

# Appendices

*Peter A. Hall, Roselyn A. Pitts and Julie Johnstone*

## **APPENDIX 1: A CHRONOLOGICAL LIST OF PRESIDENTS**

2000–2006	N.A. Wright
2006–2009	D.A. Levison (President elect 2005)

## **APPENDIX 2: A CHRONOLOGICAL LIST OF SECRETARIES,<sup>1</sup> GENERAL SECRETARIES AND CHAIRMAN**

1906–1919	J. Ritchie and A.E. Boycott (Secretaries)
1920–1921	A.E. Boycott and H.R. Dean (Secretaries)
1922–1933	H.R. Dean and M.J. Stewart (Secretaries)
1934–1954	H.R. Dean and J.H. Dible (Secretaries)
1954–1958	J.H. Dible and A.W. Downie (Secretaries)
1959–1963	A.W. Downie and G.L. Montgomery (Secretaries)
1964–1965	R.E.O. Williams and G.L. Montgomery (Secretaries)
1966–1968	R.C. Curran and G.L. Montgomery (Secretaries)
1969–1977	B. Moore (General Secretary)
1977–1981	M.G. McEntegart (General Secretary)
1982–1992	R.B. Goudie (General Secretary)
1992–2000	F. Walker (General Secretary and Chairman)
2000–2003	M. Wells (General Secretary)
2003–date	P.A. Hall (General Secretary)

## **APPENDIX 3: A CHRONOLOGICAL LIST OF MEETINGS SECRETARIES**

1966–1969	R.C. Curran
1970–1977	W.A.J. Crane
1978–1982	A.M. Neville
1982–1986	C.C. Bird
1987–1990	N.A. Wright
1991–1995	J.C.E. Underwood
1996–1999	M. Wells
1999–2002	C.S. Herrington
2002–date	M. Pignatelli

<sup>1</sup> Until the late 1960s the specific position of Meetings Secretary does not appear to have been distinguished and fell within the role of Secretary, of which two were elected (see Appendix 3).

*In the period 1981–2000 there was a separate Meeting Secretary for Medical Microbiology*

1981–1985	C.S.F. Easmon
1986–1990	E.M. Cooke
1991–1994	R.J. Williams
1995–2000	C.G. Gemmell

#### **APPENDIX 4: A CHRONOLOGICAL LIST OF TREASURERS**

1906–1912	C. Powell-White
1913–1922	J.C. Ledingham
1923	E. Emrys-Roberts (died in office)
1924–1927	E.E. Glynn
1928–1936	E.H. Kettle (died in office)
1937–1947	J. McIntosh (died in office)
1948–1965	R.W. Scarff
1966–1969	A.C. Thackary
1970–1981	W.G. Spector
1982–1993	A.M. Neville
1993–2003	D.A. Levison
2003–date	A.D. Burt

#### **APPENDIX 5: A CHRONOLOGICAL LIST OF SOCIETY ADMINISTRATORS**

1989–1999	Mrs J. Edwards
1999–2001	Mrs J. Edwards and Mrs R.A. Pitts (deputy)
2001–2003	Mrs R.A. Pitts and Miss J. Smith (deputy)
2003–date	Mrs R.A. Pitts and Ms J. Johnstone (deputy)

#### **APPENDIX 6: A CHRONOLOGICAL LIST OF VENUES FOR MEETINGS SINCE 1980**

<b>1980</b>	January	Oxford
	July	Manchester
<b>1981</b>	January	Middlesex Hospital Medical School, London
	July	Ninewell's Hospital Medical School, Dundee
<b>1982</b>	January	Cambridge
	July	Sheffield
<b>1983</b>	January	Birmingham
	July	Edinburgh
<b>1984</b>	January	RPMS, London
	May	Bergen, Norway (Joint Meeting with Norwegian and Dutch Pathological Societies)
	July	Leeds
<b>1985</b>	January	Northwick Park Hospital, London (the 150th Scientific Meeting)
	July	Cardiff
<b>1986</b>	January	The London Hospital Medical School, London
	July	Dublin

<b>1987</b>	January	Oxford
	July	Southampton
<b>1988</b>	January	St Bartholomew's Hospital Medical School, London
	July	Newcastle
<b>1989</b>	January	University College and Middlesex Hospital Medical School, London
	July	Aberdeen
<b>1990</b>	January	RPMS, Hammersmith Hospital, London
	July	Nottingham, Queen's Medical Centre
<b>1991</b>	January	Cambridge, Addenbrooke's Hospital
	July	Queen's University of Belfast
<b>1992</b>	January	Guy's and St Thomas's Hospital Medical School (note held at the RPMS, Hammersmith Hospital)
	July	Manchester (Joint Meeting with Dutch Pathological Society)
<b>1993</b>	January	St Mary's Hospital Medical School, London
	July	Edinburgh, held at Heriot-Watt University
<b>1994</b>	January	Royal London and St Bartholomew's (held at QE11 Conference Centre)
	July	Glasgow
<b>1995</b>	January	Nuffield Dept of Pathology, Oxford
	July	Amsterdam, Joint Meeting with Dutch Pathological Society
<b>1996</b>	January	King's College School of Medicine and Dentistry London (held at QE11 Conference Centre)
	July	Southampton
<b>1997</b>	January	Royal Free Hospital School of Medicine London (held at QE11 Conference Centre)
	July	Sheffield (joint meeting with Dutch Pathological Society)
<b>1998</b>	January	Charing Cross Hospital School of Medicine London (held at QE11 Conference Centre)
	July	Leicester
<b>1999</b>	January	Cambridge
	July	Ninewell's Hospital, Dundee
<b>2000</b>	January	St George's Hospital Medical School London (held at QE11 Conference Centre)
	July	Nottingham
<b>2001</b>	January	Maastricht (in association with Dutch Pathological Society)
	July	Liverpool (1st joint meeting with the British Division of the International Academy of Pathology)
<b>2002</b>	July	Dublin
<b>2003</b>	January	First Closed Study Group: Ploidy in Pathology
	July	Bristol (2nd Joint Meeting with the British Division of the International Academy of Pathology)
<b>2004</b>	January	Second Closed Study Group: Molecular Pathology and targeted therapy in cancer
	July	Amsterdam (joint meeting with the Dutch Pathological Society)
<b>2005</b>	January	Royal London and St Bartholomew's, London
	July	Newcastle (3rd Joint Meeting with the British Division of the International Academy of Pathology)
<b>2006</b>	January	Cambridge
	July	Centenary Meeting, Manchester

