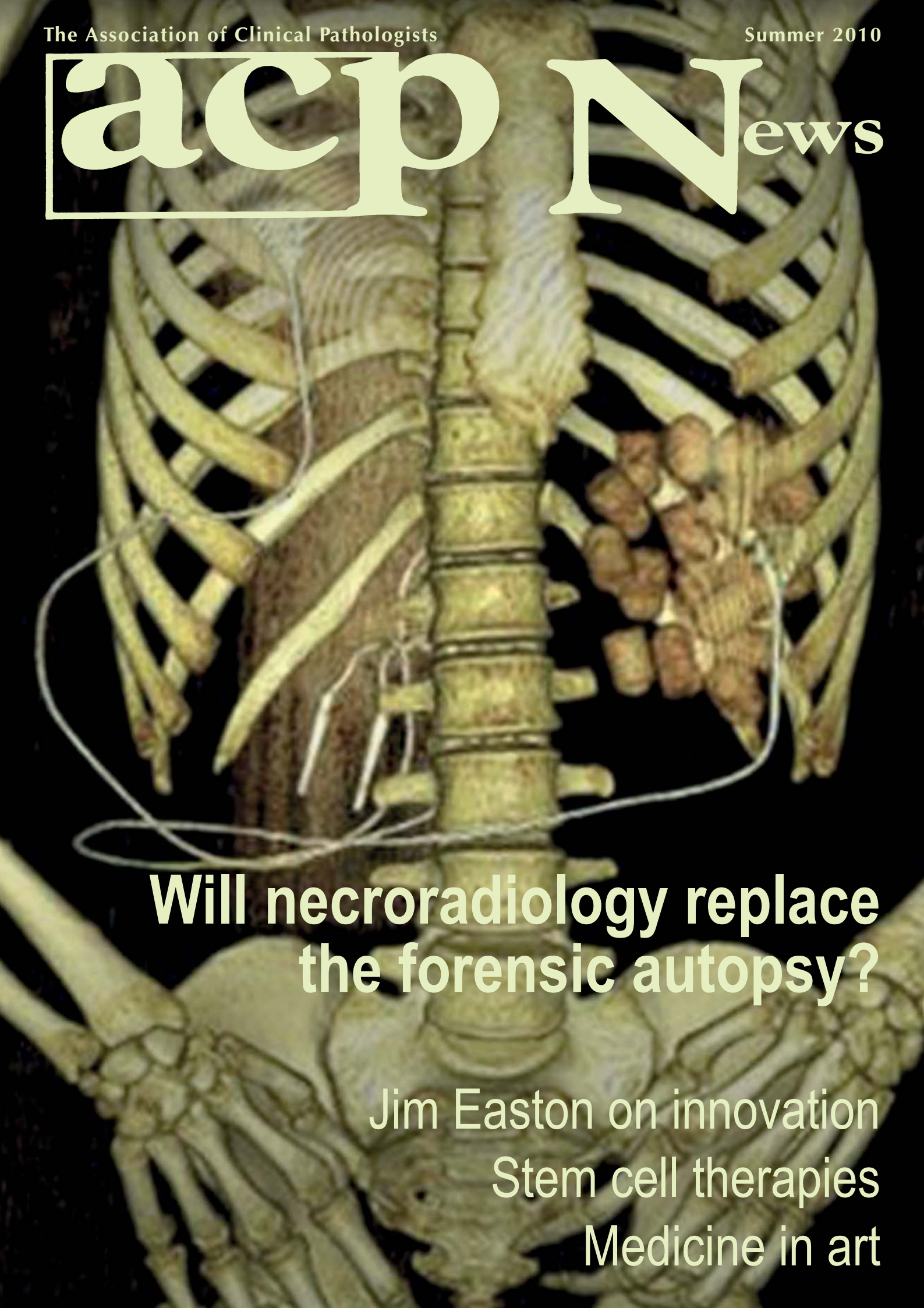
The Association of Clinical Pathologists

Summer 2010

acp News



Will necroradiology replace the forensic autopsy?

