

# 11 A Short History of the Royal College of Pathologists

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## ORIGINS OF THE MEDICAL ROYAL COLLEGES

Medical Royal Colleges have their roots in the early 16th century. The forerunner of the Royal College of Surgeons of Edinburgh, the oldest medical Royal College, was established in 1505 to regulate the barber surgeons. At that time, there were barbers who cut through hair and barber surgeons who, presumably with intent, incised skin and did other invasive procedures. Operative surgery was limited in anatomical extent by the absence of anaesthesia, but harm could result from even the most superficial procedures undertaken by untrained practitioners. Thus, the aim was to regulate clinical practice through a process of training and credentialling. This enduring principle was set out in the Seal of Cause granted in July 1505 by the Town Council of Edinburgh to the barber surgeons:

‘... that no manner of person occupy or practise any points of our said craft of surgery ... unless he be worthy and expert in all points belonging to the said craft, diligently and expertly examined and admitted by the Maisters of the said craft and that he know Anatomy and the nature and complexion of every member of the human body ... for every man ocht to know the nature and substance of everything that he works or else he is negligent.’

Surgery was in the vanguard of professional regulation through colleges because there was no other credentialling mechanism. Unlike physicians, who had to undergo a course of university education, surgeons learnt their craft through apprenticeship. The inclusion of surgery as part of the medical profession was completed through the Medical Act of 1858 and the establishment of the General Medical Council as the regulatory body for all doctors – physicians *and* surgeons.

The inception of Edinburgh’s surgical college led, in the ensuing centuries, to the founding of colleges of surgeons and of physicians elsewhere. Thus, in England at the beginning of the 19th century there were just two medical Royal Colleges: the Royal College of Surgeons of England and the Royal College of Physicians of London. With increasing specialisation, some constituencies argued for creation of their own colleges separate from the ancient institutions. The first to secede was obstetrics and gynaecology, which delivered itself from the womb of the Royal College of Surgeons of England about 75 years ago. Other specialty-based colleges were established during the remainder of the 20th century: Royal Colleges of Radiologists, of Anaesthetists, of Psychiatrists, of Ophthalmologists, of Paediatrics and Child Health and of Pathologists.

## EMERGENCE OF A COLLEGE OF PATHOLOGISTS

Although the word ‘pathology’ became widely used in medicine only as late as the 19th century, its principles nourished the early concepts underpinning Hippocratic medicine – medicine based

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on evidence and observation rather than on myth and superstition. Pathology was practised initially by physicians and surgeons, but its complexity and workload volume grew to the extent that it matured into a specialty in its own right. Its practitioners aspired to the same status, or higher, as that enjoyed by other consultants (Foster, 1982). Gradually, the Royal College of Physicians of London (RCP) came to be regarded as the appropriate body to represent pathology specialists.

In 1948, the RCP convened a Standing Committee on Pathology with the principal task of drafting recommendations for training and assessment, based on proposals from the Association of Clinical Pathologists (ACP) (Cunningham, 1992; Goddard, 2005). This led in 1951 to the Conjoint Diploma in Clinical Pathology ('conjoint' because it was a diploma of the Royal Colleges of Physicians of London and of Surgeons of England). However, trainee pathologists regarded this Diploma as having a status inferior to that of the MRCP standard to which they aspired. They feared that this would eventually brand them as 'sub-consultants'.

In his address in 1952 to the ACP, 'Does the pathologist need a faculty?', W.H. MacMenemy argued that pathology specialists should be credentialled with MRCP or FRCS, or another qualification with the same status. He did not favour a separate college. However, at its meeting in Exeter in 1953, the ACP debated and supported the motion that 'this meeting would welcome the institution of a college or faculty of pathologists'. To make progress towards this objective, the Association set up a committee under the chairmanship of Professor G. Hadfield. The most influential submission to the Hadfield Committee came in 1954 from five Sheffield pathologists – Eddie Blackburn, John Colquhoun, John Edwards, Arthur Jordan and Cecil Paine. The 'Sheffield memorandum' argued clearly and cogently for the establishment of a separate body (faculty or college); pathologists, they declared, should 'have their own house and be masters in it'.