**APPENDIX 7: THE OAKLEY LECTURERS**

1979	Dr C.S.F. Easmon
1980	Dr B. Duerden
1981	Dr D.N. Slater
1982	Dr D.B. Lowrie
1983	Dr T.J. Chambers
1984	Dr J.E. Heckels
1985	Dr B.A. Gusterson
1986	Dr C.W. Penn
1987	Dr A.K. Foulis
1988	Dr S.G.B. Amyer
1989	Dr K.C. Gatter
1990	Dr S.P. Borriello
1991	Dr S. Fleming
1992	Dr R.C. Matthews
1993	Dr A.D. Burt
1994	Dr J. Ketley
1995	Dr N.R. Lemoine
1996	Dr T. Baldwin
1997	Dr C.S. Herrington
1998	Dr N. Woodford
1999	Dr J.J. O'Leary
2000	Dr G.I. Murray
2001	Dr M. Novelli
2002	Dr M.-Qu Du
2003	Not awarded
2004	Dr M. Ilyas
2005	Dr K. Oien
2006	Dr H. Grabsch

**APPENDIX 8: THE DONIACH LECTURERS**

2003	Professor Peter Isaacson
2004	Professor Julia Polak
2005	Professor Sir Dillwyn Williams
2006	Professor Munro Neville

**APPENDIX 9: THE GOUDIE LECTURERS AND MEDALISTS**

2005	Professor David Wynford-Thomas
2006	Professor Ian Hart

**APPENDIX 10: A CHRONOLOGICAL LIST OF EDITORS OF THE *JOURNAL OF PATHOLOGY* (FORMERLY *JOURNAL OF PATHOLOGY AND BACTERIOLOGY*)**

1892–1920	G. Sims Woodhead (founder)
1920–1922	J. Ritchie

1923–1933	A.E. Boycott
1934–1955	M.J. Stewart
1956–1971	C.L. Oakley
1971–1981	W.G. Spector (died in office)
1981–1992	D.H. Wright
1992–2002	P.G. Toner
2002–date	C.S. Herrington

## APPENDIX 11: *FUTURE OF ACADEMIC PATHOLOGY*

### Report of the Residential Meeting held at The Bellhouse Hotel, Beaconsfield, 28–30 March 2001

#### 1. Introduction

1.1 There are many indicators that academic productivity in pathology in the UK is severely in decline: the reasons for this are manifold. However, it is difficult to understand because modern academic pathology underpins such a great deal of research. There is a need for accurate surgical pathological diagnosis in the context of clinical trials, in the classification of tissue banks (now so essential for the post-genomic era), the need for gene expression localisation in tissues and the burgeoning demand for phenotyping of transgenic and knockout mice, etc. In addition to this collaborative potential, pathologists are best placed to reap the benefits of translational research emanating from the enormous output from cell and molecular biology: before having as impact on therapy, these advances will benefit pathology, particularly in molecular diagnostics. Pathologists should be leading these programmes and, moreover, should be ideally placed to lead research groups looking at both basic and translational aspects of the pathogenesis of disease.

1.2 During the meeting, a number of areas were identified in an attempt to rectify this situation. In some cases these could be translated into discrete action points, with responsibilities. In some areas there was obviously further work needed before action could be taken and, finally, there were instances where the suggestions were rather nebulous and difficult to grasp in terms of specific actions, needing further consideration.

#### 2. Research in pathology

2.1 It is fairly clear that, judged on a national level, research activity in pathology is in quite a desperate situation in terms of both quality and quantity. There is undoubtedly a problem in the recognition of pathologists as leaders in research: in many instances pathologists are viewed as mere ‘facilitators’ enabling other research group leaders to achieve their potential and appear well down in the authorship pecking order. This is notwithstanding the important observation that without such pathological collaboration, be it in the recognition of the phenotype of a knockout mouse and relating it to human disease, the detailed morphological analysis of an experimental or clinical procedure or the provision of accurately classified material from a tissue bank, such research cannot prosper. Nevertheless, within this environment, pathologists must assert ownership of their own ideas and fight for the right to be recognised.

At the same time, it is recognised that we are not producing sufficient numbers of research group leaders who, with programme grant level support, can pursue their own research questions from a pathology perspective. We stand accused of having limited horizons and being insufficiently innovative to attract programme support.

2.2 In general, two streams of research activity in pathology can be identified:

(i) research aimed at the elucidation of basic mechanisms of disease and the translation of these observations into the clinic and (ii) what might be termed ‘academic surgical pathology’.

2.3 The training required to carry out effective research in these two spheres is different. The former requires the training of individuals who will be able to lead a research group of younger pathologists and doctoral and postdoctoral scientists. Research training for such a career would start with a clearly identified period of study leading to the award of a PhD. There was considerable discussion about the correct timing for this: either after the completion of the CCST or immediately after the SHO year, before specialist training is started. It was felt, without being prescriptive, that normally the best time was post-SHO, although it was recognised that by the time the CCST is completed there is a danger of techniques and concepts, etc. in the chosen field being out of date. However, it was felt that this was outweighed by the establishment of research experience and lines of thought at an early age. The need to ensure a smooth return to the NHS component of training was emphasised.

After completion of the CCST, this research career track should be continued with a period of postdoctoral study and in the case of medically qualified pathologists should be pursued in a Saville-type clinician scientist position, enabling the individual to have five or more years during which clinical work would be carried out but the majority of this time would be spent establishing the basis of a research career, with the usual provisos – mentoring, transferability, the achievement of consultant status (and salary), when appropriate, and the expectation of a career-post at senior lecturer level when this was completed.

In the past both of these avenues could be pursued via the clinical lecturer route. However, it was clear that the past decade has seen a dramatic reduction in the number of these positions, for several reasons, among them the need to contribute as a full-time equivalent (FTE) to the Research Assessment Exercise (RAE), problems in university funding, loss of the clinical epithet with conversion to non-clinical scientist posts, etc. It was felt very strongly that actions should be taken to rectify this position if at all possible.

