to this is the field of reproductive science and specifically in vitro fertilisation.

What?

- ▶ Advances in molecular technology are changing the diagnostic services we deliver and the ways in which we deliver them. Specifically, whole exome sequence analysis is now a reality in routine clinical practice for diagnosis of genetic disorders. Analysis of cell-free nucleic acid is now an option for non-invasive prenatal screening for Down's syndrome and for non-invasive detection of tumour DNA for monitoring cancer.
- ▶ Changes in public expectations and to the regulation of diagnostic services are also having an impact on what services



An embryologist pipetting embryos

are provided and how they are delivered to patients. Major drivers include the UK 100K genome project, approval from the Human Fertilisation and Embryology Authority for pronuclear transfer of human embryos to prevent mitochondrial disorders, changes to the process for accrediting laboratories (ISO15189), the In Vitro Diagnostic Directive and the need for efficiency.

So what?

- ▶ We need to balance the drive for innovation with ensuring that we develop fit-for-purpose quality assurance systems, an appropriately trained and adequately sized workforce and meaningful measures of outcome. Not all change is for the better and there may be unforeseen harmful consequences.
- ▶ We play an active role in responding to consultations, maintaining an across-the-field perspective, developing quality measures (e.g. key performance indicators) and standards (e.g. National Laboratory Medicine Catalogue), providing representatives to professional committees (e.g. Rare Disease Advisory Group) and developing the workforce through the provision of examinations.

Now what?

This Committee, along with others, needs to ensure it:

- ▶ remains engaged with all stakeholders in order to maintain its credibility and influence
- ▶ upholds the standards of the Fellowship examination
- ▶ develops appropriate curricula, including those in emerging sub-specialties such as bioinformatics
- ▶ looks to the future in terms of new technology, knowledge and workforce needs
- ▶ acts as a guardian for a high-quality national healthcare service.



HISTOCOMPATIBILITY AND IMMUNOGENETICS (H&I) SAC

DR ANDREA HARMER
CHAIR

H&I is the study of organ transplantation and tissue matching. These pathologists

make sure that transplanted organs are suitable for the recipient, to lessen the chances of the organ being rejected.

Modernising Scientific Careers The H&I Higher Specialist Training Curriculum has been approved. We are now working together with the British Society for Histocompatibility and Immunogenetics (BSHI) to develop a workplace-based assessment format. This will help to establish the future training pathway to develop consultant scientists in H&I to support transplantation and transfusion services.

Workforce planning Concerns about workforce planning, which we raised last year, are being highlighted by the BSHI with Health Education England. This has led to an exercise to provide an analysis of higher specialist training need against the predicted gap in consultant recruitment. The work done jointly by us and BSHI plays a key role in providing the training framework to support the development of a safe and sustainable workforce.

A challenge for the future We aim to incorporate H&I testing into the National Laboratory Medicines Catalogue during the coming year, to help promote awareness of and access to H&I tests.



MEDICAL MICROBIOLOGY SAC

PROFESSOR KATE GOULD
CHAIR

Microbiology is the diagnosis of infection caused by bacteria, fungi, parasites and viruses, identification of the best

treatment options for infection, and the monitoring of antibiotic resistance. It also includes testing how a patient is responding to treatment of infection.

Education We have run an excellent education programme in the past year. Prema Seetulsingh organised a number of successful events, such as the symposium on surgical site infections, and has a strong forward plan which we hope to roll out across the home nations.

Other achievements This year we have reviewed our workload patterns and workforce data and, in conjunction with other departments and committees, are involved in the implementation of the new infection training programme.

We have been very active in implementing the draft KPIs, set up by Rachael Liebmann.

We also input into NICE activities – responding to NICE consultations and finding expert ‘volunteers’ – and put forward various experts for ‘Outside Bodies’ representation.

The SAC has been liaising with a number of other professional bodies and the Department of Health on a wide range of topics and keeping informed on quality issues with respect to the Barnes Report.



MEDICAL VIROLOGY SAC

DR KEN MUTTON
CHAIR

Medical virology is the study of viruses and the human diseases caused by them. Specialists in medical virology help in the

investigation and treatment of patients suspected of having a viral infection.

Training One of our key developments has been implementing the combined infection training (CIT) programme, with the aim of bringing training in the infection specialties (infectious diseases, medical microbiology and medical virology) closer together with increased clinical training. Our work is progressing on target for introduction in August 2015.

Separate College Specialty Training Committees (CSTCs) for virology and microbiology have been merged into a joint CSTC to reflect common needs in training. The creation of the separate Virology SAC highlights virology as a viable specialty within the College.

Curricula The CIT curriculum in virology was submitted to and approved by the GMC.

The current 2010 virology curriculum was revised, bringing it more in line with the CIT curriculum, and was submitted to the GMC.

Examinations We continue to work with RCP colleagues on Part 1 examinations for the new programme too. Close relations among infection specialties are required for successful implementation and delivery of infection training, whilst at the same time the identity of each CCT specialty is preserved.



PRENATAL, PERINATAL AND PAEDIATRIC PATHOLOGY SAC

PROFESSOR GORDAN VUJANIC
CHAIR

Prenatal, perinatal and paediatric pathology is the study of the diseases and disorders of fetuses, babies and children.

Training We have implemented the new curriculum for specialty training in paediatric and perinatal pathology, and the first two trainees to be trained according to the new curriculum have been appointed. Discussion are now in progress as to how to increase a number of trainees.

Recruitment and staffing challenges As for general pathology, we have moved to the national recruitment system. There is a serious crisis in recruitment for consultant posts, with a number of posts vacant and many more to be available soon due to the planned retirement of existing consultants. Furthermore, many regional paediatric pathology services are under threat due to inadequate staffing. However, we have applied for the National Shortage Occupation List, which should enable easier recruitment of potential candidates from outside of the EU.

Workload review We are revising our guidance on workload in paediatric pathology.



FORENSIC PATHOLOGY SAC

DR MARJORIE TURNER
CHAIR

Forensic pathology is the specialty in which doctors examine people who have died, usually when there is concern that the cause of death was unnatural. Although this is a branch of pathology that many people have heard of via the media, it is one of the smallest specialties.

Professional standards In line with the College's commitment to set and maintain professional standards, we have:

- ▶ continued to work closely with the Home Office and in particular the Forensic Science Regulator to develop guidance in areas pertinent to forensic pathology practice and the criminal justice system, including documents relating to estimation of the time since death and the collection of forensic biological samples from the deceased
- ▶ provided input to the College publication, Standards for Coroners' pathologists in post-mortem examinations of deaths that appear not to be suspicious.

Working in partnership We have liaised with other professional and regulatory bodies, including the Human Tissue Authority, regarding issues around post-mortem tissue and organ retention and in response to their consultation to aim to amend the current regulations such that it could reduce the burden of regulation and aim to bring it more in line with the legislation in Scotland. We will also provide input in to the Home Office's review of forensic pathology services in England and Wales.

