

Association of Anatomical Pathology Technology

STRATEGY 2021 - 2025



Introduction



We had originally planned to launch this strategy at the 2020 AAPT Annual General Meeting and had begun the process of developing the main themes in the January of that year - however, soon after that, events overtook us. The first cases of infection with the SARS-CoV-2 virus in the United Kingdom were identified at the end of January 2020, around the same time the outbreak was declared a Public Health Emergency of International Concern (PHIEC) by the World Health Organization (WHO), and a formal pandemic declaration followed in March. Planning for, and response to, excess deaths arising from the pandemic soon placed unprecedented strain on the after-death process in general, and APTs in particular, with additional storage for the deceased being established in all parts of the UK and new infection prevention and control (IPC) measures introduced for all areas of mortuary operation. At the time of writing this introduction, there have been 4,550,944 cases and 152,289 deaths in the UK with COVID-19 on the death certificate¹.

As usual, APTs have risen to this challenge with dedication, care and determination, despite the difficulties posed by overwhelming workload and the distress caused by having to restrict or refuse services to bereaved people for safety and operational reasons.

As I reflected on how the pandemic might have affected the strategy and its central themes, it struck me that, rather than superseding them or making them obsolete, it had only served to shine a spotlight on our key challenges: how the welfare provision for APTs is patchy at best (a topic never more relevant than now), how our professional title and scope of practice are vulnerable to the pressures of budgets and staffing shortages, and how we must keep pace with changing technology and practice.

This strategy presents the six main themes upon which AAPT will be focussing over the coming four years and is the result of a combined effort from a group of professionals that I am not only proud to call colleagues, but friends, and serves as a commitment to tackle these issues head-on and to push forward to greater and better things for the APT profession.

A handwritten signature in black ink, appearing to read 'J. Pitchers', written in a cursive style.

John Pitchers
AAPT Chair
June 2021

1. Public Health England (2021) *Coronavirus (COVID-19) in the UK*. Available from: <https://coronavirus.data.gov.uk> [Accessed 12 Jun 2021].

Main Themes



One: Public Protection



Two: Professional Protection



Three: Enhanced and Diverse Roles



Four: Effective Professional Body



Five: Knowledge and Research



Six: Engagement and Partnerships

Theme One: Public Protection

1.1 Effective Regulation

APTs are currently regulated by means of a voluntary register, which is held by the Academy for Healthcare Science (AHCS) and accredited by the Professional Standards Authority (PSA).

Effective voluntary registration is contingent on both recognition and use by the broader systems in which it operates (i.e. employers), and on high levels of coverage. As it stands, neither of these pre-requisites for successful regulation have been met or are likely to be met under this model.

To put the situation in context, consider our profession when assessing these two pre-requisites:

- **Recognition and Use:**

Currently, we are not aware of a single employer who lists registration with the AHCS as an essential requirement when recruiting. Given the level of coverage (see below), to do so would narrow the field of available, qualified applicants to such an extent as to make recruitment virtually impossible. However laudable the aims of the voluntary registers, we believe that employers will only consistently require registration when they are required by statute to do so, especially in times of increasing budget constraint.

In addition to the lack of recognition, voluntary registration has, in some places, created a two-tier system, in which professions not regulated by statute are seen as inferior or 'not as scientific' as those that are. This is often seen in the mortuary sector, where an increasing number of mortuary management positions are being taken by HCPC-registered staff, sometimes regardless of relevant sector experience. A stated aim of the AHCS is for the Healthcare Science workforce to speak with 'one voice', but this is increasingly difficult when the manner of regulation is so different between different HCS occupations.

- **Levels of Coverage:**

There are around 700 practicing Anatomical Pathology Technologists in the UK at any one time. Currently, 48 (or 6.9%) are registered with AHCS. This number is almost certainly inflated by the fact that we (AAPT) mandate registration with AHCS as a requirement for serving on our Council or being an External Assessor. By any metric, a coverage of 6.9% of a profession cannot credibly be claimed to provide public protection.

We would consider the Anatomical Pathology Technology profession to be a relatively high-risk one, by virtue of the fact that:

‘Anatomical Pathology Technologist’ is not a protected job title, meaning there is no set definition of what constitutes an APT.

