



Special focus: Series of interviews with

prominent BDIAP members

Update on Educational Meetings



The British Division of the International Academy of Pathology

www.bdiap.org

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## Welcome

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## Dr. Nafisa Wilkinson

Dear All,

I wish you all a very warm welcome to the new look BDIAP newsletter. Apologies for the delay in sending it out but I took over from Stephen Wells as divisional editor in December 2014. There has been a lot of new stuff to get my head around.

We have introduced a special focus in this issue and if you enjoy it, we are happy to continue with this theme in the following issues. I am most grateful for all the help given to me by Dr. Suzy Lishman and I am delighted that she agreed to participate in the interviews along with Professors Timothy Stephenson and Peter Furness. Many thanks to all three of them.

This newsletter reflects the varied activities of the BDIAP supported by many officers and Councillors provided through hours of time given up voluntarily. Often, following an arduous day at work. This work is done both in the UK and abroad. It is enormously rewarding to see how we can influence Pathology practice in other countries through the bursaries that the BDIAP awards. I could not believe, when recently, I was told by one bursary recipient who recently spent a week in Leeds that there are 4 Pathologists in his department but only 2 microscopes! They have a rota for utilisation of the microscope. His dream was to have his own microscope that he could use throughout the day. Clearly, there is a lot of work that remains to be done and I am hoping that with the support of the membership the BDIAP can, over the next few years make even more of a difference to the practice of pathology in other countries. Any ideas are most welcome.

The BDIAP will be making a bid to host the 2020 Congress of the IAP in Glasgow. The President of the Congress will be Professor Raymond McMahon a face that is familiar to all members of the BDIAP. Ray who is presently the current treasurer is pivotal to the BDIAP. Ray has been involved with the BDIAP for several years. He is a most affable personality known by everyone. An obvious choice as President of the Congress, I am sure that you all join me in wishing him every success as he leads the bid at the IAP Congress in Bangkok in October together with Beverley Mclean and Professor Michael Wells.

I would appreciate any feedback please from the readership regarding this newsletter. As I sign off I would like you all to encourage the trainees in your department to become members of the BDIAP. Please refer them to Anna's article regarding the benefits of membership.

With warm wishes

Dr. Nafisa Wilkinson





## Presidential Address Professor Michael Wells

Finishing the hat.

How you have to finish the hat.

How you watch the rest of the world

From a window

While you finish the hat.

Mapping out a sky.

What it feels like, planning a sky.

How it feels when voices that come

Through the window

Go

Until they distance and die.
Until there's nothing but sky.
Dizzy from the height,
Coming from the hat.
Studying the hat.
Entering the world of the hat.
Reaching through the world of the hat
Like a window,

Back to this one from that.\*

The post-Christmas and New Year doldrums provide a good opportunity to reflect on the activities and events of the last year. I am writing in my study at home on a dull Sunday morning with dark clouds passing behind naked trees.

My first duty as President of the British Division of the International Academy of Pathology (BDIAP) in 2013 was to Chair the judging panel to determine the winner of the 2012 Roger Cotton Histopathology prize, which took place at the Royal College of Pathologists (RCPath) on 11<sup>th</sup> January. This is always an enjoyable and intellectually stimulating afternoon as we each argue our case for the best paper. The winner emerged with astonishing clarity as the meeting proceeded.



The prize was awarded to **Dr. Felipe C Geyer** for his paper entitled "Molecular evidence in support of the neoplastic and precursor nature of microglandular adenosis", which appeared in *Histopathology* 2012; **60**; E115-E130. Dr. Geyer carried out the research while working in the Breakthrough Breast Cancer Research Centre, The Institute of Cancer Research, London, UK. He is now at Hospital Israelita Albert Einstein, Instituto Israelita de Ensino e Pesquisa, Sao Paulo, Brazil. The value of the prize was 10,000 euros. Many congratulations to Dr. Geyer.

On 5<sup>th</sup> March 2013, I hosted the joint reception of the BDIAP and the Pathological Society of Great Britain and Ireland (PathSoc) with Professor Ian Ellis and the editors of *Histopathology* and the *Journal of Pathology*. This took place at the annual meeting of the United States and Canadian Division of the IAP in Baltimore. I initiated these receptions as Editor of *Histopathology*; they have become very popular, well attended events and are widely appreciated as the "Brits reception". It was immensely gratifying to step back and observe and hear the very lively buzz of professional and social interactions. The responsibility for organising the reception falls to Elizabeth Whelan of Wiley Blackwell; the BDIAP is always grateful to her for ensuring that the arrangements go smoothly.

In May/June, I was the guest of the Australasian Division of the IAP (ADIAP) and its President, David Ellis, for its annual meeting in Sydney. I gave a lecture on Gestational Trophoblastic Disease and took part as a panel member in a round table discussion on "Anatomical Pathology in a Changing World". I also spent two days reviewing the activities of the ADIAP and talking to administrative staff, members and officers at the request of David Ellis. The primary purpose of this review was to advise the ADIAP on its future outreach activities. I gave a preliminary verbal report to the ADIAP Council and subsequently wrote a full report expressing my views and making a series of recommendations which, I believe, have been accepted and will be implemented. This visit made me realise just how respected the BDIAP is overseas, largely because of the extent of its altruistic activity in the Middle East, East Africa, the Balkans and Sri Lanka. This level of charitable work is only possible because of the healthy financial state of the BDIAP, as a consequence of the academic and financial success of *Histopathology*.

Two other important developments for the future of the BDIAP began to take shape through the Spring of 2013. Firstly, the decision that the BDIAP will make a bid to host the 2020 Congress of the IAP in Glasgow with the assistance of Beverley McLean, who leads the international conventions team of the Glasgow City Marketing Bureau. As I write, the officers have recommended that our current Treasurer, Professor Ray McMahon, will be the President of the Congress and I am about to write a formal letter of intention to the central IAP. Beverley, Ray and I will lead the bid at the IAP Congress in Bangkok in October 2014.

Secondly, discussions have taken place between the officers of the BDIAP, the officers of the PathSoc and Daniel Ross, Chief Executive of the RCPath, concerning a joint BDIAP/PathSoc appointment of a new Information Technology (IT) Officer who will be responsible for the development of IT including the upgrading and maintenance of our website, which has been carried out so successfully for several years by my twin brother Stephen. We also want to enhance our educational programmes by running a series of Saturday workshops. We hope that this appointment will be made within the next few weeks.



In June, we held the 7<sup>th</sup> Joint meeting of the BDIAP and the PathSoc in Edinburgh 18-21 June. This was a great scientific and social success. I was privileged to chair the Kristin Henry Lecture: Bowel cancer screening: extraordinary conundra for pathology given by Professor Neil Shepherd.