The fetal pathology laboratory at Cardiff University School of Medicine



NEUROPATHOLOGY SAC

DR JOHN XUEREB
CHAIR

Neuropathology is the branch of cellular pathology concerned with the diagnosis of diseases of the brain, spinal cord, skeletal muscle and nerves.

Recruitment The specialty needs to recruit about three new quality entrants a year to meet the staffing requirements of clinical neuroscience units across the UK. We work hard to identify potential applicants and to assist their transition from bedside neurology or general histopathology to neuropathology.

Assessment The Neuropathology Panel of Examiners continues to refresh its membership and modify its assessments in line with current and developing practice.

Quality assurance With the professional body for clinical neuropathologists, namely the British Neuropathological Society, we run a national external quality assurance scheme that delivers a twice-yearly assessment of the diagnostic skills of practitioners.

Education We are holding a day-long educational meeting in paediatric neuropathology, including forensic aspects. This forum will provide an opportunity for paediatric pathologists, paediatricians, neuropathologists and others to engage in dialogue on several important issues.

Guidance We have updated guidance on tissue pathways for non-oncological neurological conditions and are revising our guidance for a neuro-oncological tissue pathway.



IMMUNOLOGY SAC

DR PHILIP WOOD
CHAIR

Immunology is concerned with diagnosis and treatment of the immune system.

Clinical immunologists often run specialist laboratories that provide testing for immunological disorders as well as treating people with autoimmunity, immune deficiency and allergies.

Service specifications and commissioning Members of our SAC and the wider specialty have led the work of the Immunology and Allergy Clinical Reference Group, further developing service specifications for the immunology and allergy services commissioned by NHS England and developing the five-year strategy for the services including measures of performance and patient experience. In addition, Group members have developed commissioning policies for a number of therapies used in these conditions.

Working in partnership We have led the work of the UK Primary Immunodeficiency Network in further development of the peer-assessment process, involving discussions with both this College and The Royal College of Physicians (RCP) to provide a robust framework of assessment with the ambition to see such a scheme accredited by UKAS, aimed at defining and improving standards of service delivery to patients.

We have also worked with allergy colleagues to develop the allergy services accreditation scheme, building on the successful self-registration scheme and again working with the RCP to achieve the ambition of an externally accredited scheme to enhance delivery of high-quality patient services.

We have contributed to a number of NICE guidelines and technology appraisal groups to ensure robust progressional involvement in health economic decisions for therapies in immunologic and allergic diseases.

Recruitment We have supported NHS Trusts in recruiting consultant immunologists through the review of job descriptions to maintain professional standards for immunologists and support for the recruitment process.

Training We have actively participated in development of training curricula for both medical and clinical scientist trainees, including a contribution to the molecular pathology scientific curriculum. This will ensure that trainees in immunology will continue to be at the forefront of the expanding genetic knowledge of immunological and allergic diseases.



TOXICOLOGY SAC

PROFESSOR PETER GOLDFARB
CHAIR

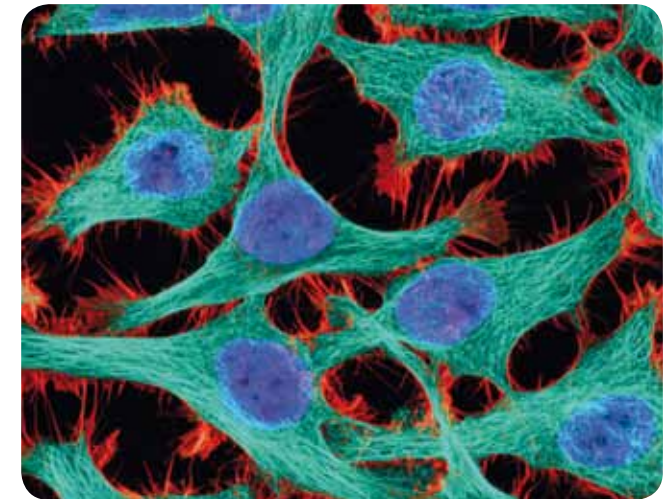
Toxicology is the branch of pathology concerned with the study of drugs and

poisons and their effects on the body.

The Toxicology SAC has continued to promote the College as the professional home for UK toxicologists, providing career enhancement and practice development opportunities through the FRCPATH professional examination system and its CPD scheme.

Analytical toxicology In collaboration with other sections of the College, we have established a new HSST curriculum for NHS scientific employees developing their careers in the field of analytical toxicology, which has now obtained the required College/NHS approvals.

Examinations and training We are currently reorganising our toxicology FRCPATH examination process to bring it more into line with the latest GMC guidelines and with other College specialties. The aim is to ensure that all College-enrolled trainee toxicologists develop their skills to the same professional standards irrespective



In-vitro toxicity testing on human cells in culture, an important aspect of modern training and the reduction of animal use in drug discovery and development

of their specialty focus, employer's performance expectation or indeed place of work.

We are also reviewing our FRCPATH training and assessment requirements in relation to those of similar non-UK organisations. The aim is to ensure mutual standards for international recognition of trainee knowledge advancement and career progression.

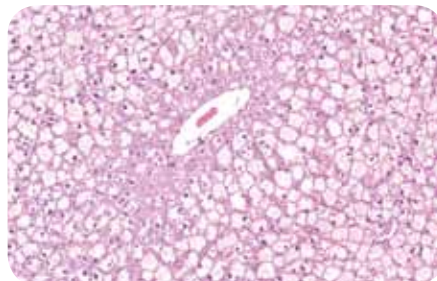
Press and public engagement Our members have continued to respond to urgent requests from the press and other public organisations for advice and comments regarding current toxicology issues. One example was the critical article published in the College Bulletin regarding a scientific publication on the toxicity of genetically modified foods and associated agrochemicals. This study had activated an extensive press panic, followed by alarmed rebuttals from a number of scientific, agricultural and governmental organisations. The objective of the Bulletin article was to provide College members with a balanced appraisal of this widely publicised toxicology issue.



VETERINARY PATHOLOGY SAC

PROFESSOR CHERYL SCUDAMORE
CHAIR

Veterinary pathology is the branch of pathology concerned with investigation of disease in animals. Veterinary pathologists further specialise in a diverse range of species groups.



Some veterinary pathologists are involved in research using animals to model human and veterinary diseases



CLINICAL SCIENCE COMMITTEE

MR JEFF SENEVIRATNE
CHAIR

This Committee's role is to develop and promote the contribution of clinical science and clinical scientists to pathology and laboratory medicine. It is a multi-disciplinary committee whose members are senior clinical scientists from each of the disciplines of pathology. These members also act as effective channels of communication to associated professional bodies and specialist societies.

Curriculum development and training We have been working to produce a new curriculum that will provide guidance to trainees and mentors and comply with best practice standards in postgraduate education. Veterinary microbiology is a subspecialty of veterinary pathology and we are working to improve training and assessment in this subject area.