Anatomical Pathology Technologists do not have a protected scope of practice, meaning that staff can, perfectly legally, be employed in mortuaries on a low administrative or assistant grade, and be asked to complete tasks that are not appropriate, such as the evisceration and reconstruction of the deceased, involvement in forensic examinations and contact with bereaved people. The only standards set-out in this regard are in our regulator’s standards (the Human Tissue Authority [HTA]), which require that “all staff who are involved in mortuary duties are appropriately trained/qualified”, but without defining what constitutes ‘appropriate’ training or qualification.

The impact of improper actions by an APT can be far-reaching and profound, such as negatively affecting criminal cases, affecting the quality of diagnostic tests, causing extreme distress to the public, and other issues, which are often high-profile and involve legal action.

The model of regulation of mortuaries in England and Wales involves the licensing and regulation of establishments, not individuals, and therefore, patient safety is vulnerable to a lack of control of staff whose conduct falls below what is expected – particularly involving locum or temporary staff. Such staff can simply move on to other employment with no impediment to their practice.

As the PSA stated in their recent consultation document² “the voluntary nature of the programme currently cannot prevent an individual from practising independently in an occupation which is not regulated by law”. We believe this to be the crux of the weakness with voluntary regulation, and one that is likely to remain intractable without statutory regulation.

In summary, while regulation remains voluntary, there will be gaps in protection and the public will be at risk – after all, it’s not practitioners who have voluntarily been bound to uphold certain standards that are a cause for concern, it’s those who reject regulation.

2. Professional Standards Authority (2021) *Consultation on the Future Shape of the Accredited Registers Programme*. Available from: https://www.professionalstandards.org.uk/docs/default-source/publications/consultation-response/our-consultation/2020-accredited-registers-consultation/authority-consultation-on-the-future-shape-of-the-accredited-registers-programme.pdf?sfvrsn=69067620_13 [Accessed 16 April 2021].

The only way voluntary regulation could conceivably succeed is if the programme gained the backing of government in ‘requiring’ employers to set voluntary registration (either existing or with a commitment to become registered within a set time period) as an essential criterion during recruitment – thereby making it an individual choice whether to register, but a condition of employment (so-called ‘mandatory-voluntary registration’). It’s difficult to see how that could be achieved without a statutory compulsion. This is demonstrated by the situation in Scotland, where voluntary regulation has been identified as a priority and HR departments have been strongly encouraged to mandate it, but the expected take-up has not materialised.

We will continue to engage at the highest levels to ensure the case for statutory regulation is made and a consensus view is reached on a way forward. This includes entering into dialogue with regulators, Government and partners/stakeholders, and defining the most effective path to statutory regulation (*Objective 1*).

1.2 Defined Professional Characteristics

As described above, our professional title and scope of practice is not protected by statute. In such circumstances, it falls to the profession itself to agree and support a definition of what an APT actually is (and equally, if not more importantly, what it is not).

