

# ACB News

The Association of Clinical Biochemists • Issue 470 • 20th June 2002



**Troubleshooter  
Gets Into Focus**

**Clinical  
Scientist Pay  
2002-03**

**MRCPath  
Exams**

**Controversial  
Letters Abound**



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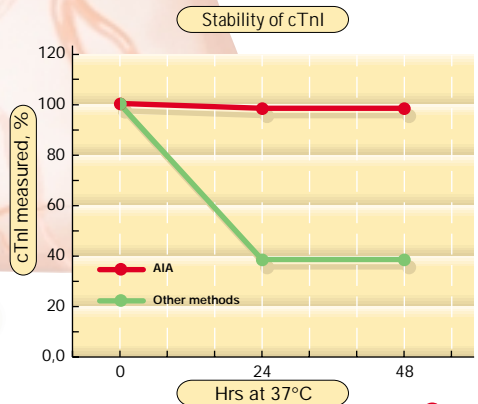
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# ACB News

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Front cover:

Annette Thomas, Deputy Director of WEQAS, Sir John Harvey-Jones and Leanne Annereau, Abbott Diagnostics Division

**fOCUS2003**

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The Association of Clinical Biochemists National Meeting

SECC, Glasgow

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Email: [info@focus-acb.org](mailto:info@focus-acb.org) Web: [www.focus-acb.org](http://www.focus-acb.org)

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## Troubleshooter Sizes Up Focus 2002

There were a number of famous visitors to spot around Focus 2002 in Glasgow last month. Kylie had got her dates wrong and arrived a day early to sing, while Jimmy Saville turned up halfway through and was seen in the bar with the likes of Hooper and Freeman. Sir John Harvey-Jones, former head of ICI and star of the BBC Troubleshooter series, was spotted visiting the exhibition before giving an entertaining talk on managing change.

As Sir John pointed out at an Abbott Clinical Diagnostics-sponsored symposium, he is nearly eighty years old and at an age where he “woke up in the morning wondering what bits had fallen off”. Yes, he had become a good consumer of diagnostics in recent years and his medical records now ran to several volumes – what a tribute to the failures of diagnostics, he said with a twinkle in his eye! Having looked through the Focus 2002 programme, Sir John said it had “turned him into a total hypochondriac”. Certainly Focus 2002 demonstrated a fantastic range of diagnostic possibilities. Sir John had extensive experience of problems in NHS pathology since a stroke and regular visits to his hospital to have his anticoagulant therapy checked.

Turning to Pathology, Sir John said we had the lot: new directives every day, lack of trust in our services, input from politicians, too few trained people and too little financial resource which was soon to change into too much!

It was advice on the change process that Sir John concentrated on. A change environment needs to be cheerful, lighthearted and about trust. You need to understand and manage outward integration rather than spend all the time looking inwards. Pathology was a disciplined area full of protocols and routines, and such a seedbed of bureaucracy was always going to be resistant to the change process. Important drivers to change

included the use of modern IT and overcoming the problems of the legacy systems in the NHS.

Sir John reminded the audience that change is not something that you do to other people, but is rather a hearts and minds job. We must stop doing unhelpful things and start to do stuff that is worthy of our effort. Change is always painful and never welcome so it is important to go for something worth doing and to concentrate on no more than two or three key change areas a year. Finally, Sir John advised that you should give a day a week to look at future change. Rather than argue over the small things in the present service, paint a picture of what your laboratory should be like. Much change can be achieved at minimal cost and have a pay-back of less than a year. ■



Sir John with Annette Thomas of WEQAS and Leanne Annereau of Abbott Diagnostics Division

## Deacons's Challenge

In order to fit in all the job adverts this month we have had to take out Deacon's Challenge at proof stage. Apologies for this ... it will return next month.

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# Website of the Month: Yahoo Diseases and Conditions