2.4 In the case of academic surgical pathology, the training required may be quite different. Usually, individuals interested in this avenue would complete the examinations for Membership of the Royal College of Pathologists and then undertake a programme of training in a sub-specialty, such as gastrointestinal pathology or dermatopathology, in a recognised centre, which would culminate in the award of the CCST. After this, further training in the sub-specialty may be undertaken. It was recognised that currently trainees were being put off entering such sub-specialties because of lack of information about the future viability of that sub-specialty as a career, i.e. manpower and future funding. This was seen as a significant disincentive to specialise, and without such specialisation the prospects of that individual contributing to academic surgical pathology are limited. Of course, these two programmes are not mutually exclusive and opportunities do exist for individuals to, for example, finish a PhD and then undertake sub-specialty training in preparation for a career in academic surgical pathology.

2.5 It was clear from the several presentations from the grant-giving bodies that there are ample opportunities for young pathologists to apply for competitive fellowships to study for a PhD. However, it was conceded that, at this time, pathology is in such a state that there could be problems about the competitiveness of potential candidates, and the possibility of earmarked fellowships for pathologists was discussed.

It was recognised, therefore, that our problem is not the lack of availability of fellowships at this level but our ability to supply credible candidates.

2.6 The question of clinician scientist appointments is more complex. The Saville Report suggests that 50 such fellowships per year should suffice to underpin a future cadre of clinical academics nationally. It was felt that pathology should bid for five of these.

We heard that funding from the MRC, the Wellcome Trust and the NHS was expected for these and of course pathologists could compete in open competition. Moreover, it was noted that the MRC currently has such a fellowship in conjunction with the Royal College of Physicians, an

example we could well emulate with our College. However, because of the special relationship between cancer and pathology, the cancer charities may be interested in funding such fellowships in pathology. Indeed, the CRC has a joint fellowship with the Royal College of Surgeons. However, the CRC has not yet decided whether to support these fellowships more generally, although the ICRF has indeed outlined its support for such a scheme.

2.7 However, all grant-giving bodies present noted that few current grant proposals to their scientific committees originated from pathologists. This is a further contributor to our low hit rate in grant support – the failure to even ask!

2.8 In academic surgical pathology there was some concern about the ability of the system to provide *ad hoc* specialty training post-MRCPath. The example of US fellowships was examined where individuals, usually post-general anatomical pathology Boards, obtain two-year fellowships in gastrointestinal pathology, etc. that consist of a year of training in the subject followed by a research project in the field. This concept was endorsed with the proviso that funding, which in the USA is generally out of private practice, may be difficult.

2.9 It was felt strongly that the RAE had been singularly unhelpful, if not destructive, especially in the sphere of academic surgical pathology. It was also felt that such activities, published perforce in journals with low impact factors and relying on classical morphological techniques, are not rated by our peers/assessors. It was felt, too, that this was one important reason why surgical pathological research is no longer regarded as being important in this country, why the USA is now the centre of such activity and why we have lost a number of our leading surgical pathologists to the USA in recent years. It is possible for academic surgical pathologists to be international leaders in their field and yet be considered to be barely returnable in the RAE.

It was also felt that the RAE has been responsible for the selection policy for chairs of pathology in this country with, in the main, researchers in basic/translational research being selected for such positions. We had signally failed to produce a cadre of pathologists who could pursue such research from a firm basis of surgical pathology.

The majority opinion was that the last RAE had done a severe disservice to pathology: those Higher Education Institutions who did achieve 5\* in UoA 1 were those without significant commitments to clinical work or undergraduate teaching. If similar criteria were applied in the next RAE, given the heavy clinical and teaching loads that many academic departments of pathology carry, then we are likely to see a further reduction in the profile and content of these departments in the next quinquennium.

2.10 It was recognised that, although pathologists are important in supporting the research of Trusts that receive portfolio funding ('Support for Science') from the NHS R&D Budget, there are limited opportunities for pathologists to benefit directly from such monies. However, the announcement of the 'Needs and Priorities', previously Budget 2, may provide such opportunities.

It was clear that neither paper ('Support for Science' nor 'Needs and Priorities') provided anything in the way of infrastructure or support of the research culture and ethos in Trusts to promote research as a core activity rather than a marginal pursuit. Pathology services are very much part of this infrastructure and it was again clear that in few, if any, places are NHS R&D Directors correctly identifying the resource implications for projects that require pathological support. In fact, the same criticism can be made of grant proposals to, for example, the research councils. Members were urged to press for such resources to be identified in both Culyer-type and grant-funded research.

2.11 It was recognised that probably the single most important factor impeding successful research by clinical academics in pathology is lack of protected time. It was agreed that senior lecturers or equivalent must have a strictly controlled job plan, preferably within the context of a Departmental Job Plan. Of course, it is one thing to argue this and quite another to ensure that it

happens in the face of increased clinical load, staff shortages and burgeoning numbers of medical students. Nevertheless, this was regarded as a *sine qua non*.

2.12 It was established that, although the Wellcome Trust does not support overtly clinical cancer research, there is no reason why applications for basic or translational research related to cancer should not be funded.

#### *Action points*

- (i) Enter discussions with the CRC and the ICRF about the possibility of supporting Clinician Scientist Fellowships targeted in specific areas such as transgenic mouse pathology, etc.: bring this to the attention of the National Cancer Research Institute chaired by Sir George Radda. The importance to the Wellcome Trust of mouse phenotyping should be noted (*PathSoc*).
- (ii) Enter discussions with the major funding bodies for a quota of fellowships at doctoral and Clinician Scientist level to rejuvenate the discipline (*PathSoc*).
- (iii) Open discussions with the newly established RCPATH Research Committee, the Committee of The Pathological Society and the MRC, Wellcome Trust, CRC and ICRF about the possibility of joint fellowships (*RCPATH/PathSoc*).
- (iv) Establish a register of specialist positions within the country, together with an indication of expected future needs (*RCPATH*).
- (v) Explore the possibility of earmarking some of the presently available fully funded SpR positions to provide specialty training positions or fellowships in selected centres throughout the country (*RCPATH*).
- (vi) Strive to re-establish the Clinical Lecturer grade in pathology: this could be pursued at the local level through the Medical School Deans and also at the national level through the CHMS. The possibility of requesting that such a position should only count 0.5 FTE in the RAE was also raised to take into account the clinical training component of the post (*Profs/Deans/CHMS*).
- (vii) Representations should be made to the Chairmen of UoA 1 and 3 that due recognition of the contribution of pathology departments to clinical service and teaching is very important in preserving the discipline as an academic subject (*PathSoc*).
- (viii) Every effort should be made to identify the appropriate resource implications for collaborative projects that require pathological input in both NHS R&D and grant-funded research (*Profs/Directors of R&D*).
- (ix) There must be a concerted effort to ensure that academics do not do more than three fixed sessions per week and that protected time for research is mandatory (*Profs/Deans*).
- (x) There should be a concerted campaign to ensure that academic pathologists be proposed for the Fellowship of the Academy of Medical Sciences (*Fellows of the Academy*).