The ACP's growing enthusiasm for a college contrasted with the neutrality, almost indifference, shown by The Pathological Society of Great Britain and Ireland. The Society declined to be represented on the Hadfield Committee, although it did accept observer status. The Society was not opposed to the formation of a college; its attitude stemmed from a belief that it was a purely scientific society and that it should distance itself from political issues (the proposal to form a college being regarded as such).

Hadfield's Committee reported in 1955, but without any decisive recommendation. Undoubtedly, the Committee realised that founding a new college would be no easy task and that the case for such a bold step would have to be very compelling. The Committee did, however, recognise the need to strengthen the training of pathologists and to have some means of satisfying consultant appointment committees that candidates were sufficiently competent to take on unsupervised responsibilities. Acting on the Hadfield Committee's findings, the ACP then voted against the formation of a college or faculty and reopened discussions with the RCP to set up a more acceptable pathology qualification, perhaps based on the MRCP. The MRCP offered by the Royal College of Physicians of Edinburgh was particularly favoured because it could be obtained after having sat a pathology component.

Unrest developed in the ranks of the ACP. In 1958, four branches persuaded its Council that the formation of a college should be considered afresh. A working party was established, chaired by Professor George Cunningham, and within a few months it issued proposals for a college and set out the procedure to be followed for its foundation. But there was still significant dissent. In his presidential address to the ACP in October 1958, W.H. MacMenemy (1958) summarised the arguments for and against a college of pathologists, and declared his personal opposition. However, a ballot of ACP members revealed a majority (69%) in favour of a college, so much so that they declared they would give it financial backing. The ACP's Council decided in 1959 that there was now sufficient support for the founding of a college, and The Pathological Society was approached for its view. Unfortunately, The Pathological Society's committee remained unenthusiastic, even

though it declined to ballot its members and be guided by their views. Nevertheless, the Society allowed the ACP to conduct a ballot; this revealed only a small majority in favour and just 20% supported the financial proposals.

Concurrently, the Royal College of Physicians (London) revived its Pathology Committee, no doubt worried by the prospect of the secession of pathologists, and proposed a faculty within the College in which pathologists would have control of their discipline and run their own MRCP-equivalent examination.

Thus, in 1959, there were three options on the table:

1. Remain embedded within the general membership of the RCP.
2. Establish a Faculty of Pathologists within the RCP.
3. Set up a separate College of Pathologists.

The profession of pathology was now so strongly motivated to establish its own collegiate organisation that the first option was unsustainable; it was no longer seriously contemplated. Professor Cunningham was appointed chairman of a 'Ways and Means' committee to consider the remaining options. Cunningham's new committee reported in 1960 and, influenced by it, the ACP's Council resolved to pursue serious negotiations with the RCP, with a view to forming a faculty. (This was despite Cunningham's personal enthusiasm for an independent college.) Obviously, the RCP would need to be convinced that a majority of pathologists favoured a faculty, so voting papers were despatched with an explanatory booklet setting out the options. This watershed in the evolving professional representation of pathologists was the theme of Professor D. F. Cappel's ACP presidential address on 'Pathology at the crossroads' (Cappell, 1960).

The ballot process was heavily criticised and caused much dissent, but slightly more favoured (49.5%) than opposed (41.8%) an independent college. The ballot cannily gave voters the opportunity to reaffirm their faith in democracy by asking if they would support whichever option enjoyed greater support; 66% did so. So, substantial disagreement remained, but it was the younger pathologists who were most committed to a college. It was, after all, *their* future.

To pave the way to a College of Pathologists, the Council of the ACP set up a Joint Advisory Committee and invited representatives of The Pathological Society to serve on it. The Society's committee remained opposed to the idea, but it agreed to ballot the membership (even though many had already voted as ACP members); 52% supported the formation of a college. Guided by this albeit marginal majority, The Pathological Society's committee nominated five representatives, led by J. W. Howie, to sit on the Joint Advisory Committee. It reported in December 1961, proposing that the College of Pathologists be established with an entrance fee of £50. Consultants (including those in academic posts) and those becoming consultants within the next three years would be eligible for Founder Membership.