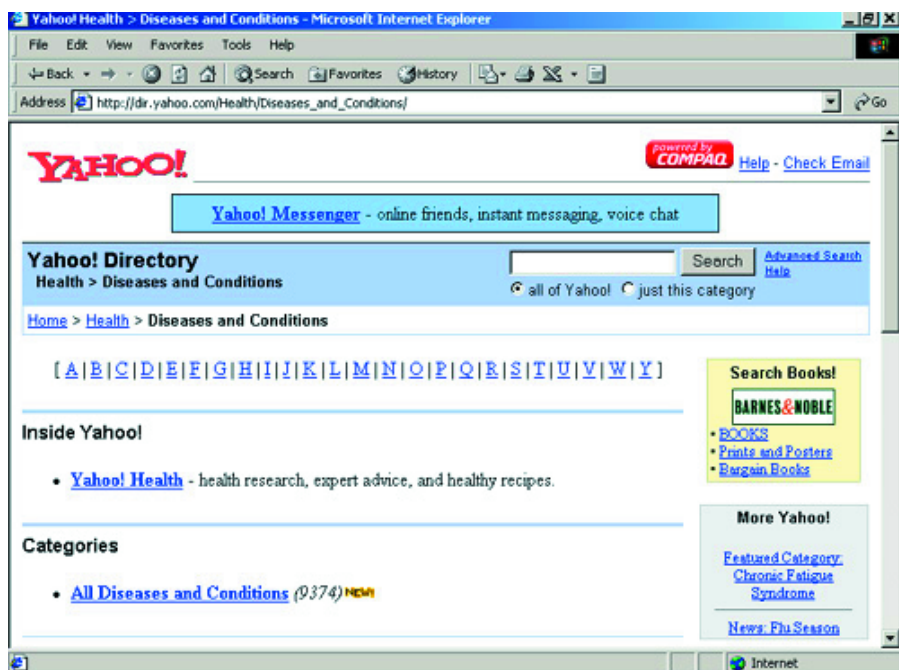
By Malcolm Gray, St Bartholomews Hospital, London

[http://dir.yahoo.com/Health/Disease\\_and\\_Conditions/](http://dir.yahoo.com/Health/Disease_and_Conditions/)

This site was discovered after we received a GP request for a “Paget’s Screen (Not Paget’s disease of bone)”. A straw poll of staff revealed that all had heard of Paget’s disease, but only knew of the bone variety. Feeling rather stumped by this request, my first port of call was an internet search, which revealed the Yahoo Diseases and Conditions website.

There was a wealth of information available and included links to other hub sites covering particular diseases. For those who were unaware, there are Paget’s diseases of Bone, Nipple and Vulva, as well as Paget’s Sarcoma. At least, the site will give you enough information to contact the requesting clinician with some knowledge of their unusual requests. At best, it provides some very quick guides from reputable sites covering academic, clinical and patient groups. Definitely useful in both sample reception and when signing out reports.

- Don’t forget links to all past and present ‘Websites of the Month’ are available from the ACB Website ([www.acb.org.uk](http://www.acb.org.uk)). If you wish to suggest a site for the ‘Website of the Month’, please submit a short review (150-200 words) to Ian Godber at Nottingham City Hospital ([webmaster@acb.org.uk](mailto:webmaster@acb.org.uk)). ■



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# Clinical Biochemistry and Immunology CPA Pilots

By Dr Andy Hartland

The fact that Walsall was one of the 6 pilot sites to be inspected against the new standards, the memory of which is still vivid in the mind, led to my attending this session with more than the usual passing interest. That aside, I left the session, skilfully chaired by Dr Wallington, Chairman of CPA Immunology Specialist Advisory Committee, feeling that it had been of benefit, not only to those of us who had been through the process and could feedback our views, share the views of others and bond with friendships forged in adversity, but particularly to those looking ahead to their own inspections in the future. As the meeting dealt with general issues of the inspection process, the joining together of Clinical Biochemistry with Immunology was not detrimental to its focus.

## CPA Standards Education Group

The session proper began with this scene-setting report. John Wood succinctly outlined the key issues regarding the new standards and the format of future inspections. Given their importance, evidenced by the response from the audience, these bear repeating here.

The speaker reaffirmed that the new standards were not 'change for change's sake' but represented an attempt to improve the process for applicants, strengthen the partnership with UKEQAS and continue the process of international recognition for CPA accreditation.

Six pilot sites had been inspected against the new standards: Tayside University Hospitals NHS Trust, Preston PHLS, Wrexham, Walsall, Quest Diagnostics and Sheffield.

The major changes inherent in the new system were: the introduction of a Quality Manager within each department with responsibility for quality issues, the production of a Quality Manual, and the need for an Annual Quality Report, the latter forming the basis on which accreditation would be maintained in the interim years between inspections.

Inspections take place over two days and involve the following three audit devices:

- Horizontal audit - a detailed audit of documentation and systems i.e. job description, training records.
- Vertical audit - a retrospective audit of all the processes involved in the production and communication of a test result (randomly selected) i.e. selecting a test result at random and retracing its

*Report of CPA  
Annual Conference,  
19th March  
2002, The  
Commonwealth  
Institute, London*



Participants in the Spring CPA Meeting

progression through the lab, from collection to result destination, examining the documentation, and adherence to policies and procedures at all stages of the process.

- Examination audit - a real time audit of a selected test i.e. watching someone perform a procedure and checking that they follow the SOPs.