### **3. The relationship with the NHS**

3.1 As in academic departments, a crisis exists in District General Hospitals (DGHS) with increasing workload, reduction in manpower and a reduction in time available for those individuals in post. A major component of this problem is the lack of agreement about the workload suitable for pathologists working in different environments: for example, the RCPATH guidelines suggest that consultant pathologists in DGHS should do 4000 surgicals and in teaching hospitals



2000, although this takes no account of the complexity of the case mix. The latter figure also does not distinguish between clinical academics and NHS consultants. It was agreed that the College guidelines required updating.

3.2 There are other recent developments that impinge on the time pathologists have available for research: with the advent of minimum data sets it is not unusual for a large specimen to take 40 min to dissect. Other constraints include the burgeoning number of endoscopic biopsies, immunohistochemistry, the increase in multi-disciplinary meetings in the wake of the Calman–Hine proposals, the management role of pathologists, Calman training to be equilibrated with the idea of a consultant-led service, Comprehensive Performance Assessment, audit, Environmental Quality Assessment, Continuing Professional Development and undergraduate teaching and service reviews, which all militate against an active research career once a consultant position is attained. Professor Richards pointed out that, with the increase in screening, this workload will rise further. Presently a paper by Professor Lowe is being considered by the RCPATH that sets out the problems pathologists face with an increasing workload and suggests ways of regulating it.

3.3 It was agreed that a good deal of academic activity, particularly in surgical pathology, is carried out by NHS consultants, some of whom are in DGHs, and that a problem exists in harnessing and enfranchising NHS pathologists into academia. Academics and NHS pathologists can live in the same cage.

3.4 There is a need to acknowledge the contributions that DGH pathologists make to surgical pathology research and to bring them on board.

3.5 Histopathology in the UK, unlike others such as the USA, does not have a national referral centre to which difficult cases may be sent for an opinion, which is often needed urgently. Currently, pathologists all over the country and abroad have a list of individuals to whom they refer such cases, from whom experience has shown that an early response is usually obtained and a helpful consultation results. A survey carried out by members of the Association revealed that a large number of referred cases are being carried out by academic departments all over the country. The load varies from 150 to 740 cases per annum per individual and was thought to amount to a minimum of one session a week per pathologist. It must be emphasised that this work is carried out, in the main, for the benefit of patients in the NHS and in addition to any other duties that the pathologist has.

3.6 In most instances this activity is not funded by the department referring the case and experience has shown that the introduction of charging for this service results in a sharp reduction in referrals. The singular attempt to fund this service via ‘extra-contractual referrals’ has transparently failed. It is certainly time that this country regularised this ludicrously *ad hoc* system.

#### *Action points*

- (i) NHS pathologists must be enfranchised into academic pathology and feel that they are very much part of the system (*Everyone/PathSoc*).
- (ii) Centres where referrals are currently made should be listed and a database set up showing the experts available, with their sub-specialty (*Prof Elston et al*).
- (iii) These centres should form a Virtual Institute of Pathology that should be funded by top-slicing the regional budget. In addition to paying for materials and technical time, consultant sessions should be charged to this budget. The example of Cardiff was noted, where one consultant FTE is available to provide support for the referral service. We should engage with Specialist Commissioning Agencies and also determine whether the National Specialist Commissioning Advisory Group would be interested in funding at least part of this venture (*Prof Elston et al*).

- (iv) It is suggested that the money earmarked for cancer, which Health Authorities have been charged with releasing, is an appropriate source of such funding. In this respect, members were encouraged to approach this source as a means of supporting the infrastructure, such as personal assistants, etc. (*Prof Elston et al.*).

#### 4. Appraisal and revalidation

4.1 Although the GMC's thinking about the revalidation of clinical academics had not fully crystallised, it was expected that pathologists would be revalidated upon what they returned: for example, if they stated that they were a gynaecological pathologist then that is what they would be assessed on to remain on the general register, and so on. It was felt that this was a constructive way forward.

4.2 However, it was appreciated that there was a great gulf between the so-called craft specialties, such as pathology, where endpoints are easily measured, and the non-craft specialties, such as dermatology, where measurement is not so easy.

#### 5. Manpower

5.1 The reasons for the crisis in manpower were rehearsed (again!). Unless something is done, and now, there will be a tremendous shortage of pathologists. Negotiations between the College and the Department of Health has led to the provision of 160 fully funded SpRs over the next three years. A way around the provision of microscopes for these individuals has been found in that once the post has been approved the money is available; any lead-time funding until the position is filled can be used for the purchase of a microscope. Unfortunately, there is no provision of funds for overtime and it was calculated that each SpR on 1B payments would cost a department £8000 a year. Although this is good news, there is evidently a long way to go because we are probably some 460–560 SpR positions short.

5.2 Enquiries among members showed that a major constraint to increasing the number of trainees in histopathology was the 'ability to train'. Leaving aside the problems implicit in declining numbers of staff available to train because of shortages and the increase in the clinical load, it was felt strongly that there was just not enough space and facilities to provide placements for further trainees in many departments. Thus an important concept arose, that the need to train was being hindered not by a lack of willingness to train but, in a number of cases, by the lack of facilities.

5.3 The proposal that SHO Schools should be established was supported strongly, as was the concept that retired pathologists should be recruited to teach in these schools.