One health We have been raising awareness of the potential risks to animal and human health, particularly in relation to the reduction in animal disease surveillance being introduced by the Department for Environment, Food and Rural Affairs and the Animal Health and Veterinary Laboratories Agency.

Working together The SAC has been in discussion with The Royal College of Veterinary Surgeons regarding issues of professional competence in general veterinary practice for primary pathology surveillance by non-specialist general practitioners.

Some veterinary pathologists specialise in wildlife and exotic species, aiding in conservation and increasing our understanding of environmental change



When handling tissues from animals suspected of having zoonotic diseases such as tuberculosis, psittacosis and Q fever, which can be transmitted from animals to humans, veterinary pathologists take extra precautions. These include the use of safety cabinets and personal protective equipment



Training Our work, on behalf of the Modernising Scientific Careers project, developing curricula for Higher Specialist Scientific Training has moved closer to completion.

Eleven curricula have been approved and details on the assessment, through Fellowship of the College (FRCPath), are being finalised.

The College will work in partnership with the National School of Healthcare Science and the Academy of Healthcare Science in the assessment of clinical scientists, leading to specialist registration.

Workforce We have produced guidance on the appointment of consultant clinical scientists and maintained a list of College assessors to support appointment panels.

We have initiated work with other professional bodies to identify workforce numbers and future requirements.

We are working with Health Education England (HEE) on future workforce needs for clinical scientists in pathology disciplines.



Clinical scientist, Dr Roland Fleck, using an ATUMtome at the Centre for Ultrastructural Imaging (CUI) at King's College London. This automated ultramicrotome – one of only four in the world – was developed at Harvard as a tool to aid mapping of all the neural pathways in the human brain. It collects thousands of ultra thin (30–50nm) serial sections on a continuous tape, which can subsequently be imaged by either light or electron microscopes to generate high-resolution 3D data. The CUI is adapting the technology to investigate age-related hearing loss, as well as supporting a range of neuroscience research projects including those addressing Parkinson's and Alzheimer's diseases

Clinical scientist, Dr Roland Fleck, using serial block face scanning electron microscopy (SBFSEM), an alternative strategy for 3D ultrastructural studies of tissues, for basic research and adapted diagnostic applications



INTERSPECIALTY COMMITTEE ON MOLECULAR PATHOLOGY

PROFESSOR IAN CREE
CHAIR

Molecular pathology involves looking at the DNA and proteins that make up a tissue. This Committee was formed in 2011 to bring together all the pathology specialties so that molecular pathology can be advanced within the profession.

The growth of molecular pathology within every specialty in pathology has been matched by an increasing workload for this Committee. It is now clear to all that molecular methods are going to be required as part of the diagnostic workup of many patients, and that they will extend into area of practice that many did not expect.

Training The FRCPath curricula for clinical scientists have now been finalised and may well be released by the time you read this report. This represents an enormous amount of work, coordinated by George Vassiliou, and should ensure that a well-trained workforce is available in future. We are conscious that there is also an urgent need to provide training for those already in post who encounter molecular pathology; this will be a priority over the next year.

Joint guidance Guidance for cancer molecular pathology has been agreed in a joint document between the European Society of Pathology and this College. This important consensus document provides the minimum requirements that laboratories should meet. It should help anyone setting up for the first time and act as a useful check for those already providing services.

Commissioning Commissioning of molecular pathology services is proceeding for cancer and non-cancer indications through collaborations between the College and the Association of the British Pharmaceutical Industry, with Cancer Research UK involved in the cancer workstream. This has enabled us to employ a

company to create spreadsheet-based tools to help produce local, regional and national business cases to guide commissioning. The tools are due to be launched online this year. The College is also contributing to the NHS England committee that is tasked with commissioning pathology services, and advising the NHS on future genomic provision.

Meetings We have run a number of College meetings around molecular pathology during the year, including one to help Genomics England meet its agenda for cancer. The next year will see a return of a new and much larger molecular pathology meeting, to be held in Cambridge on 7–8 April.

The future Pathology is now growing again after many years of decline. There is widespread recognition that molecular diagnostics can help to diagnose disease and target treatment effectively.

30



NATIONAL QUALITY ASSESSMENT ADVISORY PANEL FOR CELLULAR PATHOLOGY

DR DAVID HUGHES
CHAIR

The role of our Panel External quality assessment (EQA) is a key technique through which laboratories can assure themselves, their users, the wider health service and the public that their work is of an appropriate quality and is in line with their peers nationally. The NQAAP for Cellular Pathology oversees the running of interpretative and technical EQA schemes in the discipline of cellular pathology. This has a particular challenge, in that many of these schemes are interpretative and reflect the knowledge and skills of individual practitioners.

The purpose of the Panel is to provide guidance on protocols, receive annual reports from the scheme organisers, provide a forum for the scheme organisers to discuss ongoing

developments and assist the scheme organisers in dealing with issues of unsatisfactory performance.

Pathology Quality Assurance Review The major development of last year that will guide the forthcoming work of the Panel is the national Pathology Quality Assurance Review, commissioned by NHS England. This review calls for a strengthening of EQA throughout pathology, backed up by new educational requirements in quality management for all laboratories.

The NQAAP for Cellular Pathology will, in the coming year, respond to the national Review by continuing to develop the consistency and professionalism of our EQA schemes. This will both provide assurance of the quality of the work of pathologists and laboratories that participate in these schemes and contribute to the education and professional development of scheme members.

The techniques that have been developed in cellular pathology EQA in the UK are at the leading edge of developments in this field internationally and will be further refined and strengthened in response to the Review over the coming year.



Dr David Hughes talking to a patient representative at a musculoskeletal services planning and engagement event in June 2014



INTERCOLLEGIATE COMMITTEE FOR HAEMATOLOGY

DR TIM LITTLEWOOD
CHAIR

The Intercollegiate Committee on Haematology (ICCH) is established between The Royal College of Pathologists and The Royal College of Physicians (London) and provides essential links between both Colleges and the specialist societies – the British Society for Haematology, Association of Clinical Pathologists and other colleges through the Joint Collegiate Council on Oncology.

The main attention of the ICCH over the last 12 months has been on the future of haematology as a specialty. The key areas for debate have been around whether haematologists should continue with dual clinical and laboratory training (answered with a strong 'yes' from the Committee) and the need for increasing generalism being dictated by the Shape of Training report.

A report entitled 'Training in Haematology' was therefore written following a meeting in early 2014 with representatives from the ICCH, the Haematology SAC and the British Society for Haematology. It has been submitted to Health Education England.

There continues to be concern about the high failure rate for the FRCPath examination. To some extent this is a separate issue related to the amount of laboratory training received by trainees, but is also being addressed in the 'Training in Haematology' report. We plan to discuss the outcomes with the Joint Royal Colleges of Physicians' Training Board in the coming year.