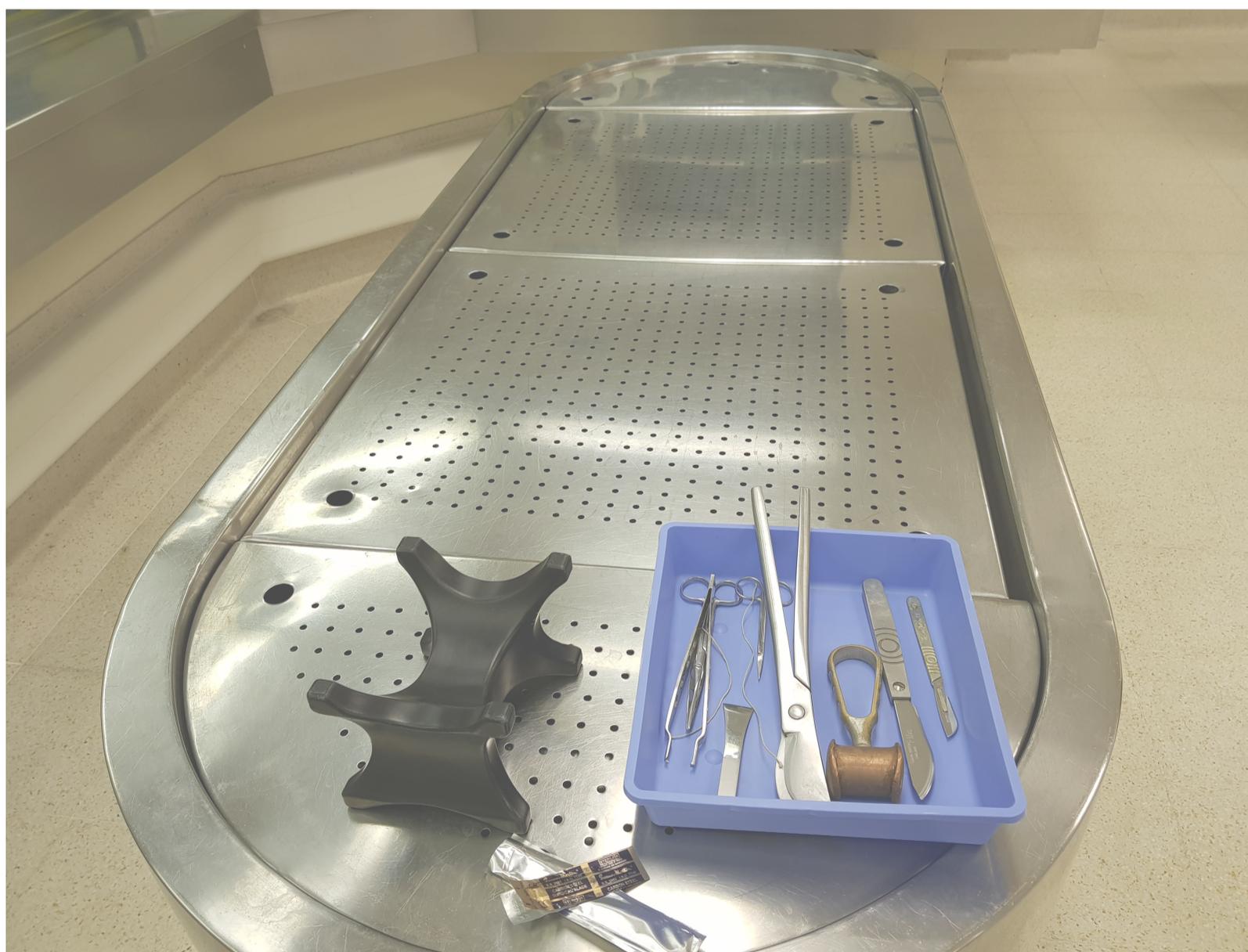
As a result, we will undertake a consultation with our members, and others, to determine what APTs and other stakeholders see as the core values and attributes of an APT performing a high-quality role, and to translate that baseline data into set of defined professional characteristics that can be used as a reference for recruitment, professional development and promotion activity; ultimately feeding-in to stronger regulation and public protection (*Objective 2*).

1.3 Values-Based Practice

We all know what common ethos we share in carrying out our work, but this understanding does not always extend to the wider public or other professional groups, which can lead to misleading information and guidance being given and anxiety amongst those who need to use our services. We need to articulate a defined set of values, linked to the defined professional characteristics described above, which are synonymous with APTs and can run through everything we do. We will promote these values widely and effectively as 'marketing' for the profession so that everyone - professional and public - will know what we stand for (*Objective 3*).

1.4 Equality, Diversity and Respect

The APT workforce should reflect the demographics of wider society, so that all who come into contact with mortuary services feel reassured that staff have an understanding of the issues that affect and are important to them - whether that's cultural, societal or lifestyle issues, or those based on ethnicity or physical characteristics. The Equality Act 2010 lays out very clearly the nine protected characteristics³ for which people must not face discrimination, but there's more to effective and compassionate practice than narrow legal definitions; it's understanding the context in which these and other characteristics that are not protected by law, such as socio-economic status, are relevant and intersect. We all bring our own experiences, privilege and biases to the workplace, but it's important to have the self-awareness and self-reflection to enable a safe, fair and respectful environment for everyone. We will create and implement a comprehensive equality, diversity and respect policy that encompasses recruitment, training and best practice (*Objective 4*).



3. Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

Theme Two: Professional Protection

2.1 Resilience and Mental Health

The work of an APT is physically and emotionally hard and, as the COVID-19 pandemic starkly demonstrated, can have a serious effect on mental health and resilience. The close-knit professional community that comes from being part of a small, specialised profession gives us a ready-made network, and we need to utilise it to offer support to members that is both practical and supportive. AAPT Council should be mental health-literate and be able to signpost to further support where necessary. We will create an area of the AAPT website dedicated to providing wellbeing information and resources to our members, will outline options for getting support, and will ensure all AAPT Council Members are Mental Health First Aid-trained (*Objective 5*).