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My principal mission during my two years as President of the BDIAP is to raise the importance of pathology in the medical undergraduate curriculum. For several years, the IAP has held a joint IAP/ESP symposium at the congresses of the European Society of Pathology (ESP). I first discussed the idea of a joint symposium on "Pathology in the Medical Undergraduate Curriculum" with the past-President (Kristin Henry) and the current President (Samir Amr) at the IAP congress in Cape Town in 2012. Following their agreement, I organised this joint ESP/IAP symposium at the European Congress of Pathology in Lisbon in September 2013. I invited Professor Tony Weetman, Pro Vice chancellor of the Faculty of Medicine, Dentistry and Health, University of Sheffield and the immediate past Chair of the Council of Medical School Deans to speak and Archie Prentice, President of the RCPath to participate in the discussion. The attendance was modest but some quality individuals were there (including Fred Bosman, Ray McMahon and Sebastian Lucas) and the discussion was excellent. This is a long road but I do feel that things are beginning to change with the growing recognition that perhaps "skills" have been promoted at the expense of "knowledge". I am delighted that, once again, Samir Amr and the Chair of the IAP's Education Committee, HK Ng, have endorsed my proposal to hold a second joint ESP/IAP symposium on Pathology in the Medical Undergraduate Curriculum at the European Congress of Pathology in London in September.

Continuing with my mission, I also proposed that the BDIAP should organise a two day Pathology Summer School in August 2014. I am absolutely delighted that both the RCPath and the PathSoc have agreed to join the BDIAP in this initiative on 8-9 August and I am being helped enormously by Dr. Suzy Lishman and Dr. Nicki Cohen to ensure the success of this event. Our aim is to advertise the event in UK medical schools in February. We will offer 75 places with overnight accommodation, a dinner, lunches and refreshments and provide a smaller number of travel bursaries. There is a tremendous spirit of cooperation at present between the BDIAP, the PathSoc and the RCPath.

Throughout the summer, I spent countless hours supporting a substantial number of members by writing and soliciting citations in support of national clinical excellence awards. Considerable confusion was engendered by the Department of Health because of its delay in the announcement that the process would go ahead for another round; intelligent people were, understandably, unsure which round they were applying for! Previously, those individuals recommended by the BDIAP have been quite successful and I hope that this will be the case for the 2013 round.

In November, I was a guest of the Arab Division of the IAP (25<sup>th</sup> Annual Congress) and the Jordanian Society of Pathologists (5<sup>th</sup> International Conference) in Amman; I gave two lectures and participated in a slide seminar. It was a brief overnight trip but a real pleasure to have the opportunity to meet so many Middle Eastern colleagues and friends.



Finally, in November the BDIAP held its meeting at the Royal Institute of British Architects on Gastrointestinal Pathology. I thoroughly enjoyed the day and tried to provoke some interesting discussion, at one point claiming that I had "quite enjoyed my colonoscopy". I also learned from Geraint Williams that MIVOD and OMUS are not a middle aged couple from the Welsh valleys but stand for Mesenteric Inflammatory Veno-occlusive Disease and Obliterative Muscularisation of the Submucosa. In the knowledge that I was expected to summarise the day's lectures at the end of the meeting, all speakers received my full attention. We were able to provide a total of 8 bursaries to allow young pathologists from Iran, Nepal, Croatia, Nigeria and Ghana to attend the meeting; these were processed by Stephen Wells. At the symposium dinner on the Friday evening, my final official duty of the year was to award Steve the George Cunningham Medal for services to the BDIAP as Divisional Editor for 6 years. The decision to give Steve this award was made by the Nominations Committee and no money changed hands. He remains the webmaster. Nafisa Wilkinson succeeds Steve as the Divisional Editor and Chair of the Education Committee.

Thus, considering that the Presidency of the BDIAP is just one hat I wear with great joy (hence the allusion to Sondheim), 2013 was quite a busy year. I have tried to give you a blow by blow account of **my** activities but the BDIAP is also totally reliant on the enthusiasm and hard work of its other officers and I would like to pay tribute to all of them: Ray McMahon for the continuing sound management of our finances, Ian Roberts for the success of our meetings, Alec Howat for driving the international agenda (which now becomes the responsibility of Dan Berney), Andrew Nicholson who is leading the negotiations with the College and PathSoc for the new appointment and Neil Shepherd for chairing the Nominations Committee with sensitivity.

Finally, I would like to pay tribute to two of our dearest accompanying persons of our Presidents who passed away this year. George Blakey, the husband of Professor Kristin Henry died after a short illness. George enhanced our meetings, in the United Kingdom and overseas, for many years with his urbane charm, intelligence and sense of humour. Mary Elston, the wife of Professor Chris Elston, was always jolly and a wonderful dinner companion. As I said to Chris at Mary's funeral, we have all laughed a great deal over the years. I have fond memories and we shall miss them both. It is these relationships that make the BDIAP so special.

#### **Professor Michael Wells**

02.14

\*Finishing the Hat, from Sunday in the Park with George, Stephen Sondheim, 1984.





### Histopathology: Journal Update Editor-in-Chief's report

Greetings from a rather sweltering South Australia and a belated Happy New Year to you all. We have recently been enduring the hottest Adelaidian summer on record here but my editorial duties continue unabated (thanks to good air conditioning!).

2013 was another excellent year for the journal. Subscriptions remain buoyant and of course this means that the revenue to the BDIAP remains high, keeping the Treasurer happy! Submissions were just short of 800 with a notable rise in the number of papers from North America and Asia. Our international reach has been enhanced by the formation of a larger and more geographically diverse International Editorial Advisory Board, the work of our Regional Editors and the recruitment of new Associate Editors from Singapore and the United States. During the last year Sarah Pinder, Seth Love, Tim Stephenson and Andrew Nicholson stood down as Associate Editors and I wish to thank them for their excellent input into the journal over many years. They have been replaced by Puay Hoon Tan (breast; Singapore), Tony Yachnis (neuropathology; Florida) and Lynette Scholl (respiratory; Boston). Jason Hornick, our North American Regional Editor will now also act as Associate Editor for endocrine pathology.

From an editorial perspective I am pleased to report that we continue to improve our turnaround times for responding to authors. Our time to first decision and to final decision are now substantially better than even a year ago and our Accepted Articles web portal now means that (unedited) versions of the accepted papers are on line within around 5 days after being accepted. Time to Early View is also much reduced and the printed copies are all appearing early in the month of publication (or even earlier).

I am very grateful for the tremendous efforts of Chas Mangham and Jason Hornick in putting together a fabulous 2014 Annual Review Issue on Soft Tissue Tumours. They enlisted the help of some of the world's leading histopathologists in this field to produce a collection of state of the art reviews that I am sure will be both widely cited and used in practice by colleagues around the world. Plans are already well under way for the production of the 2015 ARI which will be on Intestinal Pathology and which will be guest edited by Neil Shepherd and Greg Lauwers.