TRANSFUSION MEDICINE SAC

DR LORNA WILLIAMSON
CHAIR

Transfusion medicine is concerned with the transfusion of blood and blood components.

Key developments We are contributing to a discussion day on haematology and transfusion training in the context of the Shape of Training report.

We are working with NHS Blood and Transplant and the British Society for Haematology on educational materials for SpR training.

We are organising a two-day transfusion medicine update meeting at the College in November 2014.



Dr Lorna Williamson at our interactive 'Blood and Bugs' stand on the 'World War One at Home' road show, about to explain to hundreds of Woolwich school children the importance of sodium citrate in blood storage



An 83-year-old altruistic kidney donor, Nicholas Crace, being operated on at Queen Alexandra Hospital, Portsmouth (Credit: Portsmouth Hospitals NHS Trust)

Dr Lorna Williamson was delighted to present the Transfusion Medicine SAC's Percy Oliver Memorial Award to Beverley de Gale and Orin Lewis for their dedicated work in establishing the Afro-Caribbean Leukaemia Trust. The Trust aims to increase stem cell donation from black and minority communities



JOINT COMMITTEE ON GENOMICS IN MEDICINE

DR BRONWYN KERR
CHAIR

This Committee is a joint committee of The Royal College of Pathologists, The Royal College of Physicians and The British Society for Genetic Medicine. It aims to coordinate advice and promote and maintain the highest standards of practice in both clinical and laboratory applications of genomics in medicine.

Major achievements We have amended the terms of reference and membership to take account of new NHS structures, and to reflect the increasing importance of genomics across medicine. We have also developed a working group on Genomics in Mainstream Medicine. Working with The Royal College of Physicians, the group is to consider ways of raising awareness of genomics within all medical specialties.

In February 2014 we hosted a workshop entitled 'New genomic technologies and pregnancy'. The steering group involved this College, fetal medicine, The Royal College of Obstetricians and Gynaecologists, the Public Health Genomics Foundation, and clinical and laboratory genetics. The impetus for the workshop was the ethical and practical issues arising from the use of microarrays in the prenatal setting. These issues will in time extend to other new genomic technologies, and require a consistent national approach. Seventy-eight participants from clinical and laboratory genetics, fetal medicine and obstetrics attended.

Looking forward Five multi-disciplinary working groups have been formed to consider the major issues: workforce education, the care pathway, national information and consent, technical platform usage and variant reporting and the role of an expert panel.



JOINT COMMITTEE ON IMMUNOLOGY AND ALLERGY

DR JOE UNSWORTH
CHAIR

This Committee is joint between The Royal College of Pathologists and The Royal College of Physicians (London). It advises the parent bodies, or other organisations on their behalf, on matters of mutual interest regarding the diagnosis and treatment of allergies.

Key challenges

Our major challenges are:

- ▶ recruitment
- ▶ failure to train tomorrow's clinical scientists in immunology
- ▶ redefining the role of the immunologist in the pathology laboratory and the ring-fenced time required
- ▶ Shape of Training and the future of the MRCPATH immunology examination
- ▶ meeting laboratory key performance indicators
- ▶ commissioning specialist immunology and allergy clinical services

Recent achievements Working with The Royal College of Physicians, two service accreditation schemes – one for allergy clinics and the other covering immunodeficiency clinics – are under discussion. Peer-defined standards to drive up standards and improve patient care, with online registration, are linked to service commissioning.

With increasing clinical distractions away from immunopathology, and overlap with pure physicians delivering allergy services, we have defined alternative training models in line with Shape of Training.



Fremontia (Fremontodendron californicum), a high-allergen plant



TRAINEES ADVISORY COMMITTEE

DR JUDITH FOX
CHAIR

The Trainees Advisory Committee (TAC) is run by trainees, for trainees. It represents all branches of pathology and there is a broad experience base within the membership, both medical and non-medical. Its primary function is to facilitate communication between the College and its trainees.

Communication Communication with our members is a key issue. We will soon be publishing designated email addresses for all TAC positions on the College website, enabling trainees to contact their representatives directly.

Welcoming trainees Trainees from various specialties attended break-out sessions at our New Trainees Welcome Day in September. This innovation was well received as new trainees could talk to existing trainees in an informal setting. We plan to repeat this format for the next Welcome Day in September 2014.



Dr Judith Fox teaching at the inaugural Pathology Summer School for medical students

Shape of Training We have contributed a response to the Shape of Training report to the Academy of Medical Royal Colleges and continue to be involved in the Academy's discussions on the subject.

Research Pathology has lost 60% of academic residential posts in last few years, so we have been actively involved in supporting and promoting research in the training restructure. TAC members volunteered to be involved in the summer initiative by The Pathological Society and others for medical undergraduates to raise awareness of pathology and pathology research, and our representatives have been promoting the Trainee Research Award.



Students on the Pathology Summer School

Pathology around the UK





ENGLISH REGIONS

DIGBY INGLE
REGIONAL COORDINATION MANAGER

As part of the College's 50-year review, there was a radical restructure of local College representation to fit the new English healthcare education commissioning system. The College deliberated about the best way to redefine its regional structures. In the absence of a set of stable administrative boundaries around commissioners, the College took the view that aligning with Health Education England's (HEE) 13 Local Education and Training Boards (LETBs – see map) made sense. To align with this new structure, the previous eight English College regions were divided into 13 areas to match these new boundaries. The devolved Regional Councils for Scotland, Wales and Northern Ireland retained their existing structure.

Establishing a new network to cover the regions was seen as an innovative and effective means to establish a two-way flow of information between the regions and the College. Research from the Health Foundation (March 2014) confirms that networks are uniquely positioned to support quality improvement by providing a forum for knowledge creation, information exchange and spreading good practice (www.health.org.uk/publications/effective-networks-for-improvement). In order to maximise the College's influence across the regions, 13 local Regional College Lead roles were created under each of the three Vice-Presidential functional areas (Professionalism, Advocacy and Learning), making 39 new local Leads in total. The reorganisation will give us flexibility to respond to future changes in regional administrative boundaries.

For each of the functional areas of College activity, recruitment of the Regional College Leads is successfully underway and we anticipate that all 39 posts will be filled by January 2015. Each Lead is a College Fellow with substantial experience in professionalism, advocacy and learning. They will play a central role in establishing the

regional network and will act as our 'ears and eyes', regularly communicating local issues back to the College, as well as filtering and synthesising information. Our Leads are already raising the College's profile within the regions to ensure that we have a strong and valued voice and one that supports the needs of College members. This is all the more pertinent given the current NHS financial environment and potential changes in pathology services on a regional basis.

The Leads are supported by a Regional Coordination Team, College Officers and the development of robust and resilient information-reporting arrangements. The Leads will have access to a dedicated microsite on the College's website where information can be accessed, shared and disseminated. The site will also incorporate discussion and conferencing tools to further enhance network capability.