It is a fundamental aim of the new standards to remove subjectivity from the inspection. Inspectors identifying a non-conformity with a standard, document this at the time on a Non-Conformity Report Form, stating whether they consider it a Partial or Full non-compliance and specifying the standard which is not being complied with. This non-compliance is then agreed with a member of the inspected lab and the Non-Conformity Form signed off. Three copies of this form are made (one for CPA, one to be kept by the inspector and one for the lab to form the basis of their corrective response). By this process there should be no surprises for the inspected lab in the subsequent final report, as all non-conformities with standards should have been raised and agreed upon during the on-site inspection.

Training of inspectors is on-going. From October -December 2002 a series of 1 day training sessions will be taking place at 8 venues around the UK. This will be followed by a 1.5 day intensive training programme for 25 inspectors in Feb 2003.

The standards themselves have been reviewed in the light of the pilot inspections. Full details can be obtained on [www.cpa-uk.co.uk](http://www.cpa-uk.co.uk).

## **Labs Ahead of Inspectors!**

It was clear that the pilot labs, simply due to their intense day-to-day involvement with the new standards as they prepared for their inspections, were generally more familiar with them and the new inspection process than the inspectors, a point universally acknowledged. This is generic to all procedural changes and should be less of a problem as more laboratories go through the process. It was acknowledged that the best preparation to be an inspector was to be involved in the process of preparing a lab for inspection.

Overall, the inspectors' reports were positive. They saw the new system as less subjective, giving labs a clear understanding of performance at the time of inspection. As with any pilot scheme a few problems were uncovered. There are 48 standards under the new scheme, compared with 44 under the old. However, when clauses and subclauses are considered, the total rises to 339. The time constraints of the inspection make it impossible for all of these to be examined for compliance. This means that the inspection, by necessity, must take the form of an overview. Of the audit tools employed, horizontal audits took approximately 4 hours to complete, vertical audits 3 hours and examination audits one hour. It was agreed by both inspectors and inspected that the vertical audit was the more powerful and discerning tool and will play an increasing role in future inspections.

It was proposed that the traditional meeting with Users'

Representatives could be replaced with the report of a Users' Questionnaire in order to maximise the time efficiency of the inspection.

Each inspection team had a Supernumerary Team Leader. This was extremely useful during the preparation of pilot visits for liaising between CPA and the pilot sites. During the inspection itself, however, the role of the Supernumerary Team Leader was less well defined and it was questioned whether this role should continue for future inspections.

Finally, the question was raised 'Who inspects the inspectors?' and how is the competence of inspectors defined, audited and maintained? No answer was proposed.

## What Did the Inspected Think?

The general view from the pilot labs was that the new process was indeed an improvement on the old, and the changes inherent in the new standards were welcomed.

The speakers gave practical advice on preparing for inspections. It is clear that the establishment of a Quality Manager for each department is an early imperative, this role usually being taken by a BMS 3 or 4. It is also important that Quality Managers across disciplines meet regularly as a group to communicate ideas and steer the process.

All pilot sites had problems completing preparations in the timescale allowed, in particular in completing the new paperwork and documentation. This should be less of a problem as the new scheme becomes established. The guidance documentation provided by CPA was excellent and of significant help. In particular, the template Quality Manual provided by CPA made the production of this document infinitely more straightforward, and any lab preparing for the new standards in the future was advised to obtain and follow this guidance.

The Non-Conformity Forms were also welcomed as clarifying the process of inspection and providing a clear framework for future corrective measures.

While preparing for the inspections, it became apparent that the vertical audit is a discriminating and searching procedure and provided an opportunity for all staff to become familiar with the new standards. Labs would be well advised to develop a rolling programme of vertical audits performed by all grades of staff.

## A Step Forward

All parties agreed that the new standards were a step forward. They were more objective, the process of inspection was more clearly defined and the emphasis on Quality, with the development of the role of Quality Manager, was a welcome and progressive move. The process is one of continual evolution and all concerned must maintain vigilance to ensure that standards remain relevant and not bureaucratic for bureaucracy's sake. Finally, the question was raised as to where the extra funding required for preparation and adherence to the new standards would come from? We are all agreed on the tune, but who will pay the piper? ■



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# The 2002 Pay Offer for Clinical Scientists

By Alan Penny, Whitley Staff Side Secretary, Clinical Scientists & Hospital Optometrists

The management offer in response to the Clinical Scientist pay claim has been discussed around the regions to assess acceptability. We have recommended that the offer was very disappointing and unimaginative and unlikely to address serious problems of recruitment and retention.

The predominant view of members was that the percentage increase in salaries and London weighting is not going to be improved. However, there was a strong message of disappointment in the failure to extend the use of cost of living allowances to our group when there is no logical reason to apply this only to certain groups in the NHS. There was a similar disappointment over the refusal to make adjustments to pay scales along the lines offered last year to MLSOs, Nurses and this year to MTOs and Pharmacists.