5.4 The effect of remuneration on recruitment to academic pathology was discussed and it was agreed that there were obviously problems involved here: not only the financial sacrifice that young academic pathologists make in continuing to work in the university environment when colleagues of the same age in the NHS are often earning a great deal more, but also the problems that academics have in winning discretionary points and distinction awards. It was noted that this would not improve owing to the emphasis on service work. Similarly, there was no guarantee that the New Consultant Contract, with its proposal to financially reward new NHS consultants who do not do private practice, would be extended to the academic sector.

#### *Action points*

- (i) It was proposed that the MADEL budget be considered for the provision of facilities for training. An enquiry of Charles Easmon has suggested that revenue budgets are perhaps not the

right place for this and that approaches should be made centrally on this important issue and also locally at the Chief Executive Officer level (*Profs/RCPATH/Quirke*).

- (ii) It was suggested that the concept of SHO Schools should be extended to SpRs, and that, because of the sharp drop in the exposure of trainees to autopsy pathology, autopsy schools should be established (*Quirke*).
- (iii) Members felt that the lack of ability to pay overtime could be an important disincentive to the recruitment of increased numbers of SpRs, and that further representations should be made on this point (*Quirke/Heard*).
- (iv) Where provision of a sub-specialist service is concerned, it becomes very important to define the sub-specialist because of the provision of funding (*Quirke*).
- (v) The RCPATH recovery plan for histopathology should be strongly supported (*Everyone*).
- (vi) Every effort should be made to ensure that academic pathologists be put up for discretionary points and proposed for distinction awards at every opportunity. Reassurance should also be sought that the New Consultant Contract will include newly appointed clinical academics (*Everyone/RCPATH*).

## 6. Public profile of pathologists

6.1 It was agreed that pathologists have a problem with the public perception of what they do, particularly in the wake of Alder Hey. It was even suggested that we should consider a change in the name of our discipline but this was rejected in favour of preserving our name and undertaking a programme of public education.

### *Action points*

- (i) It was felt that the profession in general does not have a political strategy and that, with the College and the PathSoc, we should evolve a strategy that would incorporate political aims (*PathSoc/College*).
- (ii) A number of useful ideas about improving our image were proposed, from commissioning television programmes (at least two programmes on what pathologists do are known to be in production) and also the possibility of other media approaches, via the newspapers or indeed through literature, which is presently limited to forensic pathology (*PathSoc*).

## 7. Undergraduate medical education

7.1 In the recruitment of individuals into pathology it was agreed that the undergraduate course is of paramount importance. However, it was conceded that the opportunities for undergraduates to see pathologists in action or to understand what it is that pathologists actually do are declining rapidly.

7.2 Everyone present was an advocate of the Intercalated BSc in Pathology, whilst appreciating the decline in resources that are available.

7.3 Despite the enthusiasm for teaching pathology to students and recognition of the important role that this has had in attracting individuals into the profession, it was a constant theme that teachers do not feel valued in the modern medical school setting, where research is rewarded to a much greater degree than teaching achievements in such competitions as the annual promotion round. Currently money does not follow the score in the Quality Assurance Assessment (QAA)

as it does in the RAE and universities are not, therefore, currently minded to support and reward individuals who concentrate on teaching or indeed take a major interest in it.

7.4 The pathologist as role model was a recurrent theme and many members said that this was one of the main reasons why they entered pathology. However, the very inclusion of pathology in the undergraduate curriculum is under threat and the potential for senior pathologists to act as such role models is declining.

7.5 This does not mean that there is a decline in the need for pathologists to teach. With the increase in problem-based learning, pathologists are in increasing demand to chair and coordinate such sessions. At the same time, we are seeing a large increase in medical student numbers with a resultant expectation of an increase in contact time.

7.6 It was appreciated that the initial QAA inspections had been advantageous for the development of undergraduate medical education. However, the follow-up from such inspections was viewed with some concern bearing in mind the time and effort expended in such exercises.

#### *Action points*

- (i) The Intercalated BSc course must be maintained and expanded if possible and methods of financing such courses must be found. The efforts of the PathSoc in supporting these courses were appreciated and the Society was urged to extend its scheme if possible (*PathSoc*).
- (ii) In future QAA rounds it would be useful to establish some sort of benchmarking scheme that emphasises pathology (*Underwood/QAA*).
- (iii) It is obviously of paramount importance for medical teachers to be recognised and rewarded in the promotion round by appropriate discretionary points and distinction awards (*Deans/Profs*).
- (iv) It is considered vitally important to ensure that pathology maintains its identity in the undergraduate curriculum. There must be opportunities for student participation and for students to observe at close quarters what pathologists do and for pathologists to act as role models for students during their undergraduate years. Clinicians should be encouraged to involve pathologists in teaching and pathology should be taught as a block course and be examined separately. Every effort should be made to ensure that pathology remains a core subject and is included in any National Core Curriculum (*Everyone/QAA*).
- (v) Autopsy teaching should be promoted (*Everyone*).
- (vi) A nationwide inventory of pathology teaching resources would be a good thing. Workforce Confederations should be approached to fund such projects in their future role as 'Educational Trusts' (*West/PathSoc*).
- (vii) There was a need to promote our subject in schools and sixth-form colleges and we should consider producing a brochure for use by sixth formers (*West/PathSoc*).

### **8. Postgraduate education in pathology**

8.1 In general the changes in the regulations for the examination of the Royal College of Pathologists were now considered to be appropriate, although some concern was expressed whether individuals could be appropriately assessed for their suitability as histopathologists during the SHO year. Concerns were also expressed about the continuing lack of uniformity in the examination but it was generally recognised that logistics would prevent centralisation.

8.2 Concern was expressed about enabling trainees to obtain sufficient experience in autopsy pathology in the face of the declining post-mortem rate.

8.3 The role of postgraduate diplomas was discussed, with the Diploma in Dermatopathology as a paradigm. It was recognised that the advent of a diploma could galvanise a sub-specialty. On the other hand, it was recognised that organising such a diploma was not a trivial undertaking and, of course, using the Diploma in Dermatopathology as an example, such diplomas would be open to clinicians who are not career pathologists.

8.4 Workforce Confederations were springing up all over the country and although it was not clear how these would work in detail the concept of them as 'Educational Trusts' was important.

8.5 Where academic pathologists are concerned it was considered very important that 'early differentiation' in terms of specialist interest was necessary.