During the course of 2013 we updated our Ethical Guidelines and revised our Instructions for authors. The latter is in part to ensure that we streamline the submission process but it is also designed to ensure that there is clarity about the scope of the journal thereby avoiding the submission of articles that are never going to be appropriate for publication in Histopathology.



As Editor in Chief I continue to be very fortunate in getting outstanding support from the publishers, Wiley Blackwell. In particular I would like once again to note my gratitude to Elizabeth Whelen, Managing Editor for her wisdom, advice and friendship. As with all publishing houses, Wiley Blackwell continue to undergo in house structural changes. At the beginning of last year the production office for the journal had moved from Edinburgh to Oxford but by mid-year it was moved once again, this time to Singapore. I am pleased to say that my new production manager, Janice Tay is a delight to work with and her enthusiasm and drive have already led to further improvements in our production processes.

Once again this year we will be holding a joint reception with the Journal of Pathology at the USCAP meeting being held in San Diego at the beginning of March. For those travelling to the meeting this year I look forward to seeing you at the reception. For those that are not going to be there, I do hope that you continue to feel that the journal offers something of value to you. Please encourage others to read and submit to the journal. If you feel that there are ways in which Histopathology could be improved, do not hesitate to contact me; the editorial team always welcome feedback.

Now back to the BBQ!

#### Professor Alastair Burt

Editor-in-Chief Histopathology

Adelaide; 02.14





## International Secretary's Report Professor Dan Berney and Dr. Alec Howat





In November 2013, I succeeded Alec Howat as International Secretary. As this is my first report, I think some sort of introduction is necessary. I am a genito-urinary and endocrine pathologist working at Bartshealth NHS Trust. I also work at Queen Mary University of London, leading a translational research programme in male cancers. In the past few years I have thoroughly enjoyed lecturing and travelling for the BDIAP, and have more of an understanding of the challenges being faced by pathologists internationally. They certainly put the problems of the NHS in perspective.

The BDIAP has a very large role in international pathology education and development of pathology services in developing countries. I have been astounded at the amount of work Alec has done in fostering connections between the BDIAP and other countries and IAP Divisions and especially his work in Africa. This work, and this report is therefore really Alec's report, and the considerable advances made in the quality of pathology in Africa below are due to him.

The Sri Lankan-British school had a highly successful and well attended series of lectures on Haematopathology & HBP with Kevin Gatter, Stefan Hubscher and Fiona Campbell in Colombo, August 2013. The Bryan Warren school had a two day lecture course on Uropathology by Jonathan Shanks & Murali Varma in Sarajevo, Bosnia in November 2013. The East African school was on Dermatopathology with Eduardo Calonje, Wayne Grayson and Dr. Lynne Jamieson in Nairobi, Kenya September 2013 (See Picture). One current and sad problem in the world is of course political unrest, and unfortunately the Arab-British school planned for Ain Sokhna, in Egypt, June 2013 had to be cancelled. The safety of our speakers is paramount, and the situation in some countries will be monitored including the use of Home Office advice, especially considering the current situation in some countries in the Middle-East.





Other teaching programmes or events to which the BDIAP contributed included an ambassador to the South African Division IAP — Roddy Simpson represented the BDIAP in multiple centres in South Africa on Head & Neck pathology. An International Junior Academy took place in Bonn in August 2013. The 4<sup>th</sup> East African Pathology Safari was on genito-urinary pathology where I taught in three countries in 4 days, of which more later!

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However the BDIAP does not just contribute to teaching programmes for consultants.

The 5<sup>th</sup> East African Technical Training Course took place in Kampala in April 2013. There have been huge advances in quality, and lecturers will visit several labs in East African countries to observe on-site quality and advise accordingly over the next few years.

LabSkills Africa is a joint project between RCPATH & the College of Pathology of Eastern, Central and Southern Africa (COPECSA), with the BDIAP as a sub-partner, improving quality and systems in 5 East African countries (Kenya, Tanzania, Uganda, Zambia & Zimbabwe). It is progressing well with an induction weekend in Nairobi in June and Leadership & Management and Technical Quality Improvement courses in January & February 2014. It should be noted that this work is focussed on simple relevant tests: these include HB/ haematocrit, U&Es, urine dipstick for sugar & protein, malaria smear testing, TB smear testing and rapid HIV testing reflecting the challenges of public health in these countries. A COPECSA Programme Officer has been jointly funded by RCPath & BDIAP for 3 years; Austin Makani has been appointed and the post has been sited in Arusha, Tanzania.

East African pathology Safari Diary May 2013

#### May 7<sup>th</sup> 2013

The Kenya air flight was overnight to Nairobi where I had a bit of a dash to get a connecting flight to Dar-es Salaam. Arriving in Dar at 9, the Visa application was a little challenging but I was picked up and driven straight to the hospital. Or I would have been driven straight there, had the roads been clear. I later found out that Dar is famous for its traffic jams and the 1 hour to get to the hospital proved a little optimistic. However on arrival I was greeted by Edda Vuhahula and taken to meet the chairman. Being shown around the department, it is clear that the department is space rich but resource poor, with fewer books than I would have hoped for trainees. Thankfully I brought out a couple of copies of the Histopathology ARI on prostate cancer, which was very warmly received: but I am regretting that space and weight considerations did not allow me to bring more books.

After setting up the laptop I gave two lectures on testis and prostate pathology. I think the second was of more interest, as prostate cancer is a big and increasing problem in black males. Testis cancer is very rare indeed!

After this I spent a very pleasant couple of hours teaching and chatting to the juniors in the department. I am struck by one poster on the pleasant campus. A picture of graduates cheering and underneath the caption 'celebrate your degree with a job, not with new HIV infection' - a sobering reminder of reality in some areas of Africa. Light is fading when I get to my hotel: and so am I after a red eye flight, so it is straight to my room and bed with little chance to see Dar.



#### May 8<sup>th</sup>

My 'rest day' involves two flights to get to Kampala. After yesterday's traffic, I get a taxi VERY early to the airport, but in fact there are less problems and of course I am far too early! However I later find out that Dar traffic is a daily challenge, so it was not a 'one off' problem. The flight is in fact two flights, and I have to change at Arusha to arrive at Entebbe airport which is some way out of Kampala, but this time it is a pleasant drive alongside Lake Victoria. Kampala is a pretty city and defies expectations. However by the time I am in the hotel, and phoned up Robert, it is already mid-afternoon, and I do some work in the room before retiring for the night.

#### May 9th

Robert Lukande was a very generous host for my day teaching in Kampala. Robert was passionate and committed about pathology and it was clear how difficult the challenges were. For three months they had no budget for plastic cassettes! However I was struck forcibly by the challenges and progress. I was told that the H & E slides that I would be shown on a multi-header would be unreadable, and when I was asked to diagnose a prostate cancer from a biopsy specimen I had a sense of dread...before being shown a beautiful H & E slide. I hope this is a sign that the Technical Training Workshops run by the BDIAP are bearing fruit. After 3 lectures and talking over the multi-header to the juniors, it is time for the road to Entebbe, and I get an evening flight to Nairobi (with a slightly bewildered look from the visa entry official at my itinerary so far) and am picked up at the airport for a night at the Fairview.