We were given a mandate to have one more attempt to obtain improvements in the offer. The same response was put forward by other unions of our Whitley Group. Further discussions with management were held but no further improvements could be gained as they insisted that the first offer was a final offer, despite sympathy with our position.

I have therefore written to accept the offer and the advance letter should be issued shortly as we have requested some additional wording. The increase should be paid in June. ■

## 2002/2003 Pay Claim for Clinical Scientists and Hospital Optometrists

### Management Side Offer

The Management Side offer is as follows:

- Increase of 3.6% on all pay points of all pay scales or a minimum increase of £400.
- Removal of point 00 of grade A (£14675 1/4/01 values) and assimilation of staff on 00 to point 01 (£15793 1/4/02 values) giving an increase of 7.7%.
- An increase of 3.6% to London Allowance (all zones).
- Amendment of the "out of hours" agreement AL(SP)2/91 appendix E to remove "with exception of grade C".
- Re-state the importance of grading review.
- Re-state facilities for pay supplement to address problems of recruitment and retention.
- Relevant paragraphs from previous ALs to be reprinted in full as many Trust Personnel Departments cannot find the originals. ■

# Clinical Scientists and Hospital Optometrists Pay Settlement 2002/03

## Advance Letter (SP) 2/2002

### **A Increases to National Salary Scales for 2002/03**

#### **B Adjustment to Grade A Scale**

#### **C Increases to London Allowances**

#### **D Removal of Exclusion of Grade C from the "Payment for Unsocial Hours of Work" Agreement**

#### **E Use of Pay Flexibilities**

#### **F Continuing Professional Development**

- 1 The Management Side of the Scientific and Professional Staffs Whitley Council and representatives of Clinical Scientists and Hospital Optometrists have reached agreement on the issues listed above.
- 2 The details of the agreements are set out below.

### **A Increases to National Salary Scales for 2002/03**

- 3 With effect from 1 April 2002, national salary scales for Clinical Scientists and Hospital Optometrists will be increased by 3.6% or £400 whichever is the greater.
- 4 Revised salary scales are set out in Appendices A and B attached to this letter.

### **B Adjustment to Grade A Scale**

- 5 The bottom point (point 00) of grade A for Clinical Scientists and Hospital Optometrists is removed with effect from 1 April 2002. Existing staff on that point should be assimilated to point 01 of the spine with effect from 1 April 2002, retaining their existing incremental date. Point 01 is the new minimum point of the grade A scale for Clinical Scientists and Hospital Optometrists.

### **C Increases to London Allowances**

- 6 London Allowances will be increased by 3.6% with effect from 1 April 2002. The revised rates are set out in Appendix C attached to this letter.

### **D Removal of Exclusion of Grade C from the "Payment for Unsocial Hours of Work"**

- 7 Grade C Clinical Scientists are no longer excluded from the above enabling agreement introduced in Appendix E of Advance Letter (SP)2/91. The revised agreement is attached at Appendix D.

### **E Use of Pay Flexibilities**

- 8 Employers are reminded of the pay flexibilities provided by existing agreements for Clinical Scientists and Hospital Optometrists and the wide ranging opportunities these provide to take account of local circumstances in determining pay. If there are problems

recruiting and/or retaining staff for instance, employers may find it helpful to be reminded of the following specific agreements:

- i Where there are local difficulties recruiting or retaining staff, employers are encouraged to make local pay supplements of up to 20% (30% in the former four Thames NHS regions) (appendix C of Advance Letter (SP) 5/90).
- ii Employers should be alert to the need to reassess work and change the three-point personal pay scales where the work of the postholder has evolved or changed. The structure offers an opportunity for regular adjustments of staffing as working patterns change and as the supply of Clinical Scientists and Hospital Optometrists alters. If necessary, employers should seek the assistance of assessors (Advance Letter (SP) 1/90 and Advance Letter (OP) 1/90).
- iii Employers have freedom to appoint to any point of the pay scale and should take account of the candidate's experience and local factors in determining the appropriate incremental point on appointment.

## F Continuing Professional Development

- 9 Employers are again reminded of the need to ensure that appropriate arrangements are made available for Clinical Scientists and Optometrists to receive adequate training and professional development to meet the growing scientific needs of the service.

## Approval

- 10 Employers should implement these agreements, which have been approved by the Secretary of State. A copy of the formal approval is attached.

## Action

- 11 Employers, including NHS Trusts, who employ staff on national contractual arrangements should:
  - i Ensure that the necessary arrangements are made as soon as possible to pay the national salaries effective from 1 April 2002.
  - ii Notify NHS Pensions Agency of any increase in pensionable remuneration and contributions arising from the payment of arrears to former employees.