An induction event for recruited Leads was held in June 2014, with input from senior College Officers and HEE. The event was very well received and several 'burning issues' were identified and discussed, including:

- ▶ Trusts' financial performance
- ▶ consultant recruitment challenges
- ▶ how to influence Clinical Commissioning Groups
- ▶ reconfiguration of pathology services
- ▶ implementation of the Modernising Scientific Careers project
- ▶ capacity to deliver the new infection training programme.

To date, much progress has been made in constructing the regional network 'scaffolding'. We continue to refine efforts in gathering collective intelligence from College members and stakeholders, and will engage with a wider range of stakeholders such as Clinical Senates and Clinical Commissioning Groups in order to widen our sphere of influence.





NORTHERN IRELAND REGIONAL COUNCIL

DR PETER SHARPE
CHAIR

Northern Ireland Pathology Network The Northern Ireland Pathology Network was established in 2009. It draws together clinical and managerial experts in the field of pathology from throughout Northern Ireland, and aims to provide consistency and direction in delivering and developing clinical pathology services in the region. The Chair of Regional Council is a member of the Pathology Network Board, which allows the aspirations and views of the College and all of its members to be brought into this forum. Considerable influence can be exerted through this arrangement.

The Network Strategic Implementation Plan was approved by the Network Board and Commissioner in December 2013. There are a number of workstreams including: out-of-hours and 24/7 laboratory cover, regional benchmarking, molecular diagnostics, approval of new molecular diagnostic testing, rationalising cervical cytology, Helicobacter pylori testing, familial hypercholesterolaemia project, acute kidney injury (AKI) alerting, ICT modernisation and regional online laboratory handbook.

Familial hypercholesterolaemia (FH) cascade screening project In March and April 2014, four new specialist FH nurses took up positions in each of the four Health and Social Care Trusts outside Belfast Trust which already had an existing FH nurse (now the regional Lead Nurse), with the specific aim of enhancing cascade family screening.

Funding for healthcare scientist trainees For several years there have been no pathology trainees in Northern Ireland. However, following considerable representation and lobbying by Council and the local region of the Association for Clinical Biochemistry and Laboratory Medicine, a business case for healthcare scientist trainee funding was put forward by the Pathology Network Board through the Chief Scientific Advisor to the Commissioner in April 2014 for approval.



Members of the Northern Ireland Regional Council and speakers

Clinical scientists Following the loss of several consultant clinical scientist posts in recent years, Council has taken a very active role in promoting the value and expertise offered by clinical scientists in all pathology specialties and how it can free up clinical time for medically qualified pathologists, complement practice and enhance research and development.

Annual meeting with the Chief Medical Officer The Chair of Council meets formally once a year with the Chief Medical Officer (CMO), providing opportunities to discuss key challenges and how these might be addressed. Issues typically include workforce planning, trainee issues, network issues, management concerns.

Annual College symposium This very well-supported annual event was last held in June 2014, attended by the College President and President-Elect. There were several presentations on pathology practice and addresses from both College Officers. A breakfast meeting attended by the CMO, members of Regional Council and other interested parties preceded the symposium, and there was a separate meeting of trainees with the President. This event gave the opportunity for CPD, networking, hearing what the College is doing for its members and addressing concerns, problems and issues.



Northern Ireland Annual College symposium, held in June 2014



SCOTTISH REGIONAL COUNCIL

PROFESSOR STEPHEN GILLESPIE
CHAIR

Key developments The Scottish Regional Council has discussed and agreed terms of reference and membership to align it to

the changing environment in the Scottish Health Service and in parallel to the College's changes in England driven by the 50-year review.

There has been considerable concern about the ongoing effect of the absence of new distinction and merit awards in Scotland on the ability of Scottish hospitals and universities to recruit the best medical talent. This is compounded by the use of 9+1 contracts limiting the time available for activities to support the discipline. Data remain anecdotal about the effect of these factors, but many more colleagues are reporting higher vacancy rates.

Council has now visited all five of the Scottish Medical Schools, including the new Medical School at St Andrews, aiming to make Council and the College as a whole accessible to everyone in the region and increase communication.

Looking forward We are meeting with the Cabinet Secretary next month to discuss this and other issues. In the coming year we will also be considering issues regarding pathology and laboratory medicine training and trainers.



WELSH REGIONAL COUNCIL

MS AVRIL WAYTE
CHAIR

The main aim of our Council is the continued delivery of quality pathology services across Wales as we embark on clinical and pathology service redesign.

Meetings We hold regular meetings, with video conferencing available, to encourage and enable active participation at our meetings. The appointment of several new Council members is a reflection of the continued engagement of Fellows across Wales, and brings fresh views and skills.

The presence of Digby Ingle, the College's Regional Coordination Manager, at our last meeting was greatly appreciated. Members welcomed the clarity that he brought regarding changes to the regional structures in England and their potential impact on the devolved nations.

Engagement A College Roadshow was held in Cardiff in September 2013, which encouraged Fellows to engage with all the College's Honorary Officers and raise several topical questions.

Our Public Engagement regional team goes from strength to strength with the appointment of Dr Esther Youd as coordinator and the enthusiasm that she brings to the role.

The new Medical School at St Andrews, where the Scottish Regional Council met this year



Wales Regional Council and Honorary Officers met at Cardiff Arms Park for a Council meeting and College Roadshow

We participated in the Welsh Scientific Advisory Committee's symposium in October 2013, which showed pathology to be at the front edge of new technologies in healthcare in Wales.

Providing input We responded to the Welsh Public Health White Paper consultation in June 2014 and, via the Academy of Medical Royal Colleges Wales (AMRCW), provided input into the National Assembly for Wales' Health and Social Care Committee's inquiry into progress made to date on implementing the Welsh Government's Cancer Delivery Plan.

Looking forward As clinical and pathology services are redesigned across Wales, it is crucial that the College plays a significant role in these processes to ensure that pathology services across Wales remain of the highest quality.

RCPATH Consulting



RCPATH CONSULTING

DR RACHAEL LIEBMANN
REGISTRAR AND RCPATH CONSULTING LEAD

To ensure that there is significant learning from RCPATH Consulting work, our advisors met for a training day in February to share best practice and, importantly, to ensure that the advisors, Fellows of the College and The Institute of Biomedical Science (IBMS) feel confident to provide independent, authoritative advice in many varied circumstances.

As mentioned in the 2013 Annual Report, some high-profile, large-scale commissioning projects in England were put permanently or semi-permanently on hold. With the change in NHS structures in England after the Health and Social Care Bill, new pathology reconfiguration projects fell off. This is undoubtedly due to increase in number but reduction in size, and therefore of confidence, of the new commissioning organisations. Collaboration between Clinical Commissioning Groups (CCGs) is the preferred way of operating and NHS England is encouraging this. CCGs are making hard decisions about how they access commissioning advice as Clinical Support Units are merging or being phased out. In the meantime, with the funding gap each faces, few CCGs are investing to save.