Thus, the College of Pathologists was formed. Its first meeting was held on 21 June 1962 at the London School of Tropical Medicine and Hygiene. Officers were appointed, and Professor Sir Roy Cameron, FRS, was installed as the first President. Examinations for membership began in 1964. The College of Pathologists was granted its Royal Charter in 1970 with Her Majesty Queen Elizabeth II as its patron.

The Royal College of Pathologists now has approximately 8000 members, most of whom work in pathology services and institutions in the UK. Through its Joint Committee on Higher Pathology Training, the College has responsibility for training curricula and assessments in histopathology, medical microbiology and chemical pathology. Curricula for the other pathology specialties, such as haematology and immunology, are administered through the Joint Committee for Higher Medical Training.

## THE COLLEGE'S HEADQUARTERS

The Royal College of Pathologists is not a building. The College is its membership. But it does have a headquarters from which its many functions are delivered.

After a rather nomadic existence in its early years, 2 Carlton House Terrace in central London became the College's headquarters, with the Cancer Research Campaign (now Cancer Research UK) as joint tenants. Carlton House Terrace dates from the 1820s and is the work of John Nash (1752–1835) and Decimus Burton (1800–1881). This fine building is in the Crown Estate and is Grade 1 listed on account of its architectural importance. In 1941 it was gutted by an enemy bomb and it remained open to the sky until the late 1960s, when the lease was acquired on exceptionally favourable terms (due, no doubt, to the state of the building) through the generosity of Sir Michael Sobell, who died in 1993 at the age of 100 years. He is commemorated by a plaque in the College's foyer.

A major refurbishment, generously supported by a donation from The Pathological Society, was undertaken in the early 1990s. The next phase is a £3.5 million project to create an education centre in the lower ground floor (formerly known as 'the basement'), vacated a few years ago by Cancer Research UK which has now consolidated its activities elsewhere. This will include space for a public exhibition, part of the College's campaign to improve the public appreciation of pathology and its practitioners.

## THE ACADEMY OF MEDICAL ROYAL COLLEGES

The growing number of medical Royal Colleges led to the need for a single voice that could speak for all on common issues. The first step in this direction led to the Standing Joint Committee of three major colleges (Physicians, Surgeons and Obstetricians & Gynaecologists). As new colleges formed, there was need for a fresh approach to cooperative working. Thus emerged in England, in 1974, the Conference of Royal Colleges and Faculties, mirroring one already established in Scotland and superceding the Standing Joint Committee. The Royal College of Pathologists was represented on the Conference.

In the early 1990s, the need for even stronger collegiate unison in British medicine became increasingly clear. The belief that the Conference could be administered by the college, of which its chairman was President, became unsustainable. So, in 1993, the Conference established its own office and staff, now located in the premises of the Royal Society of Medicine. Membership was extended to include presidents of the medical Royal colleges in the Republic of Ireland. In 1996, the Conference became the Academy of Medical Royal Colleges and was granted charitable status.

## LINKS WITH THE PATHOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND

The links between the College and The Pathological Society are not limited to sharing the same building. Histopathologists who have served as Presidents and other officers of the College have often been active members of The Pathological Society and contributed to the close working relationship between the two organisations. Recent evidence of this partnership includes well-attended annual meetings for trainees called 'Meet the Academics', subsequently emulated by haematologists in partnership with the British Society for Haematology.

The Pathological Society has been a generous contributor to the refurbishment of the College building and to academic aspects of the College's mission. In partnership with the Health

Foundation, The Pathological Society has contributed significantly to Clinician Scientist Fellowships administered by the College.

In contrast to the neutrality and indifference of The Pathological Society in the decades leading to the College's formation, it is now rightfully engaged in advising on the College's policies and strategies. For example, The Pathological Society is represented on the College's Specialty Advisory Committee for Histopathology.

## **ROUTES TO MEMBERSHIP OF THE COLLEGE**

Among the original motives behind the founding of the College was the desire to have examinable standards for entry to the professional body of pathologists. The examination for membership has been in two parts probably since its inception. The first, taken after an initial period of training, assessed whether the trainee was suitable for higher professional training, eventually leading to eligibility for the final part of the examination. The final membership examination was proclaimed as an 'exit' examination, in contrast to the examinations of other colleges that tended to mark fitness to begin specialist training.