## Enquiries

- 12 Employers should direct enquiries about the content of this letter to the NHS Pay Policy Branch of the Human Resources Directorate of the NHS Executive (contact point: [Norma.Bateson@doh.gsi.gov.uk](mailto:Norma.Bateson@doh.gsi.gov.uk), telephone 0113-254-5728).
- 13 Employees should direct their personal enquiries to their employer.

## Further Copies

- 14 Copies of this letter can be obtained from the Department of Health website at [www.doh.gov.uk/publications/coinh.html](http://www.doh.gov.uk/publications/coinh.html) or from the Department of Health, PO Box 777, London, SE1 6XH, Fax 01623 724 524, Email [doh@prologistics.co.uk](mailto:doh@prologistics.co.uk), or by telephoning the NHS Response Line on 08701-555-455.
- 15 Copies of previous Advance Letters from 1995 may also be obtained from the Department of Health website at the address above. ■

**APPENDIX A: Clinical Scientists****Salaries with Effect from 1 April 2002**

| Spine Point | Spine<br>£ pa | Grade A<br>£ pa | Grade B<br>£ pa | Grade C<br>£ pa |
|-------------|---------------|-----------------|-----------------|-----------------|
| 01          | 15,793        | 15,793          |                 |                 |
| 02          | 16,424        | 16,424          |                 |                 |
| 03          | 17,078        | 17,078          |                 |                 |
| 04          | 17,761        | 17,761          |                 |                 |
| 05          | 18,473        | 18,473          |                 |                 |
| 06          | 19,215        | 19,215          |                 |                 |
| 07          | 19,978        | 19,978          |                 |                 |
| 08          | 20,781        |                 | 20,781          |                 |
| 09          | 21,610        |                 | 21,610          |                 |
| 10          | 22,474        |                 | 22,474          |                 |
| 11          | 23,374        |                 | 23,374          |                 |
| 12          | 24,308        |                 | 24,308          |                 |
| 13          | 25,282        |                 | 25,282          |                 |
| 14          | 26,293        |                 | 26,293          |                 |
| 15          | 27,342        |                 | 27,342          |                 |
| 16          | 28,438        |                 | 28,438          |                 |
| 17          | 29,576        |                 | 29,576          |                 |
| 18          | 30,756        |                 | 30,756          |                 |
| 19          | 31,989        |                 | 31,989          |                 |
| 20          | 33,269        |                 | 33,269          |                 |
| 21          | 34,599        |                 | 34,599          |                 |
| 22          | 35,982        |                 | 35,982          |                 |
| 23          | 37,421        |                 | 37,421          | 37,421          |
| 24          | 38,919        |                 | 38,919          | 38,919          |
| 25          | 40,475        |                 |                 | 40,475          |
| 26          | 42,095        |                 |                 | 42,095          |
| 27          | 43,780        |                 |                 | 43,780          |
| 28          | 45,531        |                 |                 | 45,531          |
| 29          | 47,349        |                 |                 | 47,349          |
| 30          | 49,245        |                 |                 | 49,245          |
| 31          | 51,215        |                 |                 | 51,215          |
| 32          | 53,265        |                 |                 | *53,265         |
| 33          | 55,396        |                 |                 | *55,396         |
| 34          | 57,611        |                 |                 | *57,611         |
| 35          | 59,918        |                 |                 | *59,918         |
| 36          | 62,312        |                 |                 | *62,312         |

Spine points marked \* are for use only when salary scales have been advanced in accordance with paragraph 9.3 in Appendix B of Advance Letter (SP) 1/90. Pay rates should be applied pro rata to sessional staff under Appendix D to Advance Letter (SP) 2/84. ■

## APPENDIX C: Clinical Scientists and Hospital Optometrists London Allowance

With effect from 1 April 2002

| Zone                        | £ pa   |
|-----------------------------|--|
| Inner London                | 2,592  |
| Outer London                | 1,542  |
| Extra-Territorially Managed | 866  |
| Fringe                      | 243  |
| Resident Staff              | 542 (Inner and Outer London)<br>240 (Extra-Territorially Managed)<br>62 (Fringe) |

Details of each zone and the provisions governing payment of these allowances are set out in Section 56 of the General Whitley Council Handbook.

## APPENDIX D: Payment for Unsocial Hours of Work

If a clinical scientist is required to be available outside normal working hours in order to provide a scientific service, the employing authority may make appropriate arrangements to provide staffing for that service including a payment or time off in lieu to the staff concerned.

(This agreement replaces the agreement set out in Appendix E of Advance Letter (SP)2/91). ■

## Focus 2002 Limited Edition Print

A limited edition print was commissioned to give to speakers, chairmen and committee members at Focus 2002. This was based on an original by Dr Matty Lough, Crosshouse Hospital, Kilmarnock. There are a few of these prints left which are now being sold in aid of the bursary fund for the European Clinical Chemistry meeting which takes place in Glasgow in 2005. The price is £50 including postage and packing. If you would like one, please send your cheque made payable to "Association of Clinical Biochemists" to: Dr Richard Spooner, Focus 2002 Chairman, Department of Biochemistry, Gartnavel General Hospital, Great Western Road, Glasgow G12 0YN.