#### *Action points*

- (i) The concept of an MRCPATH examination without the inclusion of a compulsory autopsy should be examined. Failing this, perhaps candidates should be asked to provide a case-book of autopsies carried out rather than carry out an autopsy at the time of the examination, which can be difficult to arrange (*Stamp*).
- (ii) The PathSoc should take a larger role in the provision of training of teachers in pathology, possibly sponsoring courses over a weekend on 'how to do it' (*Berry/PathSoc*).
- (iii) It would be important to align both medical schools and postgraduate pathology training with the emerging Workforce Confederations (*Deans/Profs*).
- (iv) The expansion of the RCPATH's portfolio of diplomas in specialist subjects should be (carefully) examined (*RCPATH*).
- (v) It is important that a culture be developed where differentiation of academic pathologists into sub-specialists be done at an early date to enable concentration on a single part of the discipline and also to constrain the amount of time spent on service work (*Profs/Deans/PathSoc*).
- (vi) It was fairly clear that, although there are problems in recruitment in several sub-specialist areas, paediatric pathology was in a desperate strait with no trainees whatsoever! Urgent action was needed to rectify this appalling situation (*BRIPPA/Specialist Committee RCPATH*).
- (vii) We should work towards a CCST designed specifically for academics (*PathSoc*).

### **9. Constraints on academic activity**

9.1 It was agreed that the expansion in bureaucracy surrounding the granting of personal and project licences to carry out animal experiments, a central technique in experimental pathology, was hindering the rate at which research in competitive areas could be carried out. This included the Ethical Review Process and the often slow rate at which applications were processed in the Home Office.

9.2 There was general support for Nancy Rothwell's initiative, which led to the covert promise from Lord Sainsbury to attempt to streamline the approval process.

9.3 There was also concern expressed about the growing violent opposition to individuals who undertake such work.

9.4 The problems surrounding organ retention, the Alder Hey and Bristol inquiries and the potential and now actual effects on access to material retained at post-mortem and indeed after surgical operations were again rehearsed, with special emphasis on the effects on research, training and the maintenance of standards via examinations, EQA and, indeed, referral of material for diagnosis.

9.5 The emergent MRC guidelines were noted, which, in particular, state that the principle of abandonment after, say, surgical operation is not appropriate and that all tissue has to be individually gifted. It was also noted that these guidelines have specific recommendations for histopathologists seeking to do research on archival material where, even for simple investigations such as re-examination of routinely stained sections, informed consent is needed.

9.6 Although there have been several suggestions for the design of an appropriate consent form, it was clear that different forms were in use all over the country.

#### *Action points*

- (i) Initiatives to reduce the amount of bureaucracy involved in the granting of animal licences and to increase the security of researchers involved in experiments on animals (*Martin/Wright*).
- (ii) Although there was some feeling that we are stuck with the MRC guidelines, some members felt that the principle of abandonment against gifting should be tested and that the guidelines, where they impinge upon simple archival histopathological research, should be challenged. In any case, it was felt that it would be impossible to implement these guidelines without some sort of a grandfather clause that would become operative at some time after the acceptance of the guidelines (*Stamp/Quirke/PathSoc*).
- (iii) It was felt very important that the potentially seriously damaging effects on research or lack of access to archival tissues or to properly ordered and classified tissue and organ banks should be made forcibly and publicised (*PathSoc*).
- (iv) There should be a movement towards the design and acceptance of a National Ethics and Consent Form as applied to the use of human tissues for teaching and research (*Stamp/Quirke*).
- (v) Because of the extreme spin put on the findings of the Alder Hey Inquiry *et sec*, it was felt essential that the profession should engage with Government (*RCPATH*).
- (vi) Similarly, it was also felt that professional public relations advice should be sought to put over our view on the use of human tissues for research and education (*PathSoc/RCPATH*).
- (vii) We should also make contact with Pharma UK to explore matters of joint concern and in any campaign underline the potential effects on UK PLCs if research on human tissues is compromised (*Quirke/Stamp/RCPATH*).
- (viii) A campaign of public education about the use of human tissues in research should be undertaken (*PathSoc*).
- (ix) Centres should consider setting up a Tissue Ethics Subcommittee, which already exists in some places, to consider requests for the use of tissues in research (*Profs*).
- (x) The possibility of producing a brochure describing the value of the use of human tissues in research, for use in hospitals before and while seeking informed consent, should be explored (*PathSoc*).

## 10. The role of specialist societies

10.1 It was agreed that the Association of Professors of Pathology had historically done little or nothing for the profession.

10.2 It was appreciated that pathologists, both academic and service-oriented, were all in this together and that great strength lies in us all working together.

### *Action points*

- (i) The Association of Professors of Pathology should be dissolved. Instead, a group will be formed within the PathSoc that will include other academics and not only professors. It was agreed that the current gathering was a 'meeting with a future' and that every attempt should be made to hold such a meeting on an annual basis (*Boylston/Wright*).
- (ii) The proposal that we should move together towards a Confederation of British Pathology Societies was applauded: we should attempt to move towards a federal annual meeting, where all member societies have their own meeting and come together for plenary sessions and for meetings such as the one we were currently experiencing. It was noted that holding such a meeting would be relatively inexpensive and logistically easy if such a federal meeting was enfranchised (*PathSoc/IAP, etc.*).

The Joint Meeting of the IAP with the PathSoc at Liverpool in July 2001, to which several specialist societies are also committed, would serve as a model for, and introduction to, this process.

*Prepared by N.A. Wright, 15 June 2001*

## APPENDIX 12: THE PATHOLOGICAL SOCIETY: THE WAY FORWARD – A SUMMARY

Based upon the deliberations of the Officers and Committee at the Away Weekend in November 2004 and Committee Meeting of January 2005, the following proposals are made with regard to the Society's future development.

1. *A new image with a clear profile.* The mission of The Pathological Society is to increase the understanding of disease. The focus of The Pathological Society should be '*Understanding Disease*'. This includes the support and encouragement of activities that promote the understanding of disease and disease processes, as well as the furthering of educational activities that promote the understanding of disease, including education of the general public.
2. *A commitment to provide tangible benefits to the members.* The Society's programmes will be designed to help its members promote the mission of understanding disease. This will be by fostering and facilitating research, by developing and supporting programmes for undergraduate and postgraduate teaching and training, and by engaging with the general public so that they also come to *Understand Disease*.
3. *Enhanced transparency of the Society with increased membership involvement.* The Society will develop a structure that allows Members to engage more effectively with the Society's mission and be empowered by the Society to achieve more effectively an understanding of disease. This will involve a reorganisation of the Society's Governance with the creation of subcommittees with specific remits.