Jim Easton on innovation

Stem cell therapies

Medicine in art

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GLOUCESTERSHIRE GASTROINTESTINAL PATHOLOGY COURSE

DATE	Friday, 1 October 2010
VENUE	The Gold Cup Suite Cheltenham Racecourse Prestbury Park Cheltenham Gloucestershire, GL50 4SH
LEAD ORGANISER	Professor Neil A Shepherd
FACULTY	Professor Marco R Novelli Professor Neil A Shepherd Professor Geraint T Williams Professor P Quirke Professor Bryan F Warren Dr Judy I Wyatt

Now in its ninth year, the hugely popular one day Gloucestershire Gastrointestinal Pathology Course will take place, once again, at the fabulous Cheltenham Racecourse on Friday, 1 October 2010. There are excellent facilities including a free car-park for 1,500 and lunch in the Panorama Restaurant. In addition to the usual team of Novelli, Shepherd, Warren and Williams, we have two guest speakers, a real Leeds dream team of Judy Wyatt, who will speak on the implications to the general pathologist of hepatic colorectal cancer metastatic disease and its management, and Phil Quirke, who will give us an update on new pathological advances in colorectal cancer. There will also be talks on gastritis, BCSP pathology, colorectal serrated lesions, an immunohistochemistry update, small intestinal pathology and anal disease. We will also have our "Hot Topics in GI Pathology" feature and the now familiar Quiz and 'Questions and Answers' sessions. The RCPath has approved this course for 7 CPD points.

This course is very popular and we advise that you book early to avoid disappointment. We look forward to seeing you in gorgeous Regency Cheltenham & glorious Gloucestershire! Details and the registration form are available on our website at www.glospathology.com

COURSE FEE: £125.00

FOR FURTHER INFORMATION PLEASE CONTACT:

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For all booking details, please view the website at www.glospathology.com or contact the Course Organiser, Ms Pauline Baker, on pauline.baker@glos.nhs.uk

Dr Burton is Assistant Editor of acp News and Lecturer in Histopathology at the University of Sheffield

Prof Kerr is Assistant Editor of acp News and Consultant Microbiologist at Harrogate District Hospital

Dr Twomey is Assistant Editor of acp News and Consultant Chemical Pathologist at Ipswich Hospital

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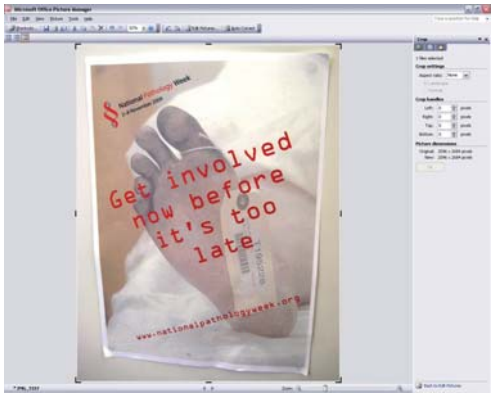

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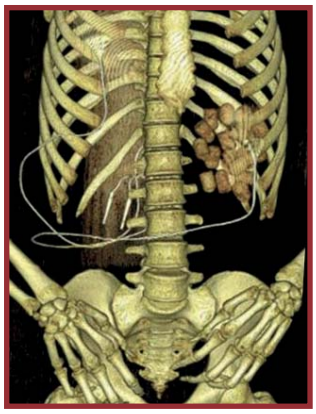

A fabulous image from Guy Rutty's unit. Three dimensional CT imaging certainly beats some aspects of the conventional post-mortem with regards to aesthetics. No doubt there will be an ongoing debate in this magazine about all sorts of technological substitutes for the pathologist's skills, from necroradiology through to image assisted microscopy and molecular biology. At the moment we seem to be far more cost effective overall, with relatively little down-time and minimal servicing and spare part requirements.

Invitation to Contributors

In addition to the constant flow of material from ACP Council, ACP committees and ACP branches, *acp News* needs new material from you, the members of the ACP.

Pathology news items (1200-1500 words): Any items related to the ACP or the College, pathologists in general, or medical and management matters that may have an impact on pathologists.

Articles (1500-2000 words): These can be papers, reviews, essays, commentaries, critiques or polemics. Submitted articles are always very welcome, as well as suggestions for articles and/or details of people whom the editor may approach.