Detail from the limited edition print

# The Royal College of Pathologists

## Part I Examination – April 2002

### Clinical Biochemistry

#### First Paper

Candidates must answer FOUR questions ONLY

Time allowed – Three Hours

- 1 The decision is made to merge the administration of a 200 bed maternity hospital with a neighbouring large acute hospital. Pathology will be centralised at the larger general hospital. Discuss how you provide a clinical biochemistry service to the maternity hospital which has obstetric wards and a special care baby unit, and is situated 3 km away across a city centre.
- 2 Discuss critically the methods used for the detection of drugs of abuse. How would you introduce an analytical service for a drug rehabilitation programme?
- 3 What is meant by glycated haemoglobin and how is it formed? Outline the methods available for the measurement of glycated haemoglobin. Discuss the problems encountered in the standardisation of the assay.
- 4 Outline the pathophysiology underlying an acute attack of gout. How can the laboratory assist in the diagnosis and management of such patients?
- 5 What are the mechanisms that maintain a constant hydrogen ion concentration in the body. Describe the acid-base disturbance in chronic obstructive pulmonary disease and explain how a normal hydrogen ion concentration is restored.

#### Second Paper

Candidates must answer FOUR questions ONLY

Time allowed – Three Hours

- 1 Either:  
Discuss the differential diagnosis in a 51 year old man who arrives in the accident and emergency department following a fit and is found to have a blood glucose of 2.1 mmol/L. Outline the biochemical investigations necessary to confirm the diagnoses you have described and the management in each case.  
Or:  
Outline the methods used in the measurement of creatinine in body fluids. Discuss potential interferences and the techniques used to overcome them.
- 2 Outline the metabolic disorders that lead to myopathy. Discuss how the laboratory can assist in the diagnosis and investigation of patients thought to have metabolic myopathy.
- 3 Outline the biochemical changes that occur in anorexia nervosa. Discuss the metabolic problems encountered in the nutritional support of these patients.
- 4 Outline the factors leading to the formation of renal stones. Discuss critically the techniques for the analysis of the content of renal stones.
- 5 An increasing number of tests are becoming available for near-patient testing of urine and whole blood. Outline the technology employed in the devices and the factors that can lead to incorrect results. ■

# New MRCPPath Practical Exam Explained

By Trevor A Gray, Chairman of the Panel of Examiners in Clinical Biochemistry

Over the years, there has been some criticism of the 'wet' practical for the MRCPPath examination in clinical biochemistry. Following a meeting of the examiners in clinical biochemistry in May 2001, it was agreed to change the format of one of the practical exercises to reflect changes in the specialty and try to assess skills required in current laboratory practice. The format chosen was similar to the objective structured clinical examinations (OSCEs) used in many medical schools, but changed so that the material used in the examination is laboratory rather than clinical material.

Although 'spot questions' have occasionally been part of the practical in previous years, it is the first time that a complete examination has been prepared along these lines. Trevor Gray, Chairman of the Panel of Examiners, was charged with preparing a trial examination and testing it on a group of trainees to assess its feasibility. A group of examiners who had expressed an interest in developing this examination was convened and a bank of suitable questions was prepared for the trial examination.

## The Examination

The trial examination was sat at Birmingham Heartlands Hospital, by trainees on the Birmingham training course, after they had finished their normal end-of-term course assessment. The candidates were asked to circulate round 18 stations and given six minutes at each, with 12 minutes to go through the paper at the end. Each station had a question based on laboratory experience, some being more practical than others. All samples were provided inside sealed bags, but were synthetic and not from patients. Candidates had a specially printed answer sheet, but the combination of data at the station and questions on the sheet meant that no answers could be attempted in advance. All candidates started at the same time and rotated through each of the 18 stations.

The scope of the questions was as follows. Two of the questions are given as examples.

1. Calculation of enzyme activity from raw data output from an analyser.
2. Interpretation of blood gas analysis.
3. Interpretation of serum and urine electrophoresis.
4. Interpretation of UKNEQAS result.