The timing of these examinations has provoked occasional controversy. During the 1980s, some senior academic (i.e. professorial) members of Council argued that trainees were obsessed with the examinations and that their interest in research was being stifled. This led to tinkering with the examination schedules, but many (including the author) believed – and continue to do so – that the research productivity of trainees has more to do with factors such as their intrinsic motivation, the academic milieu in which they work and the degree of competition for consultant posts (a publication-rich CV being advantageous).

The notion of the final examination as an 'exit' from training, hallmarking eligibility for consultant appointment, disappeared in the mid-1990s with the formation of the General Medical Council's specialist register and entry to it by the award of a Certificate of Completion of Specialist Training (CCST) from the Specialist Training Authority of the Medical Royal Colleges. In 2005, the authority to award the Certificate of Completion of Training (replacing the CCST, but equivalent in standard to it) passed to the Postgraduate Medical Education and Training Board, a statutory body on which the College is represented through the Academy of Medical Royal Colleges.

Membership of the College can also be achieved through the submission of published works, but this is not intended for those who wish to practice clinical pathology. Indeed, for medical graduates, MRCPATH by this route confers no eligibility for CCT and entry to the specialist register. The publications route is popular with clinical scientists, particularly those working in highly specialised areas for which the broad and shallower scope of the examinations is inappropriate.

The third route to membership is by invitation of Council. With strengthening of the rigour of the process, this enables overseas-trained pathology consultants to be brought within the ambit of the College and its standards. With increasing movement of medical personnel within the European Union, many more consultant posts are being filled by doctors who have not achieved MRCPATH by examination and entered the specialist register with that credential.

## **COALESCENCE AND CLEAVAGE**

During the 1990s, the Royal College of Pathologists experienced two movements that would have had profound effects: the formation of a faculty of biomedical science and the separation of anatomical pathology (i.e. histopathology) from clinical pathology (haematology, chemical pathology, medical microbiology, etc). Neither movement developed sufficient momentum to change the structure of the College, but both merit brief attention.

The now infamous ‘think tank’ was set up by the College and the Institute of Biomedical Science (IBMS) to consider:

1. The creation of a single source of professional standards of practice.
2. The creation of a single institution for defining and assessing professional competence.
3. The creation, as a single conduit, of professional communication with other organisations, with the media and with Government.

The group was chaired by Professor John Lilleyman, who subsequently (1999–2002) became President of the College. Although the ‘think tank’ did not go as far as specifically proposing a faculty for biomedical scientists within the College, it was a logical extrapolation of its recommendations. When the general direction of travel was discussed with College Council, for many it was a step too far, although most shared the wish to work harmoniously and as closely as possible with the IBMS. The ‘think tank’ was dissolved, but in 2000 the Pathology Alliance was formed from its remnants, comprising representatives of the College, the IBMS and the Association of Clinical Scientists. However, the Alliance failed to realise its intended purposes – sovereignty remaining with the parent bodies – and it was replaced in 2005 by a concordat between its member organisations committing the signatories to work collaboratively on issues such as workforce, health and safety and quality assurance. Successful manifestations of what is achievable include conjoint (College and IBMS) initiatives on cervical cytology reporting and on specimen dissection and sampling.

Coalescence and cleavage characterise the life cycle of many organisations: colleges form; faculties develop within them and then secede to form separate colleges; realisation that strength lies in unity brings them closer together in a new federation; etc. So it was that, in the late 1990s, the organ retention ‘scandal’ in the UK led a small number (I think) of histopathologists to argue that their specialty would be represented better (i.e. defended) either by a body other than the Royal College of Pathologists or by a separate entity, such as a faculty, within it. This new grouping would be less distracted by issues affecting other pathology specialties. Although this never matured into a specific proposal, the episode highlighted the need for the College to pay attention to and support, with as much equanimity as possible, each of its constituent specialties. Ultimately, the College’s overall handling of the organ retention issue drew praise from many quarters. The new legislation affects all pathology specialties and creates a further nexus between them. The Human Tissue Act 2004 (Scotland has separate legislation) applies to all bodily material containing cells, whether they be a few leucocytes in a wound swab in the custody of a medical microbiologist or the heart of a dead child removed by a histopathologist.