#### May 10<sup>th</sup>

Last day of lectures and I still have a voice. Just. I meet Ahmed Kalebi for the first time. He is instrumental in the smooth running and organisation of these trips and runs a private laboratory. He is an amazing bundle of energy and commitment and invites me for dinner that night. The lectures are at the Aga Khan hospital. I am again struck by a large poster outside the hospital recommending PSA testing for men over 40, showing the contrasts in treatment throughout Africa. I am warmly welcomed by Shaheen Sayed. For the first time I get through all four of my lectures, probably exhausting the delegates in the process! Then, there is time around the double header, before I am (thankfully!) sent by Shaheen for a beer with Edwin Walong and a few others, and we have a great chat for an hour or two. I learn about problems in Rwanda, and the issues of a lack of pathologists, and the drain not just to wealthier countries but also to other medical disciplines.

Ahmed Kalebi then takes me out for a superb meal at a local restaurant where he is clearly a regular. He explains over some spectacularly powerful ginger chicken the challenges and problems in East Africa and is the perfect host.

Then, somewhat the worse for wear, vocally and in my date and time orientation (nothing to do with the beers, earlier), I go back to the hotel, ready to meet my partner, mother and a friend, flying in for a trip to Arusha and safari of a more usual type.

If you, reader, are invited to lecture in East Africa, please take up the challenge. You will meet new friends, be enriched culturally and learn new things. The BDIAP is in the fortunate position of being able to assist training in Africa. We need your time - please help if you can!

**Professor Dan Berney and Dr. Alec Howat** 02.14

### Histopathology trainee Group Report. Dr. Anna Green

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At present there are 381 trainee members of the BDIAP. The BDIAP covers the United Kingdom, Belgium, the Netherlands and the Republic of Ireland, but there are also trainee members from Australia, China, Denmark, France, Sri Lanka, Switzerland, USA, Egypt and Nigeria.

Membership of the BDIAP is only £10 per year for trainees, and this includes a subscription to Histopathology. This represents incredible value for money, and opens the door to many opportunities for trainees, including reduced registration fees for the many meetings organized by either the BDIAP alone or in conjunction with other organisations, eligibility to apply for a wide range of bursaries and, of course, a wealth of ground-breaking research in Histopathology.

The popular annual trainee's seminar is now in its 7th year, and this will be the 5th time the seminar has focused on macroscopic examination of specimens. I have attended this course at different stages of my training and can attest to its benefits, both as an introduction to specimens I had not yet encountered in my first year of training and as an excellent revision opportunity prior to the Part 2 exam. The trainee seminars have also previously included a day on the autopsy, evidence based pathology and laboratory techniques.

From 2015 in Dublin the joint Pathological Society and BDIAP meetings will become an annual event. As well as being able to present posters in a friendly forum with engaging discussion, there are also specific sessions aimed at trainees. As many trainees, and also consultant pathologists know, recent FRCPath part 2 pass rates have been quite low. We (trainee Councillor for the BDIAP and the PathSoc trainee council) have recently used one of these trainee sessions at the joint meeting to give a detailed overview of the exam, as well as the new curriculum, with speakers including present and past lead examiners. At these meetings there is also the breakfast session and the lunchtime meet the experts; these cover topics or specialities sometimes perceived as more difficult by trainees, such as renal biopsies. These interactive sessions presented by excellent speakers, are invaluable as a trainee.

As molecular pathology becomes an increasingly integral part of our work, yet an area that many trainees have little exposure to, attending the symposia, oral presentations and poster rounds, is of huge benefit. These sessions not only show molecular techniques trainees may read of in journals, being applied in research and clinical practice, but also provide an insight into the future of histopathology; a future in which molecular pathology will play an important role, and one which as trainees we should embrace, understand and be ready to lead as we become consultants.

These meetings have great educational value, especially as the speakers are experts in their fields, and the topics covered are often those which are not focused on in as much detail in regional training sessions. In addition, they are also brilliant networking opportunities. The course dinner, refreshment breaks and poster sessions allow trainees to meet their colleagues from other regions and countries.

Over the last 5 years, through my involvement in the BDIAP and attending these meetings, I have started to develop connections with trainees outside my region of training. This has been invaluable in gaining a broader perspective on histopathology training around the world, sharing resources between training regions and last, but definitely not least, seeing a familiar face entering the exam room with me.

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Trainees may sometimes find that certain educational needs are not met within their department, and in order to get experience they find they need to spend time in a different institution. As a member of the BDIAP, trainees are eligible to apply for an educational fellowship, which offers financial support to study in another laboratory.

As well as attending meetings organized by the BDIAP, trainees may wish to attend international meetings, further broadening their educational experience. Trainee members are also eligible to apply for a travel bursary to assist with this. From personal experience I strongly recommend taking this opportunity as a trainee (see 2013 BDIAP newsletter). It was inspiring to listen to presentations from authors of many of the textbooks I use, and papers I have read, as well as to start to learn about the challenges faced by some trainees in less developed countries.

As you are reading this you are either already a member of the BDIAP, or you are visiting the website and possibly considering membership. If you are already a member, please encourage trainees that you work with to take up the opportunity to join and enjoy the benefits of membership. If you are considering joining as a trainee, I can guarantee it will be £10 that is very well spent, and will have lifelong benefits as your progress through your career.

Dr. Anna Green



## Don't fill your boots... fill your head!

International Academy of Pathology Journal



Creative Design: courtesy of Michael Todd, LTHT, Leeds





# Outgoing Divisional Editor's Report Dr. Stephen Wells

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It has been a pleasure to serve the BDIAP for the last nine years, three years as a Councillor and six years as Divisional Editor and Webmaster, the role I took over from Professor Peter Furness who had ten years in the job. As I have outlined in previous BDIAP Newsletters, the main role of the Divisional Editor is to organise and distribute the various scholarships and bursaries and it is because of these that the BDIAP has its charitable status. It is, therefore, a core function of the organisation, linking closely and overlapping with its educational activities. It was good to see, in my last year as divisional editor, the bursaries expand and to experience a record year in numbers given. Briefly, the numbers awarded in 2012-2013 were as follows: Elective Scholarships 8, BDIAP Bursaries (to attend our own meetings) 13, Travel Bursaries 7, BSc Scholarships 5, 6th Junior Academy Bursaries 2, Sponsored Training Bursaries 5. No BDIAP Fellowships were requested or awarded. There is still scope to expand on these numbers in future years.