However, RCPATH Consulting was able to help to 'sense check' the performance indicators in the service specification when a CCG was recently negotiating GP direct-access pathology services. The vast majority of RCPATH

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. Please contact Maxine Mantle at Maxine.Mantle@rcpath.org for information.

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 and RCPATH Consulting Lead, at registrar@rcpath.org



Dr Rachael Liebmann at work

Consulting projects to date in the UK have been performed for provider organisations in England, either singly or in groups or networks. Meanwhile, in Northern Ireland, reconfiguration discussions have been facilitated by RCPATH Consulting as 'honest broker' and, in collaboration with the College's International Department, the potential for RCPATH Consulting bids for large-scale international projects has increased.

Again, RCPATH Consulting activity in the past year has generated a significant profit. As part of '2 Carlton House Terrace', a wholly-owned trading subsidiary of the College, RCPATH Consulting profits are gift-aided to the College, to help to keep down the cost of membership subscriptions and examination fees.

Along with the RCPATH Consulting Directors (College President, Archie Prentice, Chief Executive, Daniel Ross, and Treasurer, David Cassidy), I take this opportunity to thank Maxine Mantle and Michelle Merrett for all their help throughout the year, providing a very professional 'front office' for RCPATH Consulting enquiries from potential clients and advisors. As they are permanent members of College staff, RCPATH Consulting costs nothing to maintain between projects.

I look forward to writing a 'Lessons learnt' for the College *Bulletin* in 2015 so College Fellows will be kept fully informed of RCPATH Consulting activity.

Financial report

The circular inset displays a blurred financial statement with the following visible elements:

Category	Value
Unrestricted designated funds	£ 3,347,862
Restricted funds	£ 13,745,411
Total	£ 17,093,273

Other visible values include: 715,118; 642,052; 813,786; 13,659,411; and (2,219,238).





DR DAVID CASSIDY
TREASURER



MR DANIEL ROSS
CHIEF EXECUTIVE

The College's income for the year amounted to £5,061,620. Subscription income of £2,679,077 still represents the largest single source of income. The number of College members has increased from 10,680 at the beginning of the financial year to 11,058 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. Profits from all trading activities are paid over to the College under gift aid.

Income Income from room hire and catering experienced a small decrease over the year. Future bookings are not as strong as in prior years as they are only being accepted on a rolling six-month-forward basis, due to uncertainties about the length of time we will remain in occupation of the premises.

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 for this activity was £83,385.

The College continued to receive funds as part of a £735,850 grant to support the Labskills Africa project, which is being received over 24 months. The programme is funded through the Health Partnership Scheme, which is funded by the UK Department for International Development and managed by the Tropical Health and Education Trust. This project is being led by the College in partnership with the College of Pathologists of East, Central

and Southern Africa and the British Division of the International Academy of Pathology to improve laboratory medicine services in Sub-Saharan Africa.

Income from conferences and academic activities has increased over the year. Eleven symposia were held including a successful two-day meeting on genital tract pathology.

Expenditure There have been some increases in staffing costs during the year, as a result of the implementation of the College's 50-year review. The new governance arrangements, approved at last year's Annual General Meeting, changed the College's regional structures for England. The eight Regional Councils have been disbanded and instead England has been sub-divided into 13 areas with three representatives in each covering various College functions locally. Central administration support has been recruited to manage these new arrangements and to provide support to the Regional Councils of Northern Ireland, Wales and Scotland.

A review of the training, assessments and education functions has resulted in some staff responsibilities changing and new positions being created to ensure that the needs of the College, its members and its trainees continue to be met. An Examinations Policy and Quality Officer has been recruited. The International Department has also expanded its staff numbers to undertake the Labskills Africa project.

During the year, we moved the College's workforce database from its outsourced supplier back in house. This will enable our Workforce Department to collect more accurate and up-to-date data for workforce planning. A new online continuing professional development scheme has been developed and went live in July 2014. The College's website is in need of substantial redevelopment and the contract for this work is in the process of being tendered and awarded.

Communications expenditure has increased as the College is working towards National Pathology Week in November 2014. Additionally, the College has become a partner organisation with the BBC for a series of events across the UK marking the centenary of World War 1, delivering interactive activities entitled 'Blood and Bugs' that demonstrate pathology then and now.

Investments 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. For the calendar year ending 31 December 2013, the portfolio returned a positive 11.4%. Over a five-year period, the return was 10.0% per annum and over ten years it was 8.1% per annum.

These accounts 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 the Trustee Board on 31 July 2014 and have been submitted to the Charity Commission. Any member may request a copy of the full accounts by writing to the Chief Executive.

Independent auditors' statement to the Trustees of The Royal College of Pathologists

We have examined the summarised financial statements for the year ended 30 June 2014.

Respective responsibilities of Trustees and auditors The Trustees 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.

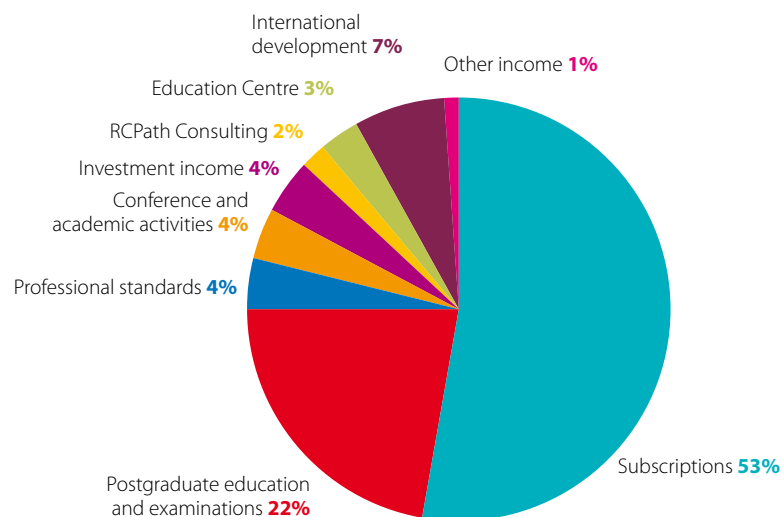
We also read the other information contained in the summarised annual report and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summarised financial statements.

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 2014.