My own view is that what unites the pathology specialties is far greater than that which distinguishes them. Pathology in all its guises is the foundation of modern medicine.

## THE COLLEGE’S DESTINY

Medical Royal Colleges cannot take their existence or authority for granted. Most of England’s livery companies, such as the Worshipful Companies of the City of London, have long since lost their original standard-setting and training roles; many still thrive, but only as charitable bodies retaining their splendid premises. A similar destiny might befall the medical Royal Colleges if it was not for their resilience and adaptability. When the government first consulted on its proposals for reforming the governance of postgraduate medical training, eventually leading to the inception of the Postgraduate Medical Education and Training Board as a statutory body, many saw it

as a threat to the colleges. However, by constructive engagement in the process, medical Royal Colleges have secured their continuing future in the landscape of specialist training.

Collegiate destiny is dependent on three factors:

1. Relevance: Are the College's functions needed? Could they be fulfilled by another body?
2. Effectiveness: Does the College deliver what it promises? Does it 'add value'?
3. Awareness: Does the College recognise the needs of patients and the public? And is it visible to them?

I regard the last of these as being supremely important. Medicine is changing rapidly from being profession-centred to patient-centred. Patients are becoming much more savvy about their diseases, diagnoses and treatments. The public now has ready access to medical information sources and often goes to see their doctor with a folder stuffed with printouts from Google searches.

In these early years of the 21st century the Royal College of Pathologists has become a much more patient-centred organisation. It has a thriving and influential Lay Advisory Committee with representation on numerous other committees, including Council. This befits the College's status as a charity, conferred because its primary concern is not the welfare of its members but that of patients. Pathology is the science behind their cure.

## Acknowledgements

This account of the Royal College of Pathologists, particularly its origins, relies extensively on relevant chapters in W. D. Foster's *Pathology as a Profession in Great Britain and the Early History of the Royal College of Pathologists*, Professor George Cunningham's *The History of British Pathology* and on his papers donated to the College as described in two articles in the *Bulletin of the Royal College of Pathologists* by Dr Peter Goddard, the College's Librarian. I acknowledge these sources.

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### Get your adjectives right, you wee Sassenach

1986 at the London Hospital was my presenting debut at The Pathological Society. One of several fascinating X-ray analysis projects, courtesy of David Levison and Peter Crocker, had come to fruition at Barts. We had noticed that all adult Peyer's patches had funny black granular pigment in histiocytes towards their basal aspect. Curiously analysis had shown that this pigment contained aluminium, silicon and titanium. We postulated that these inorganic metallic elements derived from either food, especially vegetables, or toothpaste. We even dared to suggest that this study substantiated the toothpaste theories of the genesis of Crohn's disease.

So nervously I stood up before the great and good of the Society. My great mistake was, as ever, adjectival and I dared to use the term 'geographic' to describe the notable distribution of this pigment in the human body. Now one of the legions of Scottish Professors of Pathology, who always sat at one end of the front row of the lecture theatre, soon rebuked me with the canny words 'I think you mean anatomical and not geographic.' I clearly thought little of this man's observations, as, according to another eminent Scottish Professor of Pathology, soon to be our President, I made no retort whatsoever but merely turned my back to him and faced the opposite side of the lecture theatre. How was I to know that he was the Editor of one of our best known Medical Dictionaries? Ouch.

**Neil Shepherd**

### **Distilling disappointment**

Belfast 1991, the first time The Pathological Society had met in the province for aeons. Professor Peter Toner, now my colleague in rural Gloucestershire, had organised a stunning meeting academically and socially but there was just one detail that had been overlooked.....

The Society Dinner was a marvellous affair in the City Hall but I have to admit to imbibing a little too much wine and you can blame Nigel Kirkham (whisky in the Europa Hotel) for Messrs Hall, Shepherd and Warren staggering down the Malone Road at 3 in the morning eating chips. The problem came the next day on the Conference Tour. The boys were a bit worse for wear but were still keen to see the Giant's Causeway and the renowned Bushmills' Distillery, although partaking of the latter's products was not foremost in their minds. The Giant's Causeway was magnificent and the whistling wind and roaring sea did wonders for sore heads. The problem came with the Distillery. It was closed.....

**Neil Shepherd**