4. *Developing partnerships with other organisations to promote pathology.* The Pathological Society wishes to engage with other organisations and, in partnership, develop programmes that are aimed at our goal of understanding disease.

### A New Image?

The justification for redefining the Society's Mission Statement comes from the simple point that our current Mission Statement is long, all encompassing and, as a consequence, somewhat vague. It lacks focus and thus does not allow our Society to be distinguished from many others. What are we about? What are we for? Why be a member? It was these issues that led to the realisation that we could define our remit in a very simple way and have a concise two word 'strap line' – *Understanding Disease*. We have already introduced this onto the cover of the *Journal of Pathology* and this defines our focus. Furthermore, that focus can be shared by those interested in the science of mechanisms in pathology, or in the science and art of diagnosis, or in the pedagogical aspects of the subject: i.e. the whole range of our membership.

The financial state of the Society is strong, although there remain some uncertainties, including issues such as Open Access, that may influence the income from our Journal. Nevertheless, it was felt that as an organisation we needed to ensure that we spent a substantial fraction of our income on programmes that allow us to accomplish our mission. This we have always done, but the Away Weekend allowed us to take stock of these programmes and ask to what extent they had been effective and how they might develop in the future. Clearly the programmes will be kept on yearly review, based upon changing financial circumstances. One step will be for a 'Finance and General Purposes Committee' chaired by the Treasurer (see below) to define a budget for the coming year. This allocation is then disbursed by the full Committee through a series of subcommittees (Research, Education and Training, Programme, Trainees; see below).

### Tangible Benefits?

What programmes should we have?

1. *Meetings and Workshops.* A core programme of the Society is, and will continue to be, the support and running of meetings. The Pathological Society will support four types of meeting:
  - *Annual Meetings* will be held alone or in partnership with other bodies and are the major Scientific Meeting of the Society. These meetings will be organised by the Meetings Secretary together with a Programme Subcommittee. Suggestions for Symposia or other elements of such meetings are welcomed. The major meeting will be in the summer but a winter meeting will also be held. Although the meetings will be research orientated, the needs of Continuing Professional Development and lifelong learning will be core to any programme, as will aspects of training and undergraduate education.
  - *Focused or Themed Meetings or Workshops* will be supported, wholly or in part, on topics of interest to the Membership in any area of pathological science, research and education. Such meetings can be from one to three days in any part of the United Kingdom or Ireland, or on occasions elsewhere in Europe. In addition the Society welcomes proposals for joint events with other organisations and will offer (by negotiation) secretarial support. Proposals should be made by Members in the form of a preliminary outline and costing. Applications must indicate clearly how the Society's image and contribution will be recognised and advertised.
  - *Independent Meetings* are meetings organised entirely by an outside organisation for which The Pathological Society offers support for specific speakers or sessions up to a maximum



of £5000. Proposals should be made by Members in the form of a preliminary outline and costing. Applications must indicate clearly how the Society's image and contribution will be recognised and advertised.

- *Local Scientific Meetings* will be supported up to a maximum of £1000 in order to subsidise the reasonable costs of speakers (but not Honoraria). Proposals should be made by Members in the form of a preliminary outline and costing. Applications must indicate clearly how the Society's image and contribution will be recognised and advertised.

Support for meetings will be determined by the Finance and General Purposes Subcommittee with input from the other subcommittees (Programme, Education and Training, Research and Trainees). Financial support for the latter three categories will come from the Open Scheme (see below) allocation and applications for these three types of meeting will be considered by the Finance and General Purposes Subcommittee on a quarterly basis.

2. *Intercalated Degree Scheme.* Intercalated degrees (both BSc and MSc) continue to be a fertile ground for developing enquiring minds for entry into many aspects of clinical practice, including (but not restricted to) Academia. The Society wishes to support this and proposes to increase the number of awards to eight, with the caveat that there should be some demonstrable pathological component (in the broadest sense). This will be the remit of the Education Subcommittee but awarded by ballot of applicants.
3. *Elective and Vacation Bursary.* The Society currently awards modest sums of money (up to £150 per week for 8 weeks, based upon Wellcome Trust vacation bursary allowances) to undergraduate students for elective and vacation study in the broad area of pathological science. As with the intercalated programme, the Society regards the support of such undergraduate activity as a cornerstone of its activities, potentially encouraging students to pursue pathologically related careers and certainly providing educational opportunities. (Remit of Education Subcommittee)
4. *Pilot Grant Scheme.* We have previously provided modest support (up to £5000) for the development of research projects for trainees in pathology. This has been reasonably popular and successful in that work funded by such support has been presented at Society meetings. We wish to retain and extend this programme and re-badge it as a Pilot Grant Scheme, opening access, to a wider group and emphasising that applications from trainees or recently appointed (within 3 years) Consultants are particularly welcomed. (Remit of Research Subcommittee)
5. *Travel Awards.* The Society will support applications from members to attend Scientific meetings in order to present their work. Support of up to £1000 will be for those who can provide evidence of matching funds from other sources. Applications for smaller sums would be particularly welcomed and applications relating to work that has been presented at Society meetings will be favoured. In addition, a limited number of bursaries (*Conference Bursaries*) to cover the cost of registration will be made available to assist *PhD students* to attend meetings of the Society where they are presenting their research. (Remit of Programme Subcommittee).
6. *Fellowship Scheme.* The purpose of this programme is to provide financial support for travel to learn new techniques in other laboratories. Support can be for travel, accommodation and living allowance or for laboratory expenses (but not bench fees *per se*). (Remit of Research Subcommittee) Note that a requirement of the Charities Commission is that, some awards can be open to non-members and this Scheme is duly advertised biannually in the Biomedical press.