Reports (1000 words): These may be personal views and reports on interesting meetings, travel or anything else of interest to the readership. Travel reports are specifically for holders of ACP travel fellowships; however, other reports from abroad are welcomed.

Columns (600 words): Regular and irregular columnists exercise their thoughts. Please feel free to rant.

Pathological creative writing: All literary forms, including short stories, serials, surrealism and even poetry.

Appreciations (1000-1500 words): We prefer appreciations on retirement, rather than obituaries. Please discuss these with the editor before submission.

Photo-journalism: Favoured subjects include pathologists doing something interesting, or College and ACP officers doing anything at all. Interesting or artistic photographs are welcomed.

Cartoons: Suggestions are welcomed.

Curettings: Jokes and humorous titbits are always needed.

Debate: Letters to the editor are welcomed, but may be shortened for publication, or even converted into articles. Please try to refrain from writing unless you are prepared to be published. All criticisms of organisations or named individuals will entitle the parties to a right of reply. Please bear in mind the UK libel laws!

Trainees: Trainees are especially encouraged to submit material in any and all of the above categories. These will normally be placed in the trainees' section. Appointments committees in particular value publications in *acp News*.

Editorial Policy: The editor would particularly encourage overseas contributors, material from trainees, material from non-histopathologists, commentary on current affairs in pathology, occasional columnists, innovations in pathology, humorous writing on pathology-related topics, and anything downright cantankerous.

Format: The *acp News* style guide was published in the autumn 2005 issue, pages 11-12, and copies can be obtained from the editor. The publication is a magazine, not an academic journal, and long lists of references are generally considered unnecessary. Where given, references should be in the Vancouver style and should be kept to a maximum of around six per article, unless absolutely necessary. Alternatively, authors may prefer to give a recommended reading list, or a list of relevant internet links. The editor prefers these as they take up less space.

All suggestions are welcome; however, the editor's decision is final.

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Issue	Publication month	Copy date
SPRING	February	5th December
SUMMER	May	5th March
AUTUMN	August	5th June
WINTER	November	5th September

Copy is best submitted by email, or on disc if the file size is large, in any version of Microsoft Word, although it should be possible to accommodate other formats. Submissions on paper by snail mail will also be accepted. Illustrations should be sent as JPEG digital images or hard copy prints. Please do not embed images in your text. Send them as separate files.

Please send email submissions direct to the editor at simon.knowles.acpnews@gmail.com

No complacency please: normal business will be resumed as soon as possible

After some extraordinary tap dancing along the corridors of power we now seem to have settled into the aftermath of the general election and – much as predicted – we now move rapidly from the rhetoric of a "ring-fenced NHS" to the harsh reality of fiscal adjustment on a scale none of us have experienced in our professional lives. Whether we really did mend the NHS roof while the sun was shining is academic, although quite interesting. The fact is that we will now have to provide the best possible service we can for relatively and absolutely less, year on year. This is true across the whole of the NHS but pathology will be an early target for cash release, having been fingered by the Carter reviews. The Treasury hasn't forgotten about us and it's not going to let up on this one: they need cash releasing projects and they need them to start delivering right away.

This is both bad and good news for pathology and for pathologists. On the one hand, the pressure to reform will transform to "just do it" within a matter of weeks. It is difficult not to feel some sympathy for the Department of Health in this regard. The pathology modernisation process was initiated a decade ago and there is still remarkably little to show for it. Having demonstrably failed to do it to ourselves, despite a couple of public warnings, we now face the prospect of having it done unto us and done in a hurry. Always a bad place to be; and potentially very unsafe for our patients and for the long term future of our specialities.

The better news is that a spotlight on pathology provides us with an opportunity to showcase the pivotal importance of our services to effective healthcare. That does not equate to hiding behind the "quality" figleaf. Overprocessing, excess capacity, inappropriate staff mix, punitive after hours payments and the triumph of autonomy over utility – none of these is a quality attribute. The focus in the future will be on value. For us this is the delivery of the right test result to the right clinical team so that the right decision can be made in the right timeframe at the right cost. Guaranteed. To do this we need to integrate our services far more intimately into the patient pathway. We need control of phlebotomy, specimen transport and information technology. And we need the evidence of hard data relating to pathology-dependent patient outcomes to confirm and demonstrate what we know intuitively – pathology provides the foundation for effective healthcare.