*Here are details of the new objective structured practical examination format for practical examination in clinical biochemistry*

5. Calculation of creatinine clearance and fractional calcium excretion (calcium creatinine clearance ratio) from a patient with familial hypocalcaemic hypercalcaemia (FHH).
6. Reporting spectrophotometric scans of cerebrospinal fluid.
7. Identification of three chemical structures (aldosterone, urobilin and uric acid) with questions about associated diseases.
8. Action to be followed with a mislabelled sample of cerebrospinal fluid.
9. Analysis of data output from analyser on sample with very high CK at various dilutions.
10. Sample and test requirements in three clinical situations.
11. Matching of drugs with common metabolic side effects.
12. Distinguishing between penetration of the nasogastric feed tube through gut wall and chylous ascites as the cause of a lipaemic sample.
13. Interpretation of a QC chart for a point-of-care blood glucose analyser.
14. Analyses on a lipaemic sample.
15. Reporting alkaline phosphatase isoenzymes.
16. Photograph of staghorn calculus with urine analysis.
17. Mass spectrogram.
18. Down's screening test.

## Question 10

You are provided with three clinical scenarios. Assume that you have been telephoned asking about the appropriate samples that need to be collected and the tests that should be requested. Give the above in each case and indicate the correct sample container and any special precautions that have to be observed, such as when the sample should be taken or precautions to be observed during sample collection.

- a. Lead screening in demolition workers.
- b. Assessing urate output in a patient with renal stones.
- c. Screening patient with hypertension for suspected phaeochromocytoma.

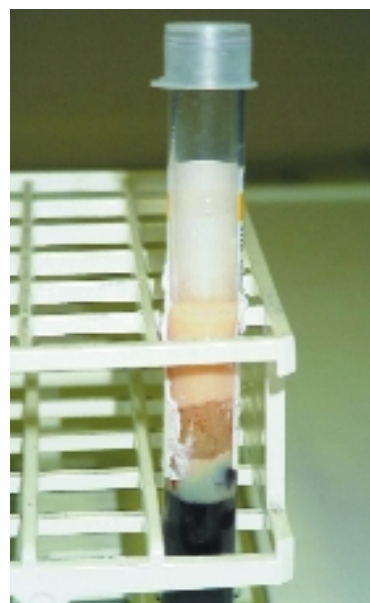
## Question 14

You are given the results obtained on a sample for urea and electrolytes and amylase, for which the request form is attached [see below]. The sample is pictured in the accompanying photograph exactly as it was placed on the analyser.

- a. Give an explanation for the likely origin of these results.
- b. Indicate how you would deal with this specimen and result.
- c. Suggest further relevant tests on this sample.

The form is a 'CLINICAL CHEMISTRY' request form. It contains the following handwritten information:

- NAME: YYYV
- DOB: 22/06/55
- TESTS: UREA, ELECTROLYTES, AMYLASE
- CLINICAL HISTORY: Abdominal pain
- LABORATORY USE ONLY: A box for 'LIS USE ONLY' with a 'USE ONLY' label.
- Additional notes: 'PLEASE WRITE LEGIBLY' and 'CLINICAL CHEMISTRY'.



## Results of Trial Examination

The examination took as long to set as a traditional practical, owing to the need to get appropriate material photographed or graphical material laminated. It was easier to set up and required no special facilities, apart from a large room and some benches. It was also easier to mark objectively than the traditional practical, as each question had a defined marking scheme. Marks achieved by the trainees reflected their progress in training and their general course assessments.

The trainees had no experience of the previous practical examination, but provided useful feedback to the examiners. They all experienced some difficulty with some of the questions and mentioned that there was inadequate time for some questions that had several parts. However, they felt it was a fair assessment of their knowledge and skills and they preferred the idea of being tested by this style of examination than by the traditional 'wet' practical. One trainee made the following comment: "A good examination of what I should know as a duty biochemist! Thanks."

It was concluded that the examination is practicable, providing enough material can be obtained to provide the basis for the questions. There may be a need to alter the timing to give slightly longer at each station, with fewer parts to each question, but the overall length at two hours was felt to be right. The examination is easier to mark objectively than the traditional practical and gives examiners the scope to include relevant aspects of laboratory practice, such as interpretation of EQA and IQC data, which are not currently tested. As such, it is perceived to be a fairer and more objective assessment of these laboratory skills.

## Change in format

It was agreed at the Examinations Committee meeting on 18 April that the new format of examination will be followed for the first practical examination, instead of a 'wet' practical, from this year's Autumn examination (November 2002). The data interpretation and calculations paper, and the second problem-solving ('wet') practical will remain as at present. All examiners in clinical biochemistry will be asked to submit material for appropriate questions to build up a bank of suitable material. ■

# ACB Chairman Exposed Again

By Catherine Davies, University Hospital of Wales, Cardiff

**T**he Hill College in Abergavenny was the location for the Spring ACB training course hosted by the Wales region. In accordance with tradition, the Monday evening entertainment was provided by the Trainees Committee and their invited speakers Mr Mike Hallworth, Chairman of the ACB and Dr Trevor Gray, Chairman of the panel of examiners for Clinical Chemistry.