7. *PhD Programme.* On an annual basis, applications from members (in good standing for at least 1 year) will be considered for the award of a three-year PhD Studentship. The award will be competitive and based upon peer review of the scientific proposal and training environment. This will be calculated as MRC stipend plus fees plus a contribution to consumables and travel up to a maximum of £20000 per annum (for three years). (Remit of Research Subcommittee)
8. *Open Scheme.* The purpose of the Open Scheme is to promote any activity that promotes the Mission of the Society that is not covered by the other specified schemes. This will include, but is not restricted to, the range of meetings discussed above. Proposals that promote public awareness and understanding of pathology (in the broadest sense) will be welcomed, including public lectures and similar public awareness schemes. (Remit of Finance and General Purposes Subcommittee)

The range of schemes and programmes will be kept under continual review and the success and their effectiveness (or otherwise) will be monitored continually by the Committee.

### **New Governance Arrangements?**

With regard to the governance of the Society it was felt that this needs to be more transparent, with the roles and responsibilities of different groups being better defined. The proposed structure is outlined below.

The Society Membership elects the President, who is in post for 3 years and can be elected for a maximum of two terms. We propose the introduction of a post of President-elect, which would mean the proleptic appointment of the President 1 year before he/she takes office. The first such election would occur in 2005 because Nick Wright demits office in July 2006. The Society Membership also elects the General Secretary, the Treasurer and the Meetings Secretary, each for a period of 5 years. The membership also elects the 16 members of the Committee, all of whom serve for a maximum of 3 years. The Officers and Committee can co-opt other members and have brought three such persons on to the Committee (again for 3-year periods): Elaine Kay to represent the Republic of Ireland, Paul van der Valk to represent The Netherlands and Paola Domizio to begin a process where we develop Educational and Training Programmes. The webmaster (Jim Lowe, an increasingly important position) and the Editor-in-Chief (Simon Herrington) of our journal, the *Journal of Pathology*, are also in attendance at meetings of the Committee. Officers and members of the Committee have a legal function in that they are Trustees of the Society and answerable to the Charities Commission. The Society and the Committees are ably supported by an administrator (Mrs Ross Pitts) and her deputy (Ms Julie Johnston). The full Committee is responsible for all Society matters and is accountable to the membership.

Previously many decisions were taken by the Officers who formed the Officers Committee (chaired by the President) and met four times a year. It is proposed that this committee is disbanded and replaced by a *Finance and General Purposes Subcommittee* that is chaired by the Treasurer and is constituted by him and the other elected Officers plus the webmaster and Editor-in-Chief who are both in attendance. The function of this Subcommittee is to undertake the general business of the Society and report all activities to the full Committee. A second function is to manage the Society's finances and determine on an annual basis a budget for the support of all Society programmes. The Finance and General Services Subcommittee would meet four times a year.

A *Programme Subcommittee* will be created. This be chaired by the Meetings Secretary and be made up of the lead person from each of the forthcoming venues for Society meetings (summer and winter) for the next 3 years plus the lead person from the immediate past venue. This allows continuity while facilitating turnover, and maximises information transfer about the detail

of running meetings, which is one of our key programmes. The IAP Council Meetings Secretary should attend these meetings in order to foster good relations and coordinate joint meetings. As well as being involved in the practicalities of running meetings, the Programme Subcommittee will be responsible for the allocation of travel funds, making recommendations to the full Committee. A final task will be the consideration of all aspects of meetings programmes and bringing proposals to the full Committee. The Programme Subcommittee would meet twice a year at the time of the Society's main meetings.

A *Research Subcommittee* will be created. This will be chaired by a nominee from the Full Subcommittee for 3 years (extending beyond their tenure on the full Subcommittee) and Stewart Fleming has agreed to take this on in the first instance. This will be serviced by the Treasurer and there will be a further six members derived from current committee members (i.e. people go on to the Research Subcommittee while they are on the main committee and stay on even when they are off the main committee). The Research Subcommittee will have the power to co-opt additional members as deemed necessary. The functions will include the development of a research strategy for the Society, and peer review and assessment of those programmes and award schemes of the Society that are research based. In addition, it will endeavour to develop a peer review mechanism for small research projects that have had no peer review by another body. This would only be open to full members in good standing for more than 1 year. The Research Subcommittee would also aspire to develop training programmes with regard to research governance and research ethics advice, perhaps through the use of web-based tutorials. The Research Subcommittee will meet twice a year at the time of the Societies main meetings.

An *Education and Training Subcommittee* will be created. We have not developed this area sufficiently in the past. Prof. Paola Domizio has been co-opted on to the full Committee for 3 years to begin the development of this important Subcommittee, which will have the goal of advising the committee on the development of a strategy for this key area. In addition it will assess those programmes and award schemes of the Society that are education and training based and will liaise with the Programme Subcommittee to ensure that educational and training issues are appropriately represented in all Society Meetings. The Sub-subcommittee will be serviced by the President (or President elect) and (eventually) have six additional members who will join the Education and Training Subcommittee while they are on the full Committee (extending beyond their tenure on the full Committee, and as with the Research Subcommittee this then allows turnover). The Education and Training Subcommittee will have the power to co-opt additional members as deemed necessary. The Education and Training Subcommittee would meet twice a year at the time of the Society's main meetings.

The Society has the aspiration of creating a *Trainees Subcommittee* which will have the remit of acting as a forum for trainees, a mechanism for the views of trainees to be brought to the committee, and of liaising with the Research Subcommittee and Education and Training Subcommittee so that the needs of trainees can be fully considered. Discussions are currently taking place on how best to effectively and fairly fill positions on this important committee.

## **Fostering Links?**

Academic medicine and in particular academic pathology has not thrived in recent years and there are many external pressures that have led to this. The Pathological Society can work to promote (in the broadest sense) academic pathology but success will involve concerted action by us and other groups. We already have excellent and developing relations with organisations such as the Royal College of Pathologists and the British Division of the International Academy of Pathology. Partnership with these and other organisations can only be in the best interests of pathology in the broadest sense. We seek to foster and develop such interactions, while being mindful of the need to preserve the identities and traditions of all partner organisations.

**Conclusion**

The proposals are intended to help the Society to achieve its Mission, in a transparent, timely and financially prudent manner, and to deliver the maximum benefit for its members and the wider community.

*Peter Hall*

*General Secretary, on behalf of Officers and Committee*

*February 2005*