However, it will be no good simply trying to get Treasury off our backs by claiming that we can save on bed days, admissions and outpatient appointments. They will need cash release as well and this is going to mean consolidation of some services and, over time, reduction in staffing numbers. There will be pain. Best we get on with it. Patient safety, clinical quality, education and training, and research and development capacity are all more likely to be preserved if we are active partners in the process.

"Moving from evidence (which is inexhaustible) to advice for policy makers (who are easily exhausted) always involves a process of simplification." **Ray Pawson**

Something very strange seems to happen when a good clinical intention, based on firm evidence, is rolled out for general consumption. Clinical results are disappointing; costs are higher than predicted; regional variations are extreme and the law of unintended consequences goes into overdrive. As both medics and scientists, we naturally make the assumption that evidence-based medicine, evidence-based policy and evidence-based management run hand in hand. For a damning critique of such an optimistic and doomed set of beliefs, you can do no better than read chapter 3 of Ray Pawson's book, *Evidence-based Policy: a Realist Perspective*. Entitled "Systematic Obfuscation: a critical analysis of the meta-analytical approach", the chapter explains, in a highly readable manner, why the model of evidence-based medicine does not work for the "labrynthine, mutating entanglement that is social and public policy". Pathology is an inextricable thread

in that mutating entanglement. A policy that worked brilliantly in one prison (or hospital) may fail utterly in another, due to factors such as differences in culture or mix of inmates (patients). The exclusive rules of meta-analysis, by washing out "confounding factors" may actually be omitting the very information that is the key to success or failure on the ground.

So what? Well, the Carter review, while not even remotely resembling a meta-analysis, has been interpreted by the Treasury and the DH as a solid evidence base for policy in pathology. That's all fine and good, and most observers believe that we can deliver a quality service at a lower cost than is currently the case. However, there will need to be different solutions for different problems. Ours is not an homogenous set of tradecrafts. And it all gets even more complex when you factor in the investment needed to future-proof through training and R&D, and the tension between consolidation of services, turnaround time and carbon footprint; not to mention the potential impact of more sophisticated near patient testing. We will not be thanked if, in three years time, someone has to "de-consolidate" our laboratories. Carter was quite explicit in his rejection of a one size fits all approach to pathology modernisation. The challenge is going to be to make sure that regional solutions are fit for purpose in the long term without looking as though we are engaging in tired and time-expired defensive politics. It isn't going to be easy and our track record to date is far from impressive.

In this issue

Jim Easton, nationally responsible for simultaneously pulling £20 billion out of the NHS and improving quality and patient safety, talks about the importance of innovation in the process. Elsewhere, he has commented on a real problem for the NHS: even if you get things right, the chances of anyone bothering to capitalise on your learning are slim indeed; a far cry from the way the rest of the world operates. We need to encourage diffusion of best practice in pathology – there's no time to waste.

Continuing this theme, after an overview on commissioning from Chris Price, we have further intelligence from the Pathology Futures Group, on how we may start to use quality measures to really test the effectiveness of our service. Later, the Pathlinks team shows us a further example of how lean methodology can shape the way we work as consultants.

Elsewhere, we have some spectacular images from the world of forensic pathology, a chorus of rants and helpful hints from our columnists. And, of course, the second episode of Dame Dorothy Dixon's *Profits of Doom*, reprised from an earlier time but every bit as relevant in the current environment.

Postscript and Important Announcement

I look forward to rejoining Dorothy and the columnists in the winter. I am delighted to be able to announce that the editorial blue pencil will be taken up by Dr Julian Burton following my autumnal swan song. The *acp News* will get its sense of perspective (and humour) back again and not, perhaps, before time.

Simon Knowles

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If you would like to view the full version of the *ACP news* please login to your account. If you are not a member you can join by contacting the Association's central office or email info@pathologists.org.uk