We have started to target East Africa as an area that we received very few bursary requests from (which may reflect the paucity of trainees and young consultants there) and, through our old friend in Kenya, Dr. Ahmed Khalebi, we set up an East African Bursary. In the first instance this is for one place to attend London Dermatology in March 2014 and Education and IT Subcommittee member Eduardo Calonje kindly arranged for a bursary place at the meeting. We had a healthy number of applicants (where have they been for other UK meetings?) and one bursary has been awarded. It is hoped that we can continue to target East Africa in the future.

The activities of the subcommittee have expanded, thanks to my successor, Dr. Nafisa Wilkinson, an eminent gynaecological pathologist from Leeds, who has introduced the BDIAP workshops into the educational programme. So far there have been workshops in gynaecological pathology and one is set up for liver pathology. These have filled with trainees very rapidly.

The BDIAP have not quite got rid of me yet and I will continue to run the website until professional help, in the way of a joint appointment with the Pathological Society, can be appointed. This is in hand. It has been interesting and a big responsibility running the website. By running, I really mean keeping it up to date and organising on line booking for meetings. In my first year as Divisional Editor, I seem to remember, council rather worryingly gave me a vote of confidence in that they scrapped paper based bookings for all meetings. I'm pleased to say that we had no disasters. I have not changed the look of the website as it is quite functional as it is, but my one achievement was to introduce a password protected area so that previous presentations can be stored on the site as pdf files. Hopefully in the future we can expand our educational resources and have video and/or audio presentations on the website.

I would like to thank all my previous subcommittee members over the past six years for their valuable support. They know who they are! I would like to wish Nafisa every success in the role, to which I'm sure she will bring a fresh approach and more innovative ideas.

Dr. Stephen Wells, 31.01.2014





## Incoming Divisional Editor's Report Dr. Nafisa Wilkinson

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It is a great privilege to take on the role of Divisional Editor and chair of the education subcommittee. I look forward with great enthusiasm to working with all the officers and Councillors of the BDIAP.

I had been a Councillor for 3 years and was co-opted on to council last year. I worked under the stewardship of Stephen Wells who was the Chair of the Education and IT subcommittee and Divisional Editor. He has, thankfully kindly agreed to continue as web master until such time that an external joint appointment is made with the Pathological society to support this role.

Stephen will be a very hard act to follow. His familiarity with all the bursaries, fellowships and grants awarded by the BDIAP was comprehensive. He is meticulous and has managed all the applications in an expeditious manner. Something I aspire to. I am grateful for his support as I learn the ropes particularly as he continues as a member of the Education sub-committee.

As Stephen mentioned in his report, an East African Bursary has been awarded to a trainee from Nairobi, Kenya to attend Eduardo Calonje's Dermatopathology course which is to take place in London in March 2014. Eduardo has kindly taken care of the hotel accommodation in London and the registration to the meeting. A two week attachment has been organised in Leeds following on from the dermatopathology course.

The closing date for the 7th Junior Academy to be held in Glasgow this year is end of March 2014.

The slide workshops have been very successful. We are trying to hold 2 meetings a year. This idea was first piloted with Gynaecological Pathology when we ran a workshop on 7th August 2012 and another last year on 24th September 2013. We were lucky to have Marisa Nucci from Boston and Joseph Carlson from the Karolinska Institute in Stockholm as well as Godfrey Wilson from Manchetser at the first meeting. The course participants have access to pre-scanned slides available to view several weeks ahead of the course. Glass slides are available to view on the morning of the course. The facility that is hired for the course is the East Penine Cytology Training School. This venue is ideally suited for the purpose as it has up to 40 microscopes available, several multi-headed microscope rooms and a lecture theatre style room for discussion of the cases. A CD with all the presentations of all the speakers is circulated to all the participants and the slides are available to view on the BDIAP website.

On 28th March Dr. Judy Wyatt, Professor Stefan Hubscher and Dr. Sue Davies have very kindly agreed to run a Liver Pathology workshop for us in Leeds. The bookings have already closed online as there are no places left on the Liver Workshop. We are hoping to hold a Pancreatic workshop later in the autumn. The plan is to introduce workshops in other systems as well and I would really appreciate feed-back from the readership as to what areas are most popular and you would like us to address. I would also like to know if Leeds is a convenient venue or would the readership like to suggest alternatives?

A joint venture of the BDIAP with the Royal College of Pathologists involving a monthly Saturday trainee teaching session is also in the offing. This will be held in London on a monthly basis.

The year ahead is busy with a lot of planned activities and I look forward to working with all of you, the membership and the BDIAP committee.

Dr. Nafisa Wilkinson, 10.2.14





## Educational meeting secretary's Report Professor Ian Roberts

The upcoming BDIAP meeting is **Haematopathology**, **15-17th May**, *Bristol*. We are following the successful formula of last November's meeting on Intestinal Pathology, and holding a joint meeting with a companion society (the British Lymphoreticular Pathology Group), extending the meeting to 2.5 days. Nick Rooney and Bridget Wilkins have put together an excellent programme. The Thursday is directed mainly to trainees, although will also be of interest to consultants seeking an update. The full programme is available at http://www.bdiap.org/. Highlights include an update on lymphoma classification, extranodal lymphomas and slide seminars on challenges and pitfalls in haematopathology. The theme for the Saturday morning case presentations and discussions is T-cell lymphomas. The venue is "At-Bristol" a conference and exhibition centre on Bristol Harbourside. The social programme includes wine tasting on Thursday evening at Averys wine cellars, and dinner at the Bordeaux Quay restaurant on Friday evening.

The **2014 XXX International Congress** is being held in Bangkok on 5-10th October. For full details see http://www.iap2014.com/

This year's autumn BDIAP meeting is **Gynaecological Pathology**, **21-22nd Nov 2014**, **London**. Naveena Singh is leading on the programme that includes symposia on ovarian, endometrial and vulval pathology. The venue is the King's Fund on Cavendish Square, a first for the BDIAP, and a location which will be highly popular for those wanting a lunchtime shopping trip, across the road at John Lewis.

The spring/summer 2015 meeting is the **Joint BDIAP/Pathological Society meeting**, **23-25 June 2015**, **Dublin**. This will be the first of annual joint meetings. There is a packed programme, with 3 parallel sessions for most of the meeting, that includes symposia on the autopsy, and breast, cardiovascular, dermatological, gastrointestinal, genitourinary, gynaecological, molecular, pulmonary, and renal pathology, in addition to free presentations, and trainees' and undergraduate symposia. The venue is a newly renovated conference centre and hotel, the DoubleTree Hilton, close to the city centre and with easy access to Guinness on tap, for those who feel the need. The local organisers are Cecily Quinn and Kieran Sheahan and thanks to their contacts, we have secured Dublin Castle for the congress dinner.

The following meetings will be **Urological pathology**, **Nov 2015**, **London** and the **Joint BDIAP**/ **Pathological Society meeting**, **June 2016**, **Nottingham**. More about those in the next newsletter.