2.2 Professional Equivalence

APTs are part of the Healthcare Science Workforce, but can sometimes feel disconnected and siloed from other disciplines. There are a number of ways APTs can achieve parity with other professions, such as educational and regulatory equivalence, and awards such as RSciTech, RSci and CSci, which are recognised achievements across all science-based sectors. We will support and promote all avenues leading to equivalence; many of which intersect with the other objectives laid out in this strategy. Included in this area is the question of equivalence for practitioners with APT-related qualifications, often at undergraduate degree level and above, that are not yet recognised as holding the educational currency required to enter the UK APT workforce - for instance, holders of non-UK qualifications. We believe that individuals who can clearly demonstrate appropriate knowledge, skills and qualifications should be able to enter the profession at a level commensurate with their previous roles, even if this was gained in a non-UK setting, without having to start from scratch as a trainee APT. We will seek to implement a process by which such individuals can apply to have prior learning and experience recognised (as with the GMC's 'acceptable overseas qualifications' scheme⁴ (*Objective 6*)).

4. General Medical Council (2021) *Acceptable Overseas Qualifications*. Available from: <https://www.gmc-uk.org/registration-and-licensing/join-the-register/before-you-apply/acceptable-overseas-qualifications> [Accessed 2 May 2021].

2.3 Fair and Consistent Grading

The Agenda for Change (AfC) programme was intended to “deliver fair pay for non-medical staff based on the principle of ‘equal pay for work of equal value’”⁵.

This was a laudable aim but, given the sheer range of grades reported through our workforce surveys, one that has arguably failed to be met. In a small workforce such as the APT one, this can cause problems with recruitment and can cause staff to feel undervalued by their employer compared to others, where staff with identical roles can often be paid significantly differently. Although the professional body is not a Trade Union, and should not seek to act like one, we naturally have a part to play in any national pay and/or AfC band-setting activity. In the event that the job evaluation process is revisited, we will push for standard and consistent job profiles and bandings across all levels, from trainee to senior manager, tied into the APT qualifications and in line with other HCS disciplines.



5. NHS Employers (2017) *About Agenda for Change*. Available from: <https://www.nhsemployers.org/pay-pensions-and-reward/nhs-terms-and-conditions-of-service---agenda-for-change/how-agenda-for-change-works> [Accessed 2 May 2012].

Theme Three: Enhanced and Diverse Roles

3.1 Advanced Practitioner

In his 2015 review of forensic pathology in England and Wales⁶, Professor Peter Hutton stated that “Pathologists who wish to practice coronial autopsy work are in an unsympathetic landscape. The population of that landscape is barely sufficient to maintain the service and is destined to become smaller”. The pressure on autopsy pathology was further underlined in a recent report on the Coroner’s system⁷. This undeniable fact, coupled with the increasing professionalisation of Anatomical Pathology Technology, means that the time is right to look at how a pathway to expanded roles for appropriately qualified and experienced APTs can be formally introduced; in the same way some BMS staff have progressed in areas such as cut-up. There is already interest and support for this, and we must throw our full weight and support behind making it the natural next step for the profession. We are aware of several local initiatives that are aiming to introduce an enhanced role for APTs, in areas such as paediatrics or neuropathology, but the challenge will be in formalising this into a national proposal that is linked to the higher APT qualifications. We will engage with existing projects and relevant stakeholders such as IBMS, RCPATH, etc. to develop a formal proposal (*Objective 7*).

3.2 Portfolio Careers

Many APTs in hospital practice divide their time between other services that are distinct, but related, such as bereavement services and laboratories. There is often the fear expressed that such combinations of roles dilute and weaken the role of the APT, but there’s no reason why such portfolio careers couldn’t become a real strength and a way of keeping the profession current, especially in the context of emerging technologies and changing policy, such as the introduction of Medical Examiners. We will support APTs in navigating the changing landscape in which they operate, advocating and challenging on their behalf where necessary. We believe that, rather than a threat, well-managed integration with other disciplines can be a strength.

6. Hutton, P. (2015) *A Review of Forensic Pathology in England and Wales*. Available from: <https://www.gov.uk/government/publications/review-of-forensic-pathology-in-england-and-wales> [Accessed 20 March 2021].