**Coulthards Mackenzie, Chartered Accountants and Registered Auditors, 9 Risborough Street, London SE1 0HF
31 July 2014**

The Royal College of Pathologists Income 2013 – 2014



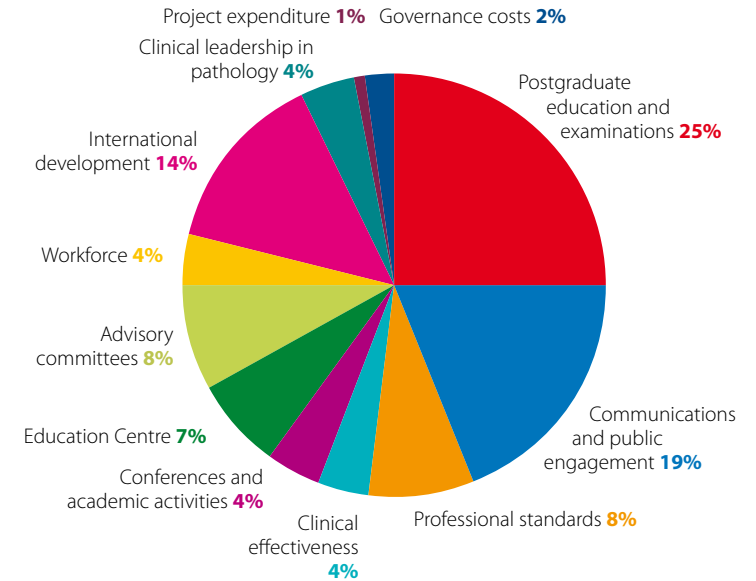
The Royal College of Pathologists Consolidated statement of financial activities for the year ended 30 June 2014

	Unrestricted general funds £	Unrestricted designated funds £	Restricted funds £	Total 30 June 2014 £	Total 30 June 2013 £
Incoming resources					
Incoming resources from generated funds					
Investment income	178,928	-	8,444	187,372	172,976
Donations and legacies	6,291	-	-	6,291	9,748
Trading operations	250,970	-	-	250,970	257,877
Other income	18,470	-	-	18,470	17,934
Incoming resources from charitable activities					
Subscriptions	2,679,077	-	-	2,679,077	2,521,350
Postgraduate education and examinations	1,115,965	-	-	1,115,965	1,087,868
International development	10,018	-	370,000	380,018	154,195
Conferences and academic activities	196,724	-	-	196,724	141,908
Research	-	-	-	-	47,382
Professional standards	37,110	-	178,325	215,435	66,519
Communications and public engagement	10,488	-	810	11,298	13,994
Intercollegiate Human Nutrition Course	-	-	-	-	3,290
Total incoming resources	4,504,041	-	557,579	5,061,620	4,495,041
Resources expended					
Cost of generating funds					
Fundraising trading: cost of goods sold and other costs	302	-	-	302	1,199
Trading operations	207,274	-	-	207,274	239,687
Charitable activities					
Postgraduate education and examinations	1,129,520	-	33,818	1,163,338	1,259,547
International development	265,031	35,975	344,285	645,291	225,197
Conferences and academic activities	187,114	-	-	187,114	166,297
Research	-	-	2,165	2,165	47,383
Professional standards	318,246	-	49,301	367,547	416,914
Clinical effectiveness	197,614	3,950	-	201,564	-
Workforce	194,078	-	-	194,078	289,890
Clinical leadership	-	-	170,500	170,500	95,243
Communications and public engagement	875,298	11,219	2,029	888,546	724,249
Education Centre	128,599	-	-	128,599	177,258
Advisory committees	354,881	-	-	354,881	327,107
Project expenditure	-	-	29,125	29,125	130,076
Intercollegiate Human Nutrition Course	-	-	-	-	17,081
Governance costs	91,776	-	-	91,776	100,433
Total resources expended	3,949,732	51,144	631,233	4,632,099	4,217,561
Net incoming/(outgoing) resources before transfers	554,309	(51,144)	(73,644)	429,521	277,480
Gross transfers between funds	(521,756)	515,000	6,756	-	-
Net incoming/(outgoing) resources before other recognised gains and losses	32,553	463,856	(66,888)	429,521	277,480
Gains/(Losses) on investment assets	198,286	-	17,293	215,579	376,944
Net movement in funds	230,839	463,856	(49,595)	645,100	654,424
Total funds brought forward	10,066,812	2,814,813	813,786	13,695,411	13,040,987
Total funds carried forward	10,297,651	3,278,669	764,191	14,340,511	13,695,411

The Royal College of Pathologists Consolidated balance sheet as at 30 June 2014

	Unrestricted general funds £	Unrestricted designated funds £	Restricted funds £	Total 30 June 2014 £	Total 30 June 2013 £
Tangible fixed assets	5,703,005	-	-	5,703,005	5,791,936
Investments	2,454,192	2,761,162	189,027	5,404,382	4,605,613
Total fixed assets	8,157,197	2,761,162	189,027	11,107,386	10,397,549
Current assets					
Stocks	11,200	-	-	11,200	16,567
Debtors	194,291	-	21,363	215,654	252,699
Cash at bank and in hand	4,088,223	517,507	583,710	5,189,439	5,297,834
Total current assets	4,293,714	517,507	605,072	5,416,293	5,567,100
Creditors					
Amounts falling due within one year	(2,078,261)	-	(29,909)	(2,108,170)	(2,219,238)
Net current assets	2,215,453	517,507	575,164	3,308,123	3,347,862
Total assets less current liabilities	10,372,650	3,278,669	764,191	14,415,510	13,745,411
Provisions for liabilities and charges	(75,000)	-	-	(75,000)	(50,000)
Net assets	10,297,650	3,278,669	764,191	14,340,510	13,695,411
The funds of the College					
Unrestricted funds	10,297,650	3,278,669	-	13,576,319	12,881,625
Restricted funds	-	-	764,191	764,191	813,786
Total College funds	10,297,650	3,278,669	764,191	14,340,510	13,695,411

The Royal College of Pathologists Expenditure 2013 – 2014



The financial statements were approved by the Trustee Board on 31 July 2014 and signed on behalf of the Trustee Board by

DR ARCHIE PRENTICE
PRESIDENT

DR DAVID CASSIDY
TREASURER

COLLEGE AWARDS PRESENTED DURING 2013–2014

Honorary Fellowship



Professor Sue Hill for her outstanding work in raising the importance of science, healthcare modernisation and innovation.



Professor Christopher Crum for his outstanding contribution to perinatal pathology.



Dr Robert Kurman as one of the world's leading histopathologists.



Dr Roy Palmer for his coronial work, both medically and legally, serving the public in his area of South London with distinction.



Professor Sylvia Asa for her distinguished career in pathology in the US and Canada.



Mr Paul Stennett for his pioneering work with UKAS/CPA, which is a credit to the healthcare profession.