Professor Ian Roberts, Meetings Secretary 02.14



### Trainee's Meetings Dr. Lisa Browning

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## 7<sup>th</sup> BDIAP seminar for trainees in histopathology; Approach to Cut-Up: Macroscopic Examination as the Precursor to Accurate Microscopic Interpretation

Thursday 13th March 2014, Royal College of Pathologists, London

This is the seventh year that the BDIAP have held a one day seminar for trainees in histopathology, and it is the fifth time that it is to be on the subject of the 'cut-up'. These 'cut-up' meetings were inspired by the late Professor Bryan Warren, to whom the teaching of the macroscopic assessment and handling of the pathological specimen, was a great passion. He saw this as the very basis of being able to subsequently provide an accurate microscopic description and therefore a meaningful histopathological report. That the importance of the 'cut-up' in histopathological practice is recognised so widely now, is evidenced by the fact that these meetings have been full to capacity on each occasion. We have attracted not only histopathology trainees from the UK, but we have had delegates from as far afield as Canada! Furthermore, this year will be the third time that registration has been open to biomedical scientists. There has been a great interest from senior biomedical scientists again this year, many of whom are working toward, or have achieved, their advanced diploma in histological dissection. This is a reflection of the successful introduction of BMS cut-up into many of our histopathology departments over the last few years.

This year's meeting will again focus on the macroscopic examination of the major specimens that are received in the surgical pathology department, which will be approached on an organ-system basis. Lectures will cover the preparation, examination and cut-up of these specimens, within the guidelines provided by the Royal College of Pathologists in the form of minimum data sets where appropriate. The aim of the day is to facilitate the trainee histopathologist to handle surgical specimens competently and with confidence. The day will be concluded with a session on macroscopic examination for the FRCPath examinations.

Don't forget also the forthcoming BDIAP workshop in Leeds on the 28th March 2014 on the subject of Liver Pathology. This is a slide-based workshop aimed at both trainees in histopathology and junior consultants. This workshop provides an opportunity to view and discuss a range of cases, including those more challenging cases, with provision of access to scanned slides to preview prior to the workshop. These workshops are new to the BDIAP, having been set-up in 2012 by Dr Nafisa Wilkinson, however they are to be a regular event, and therefore keep an eye on the website for future workshops

#### Dr. Lisa Browning

For full details of this year's programme, and for registration, please go to the BDIAP website <a href="https://www.bdiap.org">www.bdiap.org</a>.





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## 11th Annual Meeting of the ISSP Dr. Fionnuala O'Connell

The beautiful location of Castlemartyr Resort in East Cork provided a wonderful setting for the 11th annual meeting of the Irish Society of Surgical Pathology (ISSP) held in October 2013. This meeting is the key Annual Symposium hosted by the ISSP and the largest surgical pathology meeting in Ireland. The meeting was hosted by Beaumont Hospital. In keeping with the ISSP meetings of recent years, the academic programme focused on a selected theme with haematolymphoid pathology and head and neck pathology selected for 2013. The BDIAP generously provided sponsorship for the meeting.

The academic programme was organised in mini-symposia and began with a session on haematolymphoid pathology. Highly informative and comprehensive lectures were delivered on the subjects of Diagnostic Dilemmas in Hodgkin Lymphoma, T cell lymphomas and their mimics and updates on B cell lymphomas and Bone Marrow pathology followed by lively panel discussion. Invited faculty who spoke at this session included Dr. Daphne De Jong, Amsterdam, Dr. John Goodlad, Edinburgh, Dr. Andrew Wootherspoon, London and Dr. Michael Jeffers, Dublin.

For the Head and neck sessions, the range of topics included Pearls and Pitfalls in Head and Neck Pathology, Head and Neck Cytology, Current issues in Thyroid Pathology and Oropharyngeal cancers 'going viral'. Invited speakers were Dr. Seamus Napier, Belfast, Dr. Mary Toner, Dublin, Dr. Julie Mc Carthy Cork and Dr. Esther O'Regan, Dublin.

The meeting also provides a discussion forum for matters of current interest to surgical pathologists and in this regard, Dr. Niall Swan, Dublin gave an update on the recent and successful rolling out of a National QA programme in Histopathology.

The number and calibre of the trainess poster and platform presentations were very high and promise a bright future for academic pathology in Ireland.

The Gala Dinner was extremely well attended and enjoyable. The after dinner speech was given by Professor Mary Leader who formally handed over her presidency of the Society to the incoming President Professor Kieran Sheahan.

The BDIAP support of this ISSP meeting is very gratefully acknowledged. The support is another element in the strong links, both collegial and academic that exist between the BDIAP and pathologists in Ireland.

The 2014 ISSP annual meeting will take place at Carton House Maynooth on the 17th and 18th October next with gastrointestinal, liver and pancreatic pathology as the selected topics. It is hoped and anticipated that this enjoyable and educational meeting will continue to attract attendance from Pathologists in Ireland, the U.K., Europe and the US.

Dr. Fionnuala O'Connell



## **BDIAP** Upcoming Events



#### 7<sup>th</sup> BDIAP SEMINAR FOR TRAINEES IN HISTOPATHOLOGY

Approach to Cut-up; Macroscopic Examination as the Precursor to Accurate Microscopic Interpretation Royal College of Pathologists, London



#### LIVER PATHOLOGY WORKSHOP

Leeds



#### BDIAP/BLPG SYMPOSIUM ON HAEMATOPATHOLOGY

**Bristol** 



#### SYMPOSIUM ON GYNAECOLOGICAL PATHOLOGY

Joint BDIAP/ ISGYP Meeting London





#### WHY NOT APPLY NOW?

Registration now open for the BDIAP/BLPG symposium on HAEMATOPATHOLOGY



# **2013** Recipients of the President's and Cunningham Medals





The President's Medal is awarded to someone who has made a major contribution to pathology education. That does not specifically have to be linked to the BDIAP.



The Cunningham Medal is awarded to recognize distinguished service to the BDIAP.



# Special focus: Series of interviews with prominent BDIAP members

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I was reflecting on the Career pathways that we pursue. I thought the trainees would benefit from reading about the choices made by some of our most prominent and successful BDIAP members. In particular, how much of their success was as a result of personal drive, motivation and determination, and how much was a stroke of good luck!

Here are contributions from Professor Peter Furness, Dr. Suzy Lishman and Professor Timothy Stephenson, who have kindly shared their life experiences in Pathology with the BDIAP membership.

Nafisa Wilkinson





## An interview with Professor Peter Furness

- 1) When did you decide on Medicine as a career choice and why?
- 2) University Cambridge

#### 3) Why did you choose pathology

These questions are the wrong way round; I chose pathology before I chose medicine. I got a place at Cambridge to study Natural Sciences, not medicine. I found myself sharing a physiology course with medics and in the second year I chose the pathology module. I was fascinated – but was told that a career in pathology demanded a medical degree. So I changed course and read clinical medicine at Oxford. In those days, the Local Authority paid the fees!