7. Justice Select Committee (2021) *First Report - The Coroner Service*. Available from: <https://publications.parliament.uk/pa/cm5802/cmselect/cmjust/68/6802.htm> [Accessed 27 May 2021].

3.3 Emerging Technologies

In-keeping with other medical disciplines, technology is playing an increasing role in pathology - from LIMS to digital histopathology - and Anatomical Pathology is no different, albeit to a lesser extent so far. It is inevitable that the way autopsies are performed will change, for instance with an increasing role for imaging. Rather than resisting this change, APTs must embrace and be central to the introduction of new technologies in their workplaces if they are to stay relevant in the future. We will look to stay ahead of the curve and support APTs in this area by keeping informed about innovations and getting involved at the policy-setting stage.



Theme Four: Effective Professional Body

4.1 Increased Membership

The membership is the technical and financial lifeblood of the AAPT, and as wide a coverage of the profession as possible has always been the aim. In order to achieve this, we need to be more proactive in engaging with and promoting the association to non-members, and really pushing the Associate and Affiliate grades as widely as possible. Equally, operating in isolation from other disciplines risks holding back APTs' progression, and we will seek to form strategic partnerships to progress our objectives (see 6.2 below). Diversification of income will also play its part - AAPT has traditionally relied upon membership fees and income from the Annual Educational Event and training events for its operating budget. In order to support an expanded programme of work, new sources of income will be identified and developed (*Objective 8*).

4.2 Effective Council Structure

As AAPT has grown, the need for a defined structure beyond a simple list of committees has become apparent. A refreshed structure will ensure Council is working as efficiently and effectively as possible by increasing visibility and resilience for key roles, defining terms of office and clarifying the role of Honorary Officers. This will, in-turn, inform and guide the overall governance of the AAPT (see 4.3 below) and the implementation of this strategy, and will ensure members understand where responsibility for key issues lies. We will create a page on the AAPT website that will lay out the structure and individuals responsible for each area of work, along with a short professional biography to help members identify the best person to approach for assistance on a given topic (*Objective 9*).

4.3 Effective Council Governance

In tandem with reviewing the structure of Council and its committees, there must be an review of how the work of Council is conducted, including how decisions are made and documented, how performance against goals is measured and how communication is managed. Also in-scope are how finite financial resources are conserved by intelligent application of IT and communication tools. We will create, publish and implement a comprehensive governance plan (*Objective 10*).

Theme Five: Knowledge and Research

5.1 Original Research and Systematic Review

APTs have very wide-ranging, diverse and well-established knowledge and skills on areas of work, however, rarely engage in primary research activity. The richness of the subject matter would lend itself very well to a wide range of research methodologies, both quantitative and qualitative, and the resultant development of skills required for higher study and expanded roles would cement APTs' status as Healthcare Scientists and encourage equivalence and progression. To date, most research that explores issues within the scope of APTs' work has been carried out by non-APTs, and APTs' role in research activity has traditionally been a supportive one - for instance, as the subject of research or by retaining tissue to be used in a study and therefore earning inclusion as an author on the resulting paper - but to truly advance, this needs to change to APTs taking the lead in proposing, conceptualising and undertaking research that relates to their professional expertise. We will support APTs in making use of links with FE and HE institutions (laid out below in 5.2) to begin their research journey, and will start to introduce training and CPD on research governance and methods to underpin this (*Objective 11*).

5.2 Partnership with Further and Higher Education Institutions

In order to develop research interests in the area of Anatomical Pathology Technology, we will engage with relevant academic figures and establishments - such informal links already exist in many cases (e.g. the Centre for Death and Society at the University of Bath), they simply require formalising (*Objective 12*). Central to this aim will be engagement with research funding bodies and research councils, such as the [National Institute for Health Research](#), to gain assistance and support with growing APT-led research, as the nursing profession has successfully done in the past.

5.3 Education and Development of Qualifications

The qualification landscape is rapidly changing - where there were once simply two qualifications for APTs that didn't map to any level on the [Qualifications and Credit Framework](#), there are now two established Level 3 and 4 qualifications that have true educational currency. The next step is

for us to proactively drive the implementation of the two remaining qualifications - the level 5 FdSc and the level 6 BSc - forward to completion. As APTs' scientific and research skills increase towards Advanced Practitioner level, there will be a need to put this pathway into use but, as mentioned above in 3.1, the success of this is inextricably linked to national agreement on advanced role profiles, so the two will need to be developed in parallel (*Objective 13*).