Research awards

Award

Name of winner

Title

Gold Award

Dr Simon Paine



Pale body-like inclusion formation and neurodegeneration following depletion of 26S proteasomes in mouse brain neurones are independent of α -Synuclein

Cellular Pathology Specialty Medal

Dr Guy Betts



Prospective technical validation and assessment of intra-tumour heterogeneity of a low density array hypoxia gene profile in head and neck squamous cell carcinoma

Medical Microbiology/ Virology Specialty Medal

Dr Thushan de Silva



Correlation of T-cell mediated viral control and phenotype of CD8 + T-cells in HIV2, a naturally contained human retroviral infection

Smaller Specialties Medal

Dr Suzanne Elcombe



Dectin-1 regulates 1L-10 production via a MSK $\frac{1}{2}$ and CREB dependent pathway and promotes the induction of regulatory macrophage markers

HONORARY OFFICERS

President	Dr Archie Prentice
Vice-President for Professionalism	Dr Bernie Croal
Vice-President for Advocacy and Communication	Dr Suzy Lishman
Vice-President for Learning	Professor Mike Wells
Registrar	Dr Rachael Liebmann
Assistant Registrar	Dr Terry Jones
Treasurer	Dr David Cassidy
President-Elect	Dr Suzy Lishman

THE TRUSTEE BOARD

Honorary Officers

Chair of the Northern Ireland Regional Council	Dr Peter Sharpe
Chair of the Scotland Regional Council	Professor Stephen Gillespie
Chair of the Wales Regional Council	Ms Avril Wayte
In attendance (until November)	Mr Jeff Seneviratne Professor Kate Gould Dr Philip Wood

COUNCIL

Honorary Officers

Chairs of the Scotland, Wales and Northern Ireland Councils

Representatives from each of four geographical sub-divisions of England

elected by Fellows (to be filled in November)

Up to four general Council members elected by Fellows (to be filled in November)

Elected members (until November)	Professor Tim Helliwell Professor Jim Lowe Dr Tim Nokes Dr Lance Sandle Dr Prema Seetulsingh Professor Kate Gould Professor Tim Stephenson Dr Philip Wood
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CO-OPTED PLACES ON COUNCIL TO ADDRESS SPECIALTY OR GEOGRAPHIC IMBALANCES

Mr Jeff Seneviratne
Professor Bill Fraser
Mrs Gail Norbury
Professor Ian Cree
Professor Cheryl Scudamore
Professor Peter Goldfarb

OBSERVERS ON COUNCIL

Director of Clinical Effectiveness
Director of Communications
Director of Examinations
Director of International Affairs
Director of Professional Standards
Director of Research
Director of Training and Assessment
Editor, *College Bulletin*
Chair, Ethics Committee
Chair, Prenatal, Perinatal and Paediatric Pathology SAC
Chair, Trainees Advisory Committee
Chair, Transfusion Medicine SAC
Dean, Faculty of Pathology,
The Royal College of Physicians of Ireland
National Clinical Director of Pathology
Institute of Biomedical Science representative

Dr Peter Cowling
(Position to be filled)
Dr Kevin West
Dr Ken Fleming
Dr Andy Boon
Professor Finbarr Cotter
Dr David Bailey
Dr Laszlo Igali
Professor Terry Cook
Dr Gordan Vujanac
Dr Judith Fox
Dr Lorna Williamson
Dr Peter Kelly

Professor Jo Martin

COLLEGE STAFF, SEPTEMBER 2014

Daniel Ross	Chief Executive	Shane Johns	Senior Professional Standards Coordinator
Fiona Addiscott	Workforce Planning Manager	Stella Macaskill	Head of Professional Standards
Adobea Akuffo	Training Assistant	Jennifer Maddocks	Training Manager
Charlotte Balazs	Committee Administrator	Jelena Malceva	Team Administrator – Professionalism
Sue Beckford	Membership and Finance Officer	Maxine Mantle	Executive Assistant to Chief Executive and Registrar
Anne Boxill	PA to President and Honorary Officers	Maria Marrero-Feo	Senior Clinical Effectiveness Coordinator
Joanne Brinklow	Head of Educational Standards	Diana Maxwell	Committee Administrator
Eugene Coyle	Membership and Finance Manager	Helen Melliush	Examinations Manager
Edward Davie	Public Affairs Officer	Michelle Merrett	Events and Facilities Manager
Stevie Davidson	Examinations Coordinator	Kathryn Morris	House and Facilities Steward
Sandra Dewar	Assessment Manager	Ryan Nelson	IT Officer
Gemma D'Silva	Curriculum Officer	Amaka Nwagbara	Team Administrator – Communications
Alison Douglas	Secretariat and Committee Services Manager	Reshma Patel	Workforce Coordinator
Rosemary Emodi	International Manager	Thomas Randall	Examinations Policy and Quality Officer
Kathryn Evans	Examinations Coordinator	Rachel Richardson	Senior Examinations Coordinator
John Fairfoul	Data Manager	Annabel Ries	Associate Editor – Publications
Lindsay Fortune	Training Coordinator	Heidi Rogers	Professional Standards Coordinator
Diane Gaston	Head of Communications	Lesley Stapleford	HR and Development Manager
Peter Greenwood	Project Manager	David Stockings	Membership and Finance Administrator
Nicola Hancock	Clinical Effectiveness Administrator	Caroline Surawy	Examinations Coordinator
Lucie Houghton	Public Engagement Manager	Lien Voong	Membership and Finance Administrator
David Howe	IT Manager	Brian West	Senior House and Facilities Steward
Eben Hugo	Website Coordinator	Deva Wijeyesekera	Management Accountant
Edward Hulme	Managing Editor – Publications	Clare Winter	Events Coordinator
Digby Ingle	Regional Coordination Manager	Terry Woolgar	House and Facilities Steward
Samantha Jayaram	Press and Communications Manager	Umo Young	International Coordinator

Editors: Annabel Ries, Edward Hulme

Design: Bradbury and Williams

Photographs: College members and staff, Association of Clinical Embryologists,
John Goodman, Ian Gordon, Matthew Horwood, Alan Richardson, Portsmouth
Hospitals NHS Trust, Science Photo Library, doctor.ndtv.com



Our front cover illustrates some of the different areas of work pathologists do, from diagnostics to managing chronic conditions and explaining pathology to the public.



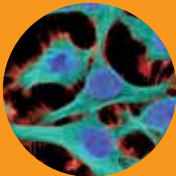
As part of our collaborative Labskills Africa project, we are working with 20 public sector laboratories in Sub-Saharan Africa to improve laboratory medicine services. Over 100 pathologists, who serve a combined population of approximately 110 million, are receiving new microscopes, training and mentoring, leading to stronger teams and higher-quality front-line services.



Haematologists are concerned with the diagnosis and treatment of diseases of the blood, such as leukaemia or sickle cell anaemia, illustrated here by a coloured scanning electron micrograph of numerous erythrocytes (red blood cells).



Dr David Cassidy, Consultant in Clinical Biochemistry and Metabolic Medicine in Prince Charles Hospital, Merthyr Tydfil, treating a patient at his clinic. David, who is also the College Treasurer, reports on acute clinical biochemistry and interprets numerous tests, including those for thyroid function, kidney disease, liver disease, diabetes, endocrine disease and malignant myeloma.



Toxicologists carry out in-vitro toxicity testing on human cells in culture, an important aspect of modern research which helps to reduce the use of animals in drug discovery and development.



College Fellow, Dr Gillian Orange, explaining the use of petri dishes and microbiology to children at the College's 'Blood and Bugs' interactive exhibition, part of the BBC 'World War One At Home' road show. Over 29,000 visitors came to our road shows in total – our biggest public engagement project to date.

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The Royal College of Pathologists

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