- 4) Where did you train in pathology? Nottingham.
- 5) Who were your role models/ mentors?



#### 6) Has your career pathway been influenced by a role model/mentor?

I have no single role model. My mother made me value education and instilled a work ethic into me, having seen her own brother (before the Education Act) win a scholarship to attend the local grammar school but be denied a place because the family could not afford the uniform. My elder brother inspired me to do even better than he had! My tutor at Cambridge, Tony Edwards, was a rather bitter cynic but he taught me scientific method, always questioning everything I was told. The eccentrics in the pathology department there, notably Professor Gresham, persuaded me to pursue a career change to pathology. Alan Stevens and Jim Lowe, in Nottingham, who taught me that teaching can be fun for all concerned – I swear they could make a Siberian railway timetable interesting. James Underwood, who taught me the value of gravitas in medical politics, and of always asking first "What am I trying to achieve?". I could go on.

#### 7) Where do you work now?

Leicester, with a 2 day per week secondment to the Department of Health as National Medical Examiner.

#### 8) What do you love about your job?

The variety, the freedom to look for answers to problems, and the one thing I enjoy most – making things work. With a bit of luck that will soon include death certification in England and Wales, which has been a mess for over a century.

#### 9) What do you hate about your job?

Having to report totally unnecessary specimens

#### 10) If you had your life again would you still choose pathology?

If I was starting it at the time when I did start it, yes; no doubt at all. If I was starting it now, probably not.

#### 11) If not, why not?

Partly because of the politics of the NHS; I believe there is a concerted political effort to reduce the status of the medical profession, so that doctors can be paid less. Also because of reasons I set out in an article in the RCPath Bulletin a year ago. Hyper-specialisation in medicine generally delivers better care, but people are increasingly asking why hyper-specialists (like single organ histopathologists) need the broad training of a medical degree. It's getting harder to answer that challenge. And I believe the future of histopathology should lie in molecular biology and bioinformatics, but our specialty seems to be leaving that to others.

## 12) What might you have done differently if you had known during your training what you know now?

I would have developed my research interests in the context of a larger research group, rather than trying to do it pretty much as a single investigator. Science isn't done by individuals any more.

13) What advice would you give someone considering a career in Histopathology? I'd recommend doing some research that involves molecular biology and bioinformatics.

#### 14) Are you a member of the BDIAP?

Yes



#### 15) When did you become a member of the BDIAP?

As soon as I felt I could afford it; trainees didn't get a huge discount on the subscription in those days!

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#### 16) What are the advantages of being a member of the BDIAP?

Mostly the meetings and the contacts. And the opportunity to become a member of BDIAP Council, which I found was enormously enjoyable.

#### 17) What changes would you like to see in the BDIAP?

More emphasis on molecular biology and more emphasis on the smaller disciplines. Not easy to deliver, I know.

## 18) Do you think that the Royal College of Pathologists meets the expectations of histopathologists?

You'd expect a past-President to say 'Yes', wouldn't you? But I know it doesn't. The fundamental problem is that a lot of members expect the College to act like a Trades Union, protecting their interests. But that's the job of the BMA. The College is there first and foremost to uphold standards *for the benefit of patients*. Pathologists gain indirect benefits from that, of course; but it grates when a pathologist who is paying the College annual subscription is told by the College that their work should be done better. Especially if the message is that it can be done better by someone else. But that's the College's job. That's why it gets respect from the wider community. Which is why pathologists get respect. Which is why the College was founded in the first place – by pathologists. Respect is hard-won but easily lost.

## 19) If not, are there other areas where you think RCPath involvement could influence the life of a practising histopathologist?

I know first-hand that all those involved in College business do their best to deliver what they believe the membership needs from the College – which isn't easy to deliver, and which isn't quite the same as what the membership wants, as I explained above. That problem can only be solved by communicating the arguments, and that isn't easy.









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#### 1) When did you decide on medicine as a career and why?

I always wanted to be a doctor. My father, aunt and grandfather were doctors and my mother and both grandmothers were nurses, so I grew up surrounded by medical conversations. I did consider other careers in my teens but nothing else appealed. I've never regretted my decision.

#### 2) University?

I did my pre-clinical training at Girton College, Cambridge and my clinical at the London Hospital Medical College.

#### 3) Why did you choose pathology?

I really liked caring for patients as a houseman, but I wanted to understand what was making them ill at a cellular and molecular level. I also enjoyed the academic side of my undergraduate training and felt the need to know why people developed diseases, not just how to treat them.

#### 4) Where did you train in pathology?

I trained at UCL and spent my whole time there apart from one year at the Whittington Hospital, which I enjoyed very much.

#### 5) Who were your role models/mentors?

Before I applied to train in histopathology I talked to several pathologists about their jobs. They just happened to be women but I'm sure it helped to see successful women in the specialty. I was inevitably influenced by the consultants and my fellow trainees at UCL during my training but I didn't have a particular mentor.

#### 6) Has your career pathway been influenced by a role model/mentor?

I particularly enjoyed studying tropical diseases and breast pathology as a trainee because of support from role models in the department but I wanted to keep my career options open so made sure I fitted in everything else as well.

#### 7) Where do you work now?

I work at Peterborough City Hospital, where I am lead for GI pathology and Head of Department. I spend one day a week at the Royal College of Pathologists, where I have been an Officer for the last nine years. I am currently Vice-President with responsibility for Advocacy and Communications.



#### 8) What do you love about your job?

I have always loved the variety of histopathology, never knowing what you're going to see next. What I really love is sitting at my microscope with a big pile of slides, and reporting them without interruptions – that doesn't happen very often nowadays. I enjoy my work at the College; again there's a wide variety of challenges from public engagement and working with other specialist societies to professional performance and pathology reconfiguration.

**9) What do you hate about your job?** I wouldn't say that I hate anything but I do find juggling the many competing demands on my time a challenge.

#### 10) If you had your life again would you still choose pathology?

Yes definitely. It's an interesting and fulfilling career and there are opportunities to develop so many other areas such as leadership, medical journalism or management. If I couldn't be a pathologist I'd like to be an art historian, which I think needs similar skills to histopathology, such as pattern recognition, attention to detail and perhaps a hint of perfectionism! Fortunately I can indulge my passion for art during my holidays – so have the best of both worlds.

#### 11) If not, why not?

## 12) What might you have done differently if you had known during your training what you know now?

I knew at the time that my training wasn't just about passing exams so I spent a lot of time reporting routine surgical cases, something that has stood me in good stead working in busy consultant jobs. However, although I could see that there was more to pathology than exams, I'm not sure that I looked very far outside the department. Having taken on management roles from very early in my career I wish I'd paid more attention to how departments are run and how they interact with others outside pathology. I had no idea who the Chief Executive was in any of the hospitals where I trained, for example.