Equally worthy of our attention is the recent proliferation of vocational qualification routes, such as apprenticeships and T-Levels, and we will assess what action we need to take to ensure their introduction does not negatively impact on the APT scope of practice or on the preferred qualification pathway from Level 3 to Level 6 (*Objective 14*).

5.4 Evidence-based Practice

APTs frequently innovate within their own establishments by developing novel techniques and processes, however, these innovations often either lack the support of pathologist and coroner colleagues, and/or cannot be shared as good practice with any credibility, because there is a lack of an evidence base to support their introduction. As part of our push to professionalise this aspect of practice, we will signpost, support and, if necessary, develop tools for the evaluation of new techniques that will enable a more scientific approach (*Objective 15*).



Theme Six: Engagement and Partnerships

6.1 Engagement with Government

Most, if not all, of the objectives laid out in this strategy involve engagement with Government in one form or another. Whether giving evidence to Parliamentary Committees, lobbying, formally responding to consultations or contributing to policy development, we must continue to develop the skills and political acumen to effectively and credibly carry out this function if we are to achieve our ultimate aims. One of the ways in which we engage with the political world is through our membership of the All-Party Parliamentary Health Group, which is “an all-party forum dedicated to disseminating knowledge, generating debate and facilitating engagement on health issues amongst Members of Parliament”⁸. We will continue to use this way of engagement in support of all objectives laid out in this strategy.

6.2 Engagement with Regulators

We will continue to use the considerable skills and experience at our disposal through the membership and Council to engage with regulation of the sector in a positive, progressive and forthright way - advising on professional and technical issues, and challenging where necessary, to ensure regulation is applied consistency and robustly for the protection of the public. In addition to this, we will work with current or potential regulatory bodies, such as the HTA, the Professional Standards Authority and the Health and Care Professions Council to identify gaps in the regulation and protection of the of the profession in support of Objective 1 (*Objective 16*).

6.2 Partnerships with Other Professional Bodies

We will form mutually beneficial partnerships with other organisations, both on single issues and more generally, including non-healthcare science professional bodies where aims align. There is strength in collective bargaining and, whilst we have certain collective activity (e.g. AHCS), we should maintain an awareness of opportunities where necessary. Our growth as a professional body also dictates that we look at how we can work together to share resources and achieve efficiencies whilst remaining APT-led and focussed (*Objective 17*).

8. Policy Connect (2021) *All-Party Parliamentary Health Group*. Available from: <https://www.policyconnect.org.uk/aphg> [Accessed 01 June 2021].

6.3 Creative, Social and Emerging Media

The media, including social media, is absolutely key in both getting APTs' message across and raising the profile of the profession. As we have grown as an association, our presence on social media and engagement with traditional media has increased, but can be improved. We need to be able to respond quickly to media requests and curate a consistent social media presence. In addition to this, recent advances in remote engagement and learning have provided even more opportunity to increase our offering in these areas. We will ensure the Chair and Vice-Chair are trained in media engagement and will look to put in place standing agreements between Council Members and their employers regarding press permissions, enabling us to respond quickly and avoid missing opportunities. We will also look to provide the resources necessary to create and publish content, such as webinars, video guides and other media (*Objective 18*).



Objectives

Objective Ref.	Theme Ref.	Objective
1	1.1	Define and map the route to statutory regulation
2	1.2	Produce a set of defined professional characteristics
3	1.3	Produce and promote a defined set of values
4	1.4	Create and implement a comprehensive equality, diversity and respect policy
5	2.1	Create a wellbeing area of the AAPT website and complete MFA training
6	2.2	Develop a process for the recognition of prior learning and experience
7	3.1	Develop a formal proposal for APT Advanced Practitioners
8	4.1	Identify and develop new sources of income
9	4.2	Create a structure page on the AAPT website
10	4.3	Create, publish and implement a comprehensive governance plan
11	5.1	Introduce training and CPD on research governance and methods
12	5.2	Formalise links with relevant academic figures and establishments
13	5.3	Proactively drive the implementation of the two remaining qualifications forward
14	5.3	Assess the impact of vocational qualifications and required actions
15	5.4	Signpost, or develop, tools for formal evaluation of new techniques
16	6.2	Identify gaps in the regulation and protection of the of the profession
17	6.3	Form mutually beneficial partnerships with other organisations
18	6.4	Media training, Press Office agreements and content creation resources