- **13) What advice would you give someone considering a career in Histopathology?** Find out as much as you possibly can about the specialty first. Talk to pathologists in different hospitals and try to spend some time in a department either as part of a taster week or fitted in while doing other jobs. There's information about careers on the College website (www.rcpath.org).
- 14) Are you a member of the BDIAP? Yes
- **15) When did you become a member of the BDIAP?** When I was a trainee in the mid 90s.

#### 16) What are the advantages of being a member of the BDIAP?

The most obvious is receiving Histopathology every month. There are also some excellent meetings; I particularly enjoyed the recent GI meeting in London.



#### 17) What changes would you like to see in the BDIAP?

I'd like to see the BDIAP (and other specialist societies) work more closely with the College. The organisations have different aims and objectives but there's a lot of overlap – not least in the people involved!

I'm looking forward to the Summer School for medical students in August, for example, which is being organised by the BDIAP, Path Soc and the College, to give 75 students the opportunity to find out more about pathology.

## 18) Do you think that the Royal College of Pathologists meets the expectations of histopathologists?

I'm not sure the College meets anyone's expectations in full! That's partly because we all have different expectations of what the College should do and there'll never be enough money for the College to address every area in great detail. I think the College does amazingly well with its limited resources but as Vice-President I would say that, wouldn't I?! A lot of the work of the College goes on behind the scenes – developing curricula, replying to consultations or investigating concerns about performance, for example.

## 19) If not, are there other areas where you think RCPath involvement could influence the life of a practising histopathologist?

I'd be interested to read other people's answers to this as the College is constantly asking its members what they want. I think a key aim of the College over the next few years is to engage with its members more effectively so they feel that it's truly their College, their voices are heard and the not insubstantial membership fees are being wisely spent.









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- When did you decide on Medicine as a career choice and why?
   1974 my mother gave me a free choice of Medicine and Law and I picked the wrong one
- 2) University?
  University of Cambridge
- 3) Why did you choose pathology?
  It is the pivotal point in the patient's journey through healthcare
- 4) Where did you train in pathology? Mostly Sheffield
- 5) Who were your role models/ mentors?
  Mostly Professor Laurence Henry
- 6) Has your career pathway been influenced by a role model/mentor?

  There are too many influences to single anyone out. Mostly I watched the most successful slightly more advanced trainees than myself and then emulated what they did.
- 7) Where do you work now? Sheffield Teaching Hospitals NHS FT.
- 8) What do you love about your job?

  Being able to use skill and judgement to make the right diagnosis.
- 9) What do you hate about your job?
  Interacting with the civil servants in the various QANGOs that seek to regulate us.
- 10) If you had your life again would you still choose pathology?
  Probably yes
- 11) If not, why not?
- 12) What might you have done differently if you had known during your training what you know now?

  I would have stayed in the NHS rather than University if I could, and probably would have

I would have stayed in the NHS rather than University if I could, and probably would have subspecialised more selectively and earlier.

13) What advice would you give someone considering a career in Histopathology?

Do it, provided that your knowledge of medicine is good and you have an aptitude for recognising images even when they are the wrong way up. Remember that doing histopathology as a career is nothing like doing histology practicals (I skipped most of the latter as I thought they were too boring)



14) Are you a member of the BDIAP? I am.

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- 15) When did you become a member of the BDIAP?
- **16) What are the advantages of being a member of the BDIAP?**Gives access to, and the chance to support, in my view, the best provider organisation of histopathology postgraduate education
- **17) What changes would you like to see in the BDIAP?**Consolidate with other pathology educational organisations, rather than compete.
- 18) Do you think that the Royal College of Pathologists meets the expectations of histopathologists?

Depends what the expectations are. If one expects them to acquiesce to an irreversible accretion of burdensome standards and performance indicators, over some of which we have little control and whose proof requires an enormous amount of data collection, then they are doing a great job.

19) If not, are there other areas where you think RCPath involvement could influence the life of a practising histopathologist?

They need to 1. Be more practical and pragmatic about what can realistically be achieved amidst current workload and funding, 2. Breathe life into the academic activities. They used to be valuable provider. We stumped up ££££s for conversion of the basement into an educational facility, yet that facility is filled by administrative committees and external bookings. The useful symposia dropped off in frequency more or less exactly when it opened. It shows that it takes people to make education; buildings are just a shell. When they relocate, they need a big tiered lecture theatre, and a histopathology teaching lab, and to press them into use.





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#### Educational Bursaries

#### The British Division of the International Academy of Pathology

wishes to make available a small number of bursaries, principally to permit trainee pathologists from less affluent countries to obtain training in one of the countries of the British Division. In most cases successful applicants will attend one of the educational meetings of the British Division. We also wish to encourage successful applicants to spend up to two weeks training in a laboratory while they are in the U.K. or other areas covered by the British Division. Accommodation expenses will be provided to facilitate this.

Final decisions on who will benefit from these bursaries will be made by the Education and IT Subcommittee of the British Division, but preference will be given to applicants who:

- Wish to travel from less affluent countries, and would not otherwise be able to travel abroad
- Are in training posts
- Can demonstrate how the information and training sought will be of benefit to their own institution

Detailed information on the conditions of the bursary are available through this link and must be read and understood by all applicants. Please note item (2) of the conditions; applicants are expected to have provisionally agreed a period of training in a UK laboratory. Bench fees of up to £100 per week can be paid to facilitate such agreements. Information about forthcoming meetings is published in the Journal of the British Division, Histopathology, and on this website.

**Timing of applications:** Applications should be made at least three months before the proposed educational meeting. All applications will be considered on receipt by the Education and IT Subcommittee and applicants will be notified, preferably by e-mail, within six weeks of receipt.

Select this link to obtain a printable application form. The Web page you obtain should be printed, filled in and posted to the address given. It is NOT an interactive web page.

Alternatively, select this link to obtain an on line application form.

Applicants will be asked to provide the names and addresses of two independent referees. A suggested <u>format for referees' reports can be obtained from this link.</u>

Alternatively, please contact the Administrative Secretary of the British Division of the IAP: Mrs Carol Harris, Administrative Secretary, BDIAP, P. O. Box 73, Westbury on Trym, Bristol BS9 1RY, U.K. Fax: (+44)(0) 117 907 7941

Email: bdiap@blueyonder.co.uk

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Illustration from the January 2012 issue: Pathological features of follicular cholangitis. Grossly a whitish ill-circumscribed lesion is seen around a large bile duct (arrows). Peripheral bile ducts show dilatation (black bar: 1 cm). (Zen et al. p. 261)

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#### The British Division of the International Academy of Pathology

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- The Netherlands
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- The Republic of Ireland.

#### Its aim is the advancement of pathology, through:

- Improvement of methods of teaching pathology
- Coordination of pathology with allied sciences and techniques
- Promotion of research in pathology and pathologic techniques
- Publication of reviews and the results of work in pathology and related fields

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