## Apologies for Exam Mix-up

Ian Phillips, chair of the Trainees Committee, introduced Trevor Gray who began by apologising for the “mix-up” in the Spring Part I MRCPATH examination. The incident was due to a number of (undisclosed) factors. He went on to assure trainees that measures had been introduced to avoid this error in the future.

## New Practical Exam Format

If like me, other trainees have endured colleagues recounting their horror stories of the practical exam, there may be hope on the horizon. The new practical examination format has been agreed by the College Examinations Committee and the Scientific Advisory Committee and is due to be introduced in November 2002. In keeping with the traditional format, the exam will consist of two practical papers each worth 30% and a data interpretation paper accounting for 40% of the marks. The major modification will be the introduction of a spot-test paper that will replace the much-dreaded “point & shoot” practical paper.

Trainees on the Birmingham training course have been guinea pigs in a mock “spot-test” exam. Eighteen short objective questions were set to reflect situations commonly encountered in the laboratory, for example interpretation of CSF xanthochromia scans and calculation of creatinine clearance. The evaluation of the exam was favourable with 8/10 stating the exam was fair and 9.8 /10 expressing a preference for it over the old exam. However, the majority of trainees did think that it was difficult - so maybe it won't be such a lucky escape!

## State Registration

Mike Hallworth, grateful for the opportunity of the Monday evening meeting “to expose himself to trainees again”, talked about the latest developments concerning state registration. The guidelines on the assessment procedures are set out in the “Routes to State Registration as a Clinical Scientist” document. For those applying for registration via the 4-year route, it is envisaged that the process will be straightforward. However, for those individuals seeking registration via the six-year route

the situation is likely to be a little more complicated, due to less documentary evidence of training activities and fewer training assessments. Mike finished by saying that he hoped the current backlog would be cleared by the summer.

## Recognition at Last!

Studies by the Workforce Advisory Committee have suggested that expansion within the next 10 years to create 75 grade C Clinical Scientist posts and 72 Consultant Chemical Pathologist posts will be necessary to meet future workloads. In order for there to be suitably qualified individuals to fill these posts, increased recruitment into training positions is required now. He concluded by saying that the NHS has now recognised Clinical Biochemistry as a profession. This has been endorsed by the ACB and the College, so with adequate planning, the future for Clinical Biochemists looks bright.

The meeting over, the trainees retired to the bar for a little Dutch courage to help them face a very exciting, promising future! ■

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# Stylishly Different in Manchester . . .

By Gilbert Wieringa, *Chair of Focus 2003*

**T**his Focus will be different to any previous meeting. As well as celebrating the ACB's 50th anniversary, the three day meeting will serve as a platform for promoting the role of diagnostics in healthcare. It will centre on business suites in Manchester International Convention Centre's Great Northern Hall where healthcare managers, politicians, allied professionals and organisations will be invited to meet with delegates and company representatives. The main aim of the meeting will be to promote a better awareness and understanding of the often undervalued role of laboratory diagnostics in the healthcare portfolio.

Delegates will be introduced to the meeting at an 'Opening mixer' amongst the business suites on Monday 12th May. A varied social programme will be offered on Tuesday 13th May. The 50th anniversary of the ACB will be celebrated at a banquet on Wednesday 14th May to which all past, present and retired members of the Association will be invited. The meeting will finish late afternoon on Thursday 15th May.

## Clinical Diagnostics

The scientific programme is to be led by Dr Julian Barth with Clinical Diagnostics as its central theme. Scientific symposia, plenary and award lectures will run from 9am to 12pm and from 3pm to 5pm. Topical debates and interactive sessions will be held in lecture theatres and the auditorium surrounding the Great Northern Hall between 12 and 3pm with lunches served amongst the business suites. Posters will also be displayed in the Great Northern Hall and co-ordinated poster discussion sessions will form an integral part of the meeting as will lunchtime workshops and seminars.

## ACB 50th Anniversary

The anniversary will be celebrated at the banquet on Wednesday 14th May with Professor Tom Whitehead taking a leading part in the organisation. Planning for a dedicated symposium to mark the contributions of the Association to the advancement of Clinical Biochemistry is also under way led by contributions from, amongst others, the ACB History Group and the current ACB Executive.

## Summary

This will be a completely new style and format of meeting for which planning with BIVDA and the ACB corporate members is well under way. Equipment exhibition will not form a part of the meeting. Instead, the meeting provides a unique opportunity for partnership working to promote the role of diagnostics in the healthcare portfolio. At a time when an additional £40 billion may be coming into the health service, introduction of the new format may be a timely development. ■



*Focus 2003  
takes place  
in Manchester  
13-15 May,  
2003. Here the  
Chairman,  
Gilbert Wieringa  
looks at this  
new style event*



# Letters

## Readers speak out

### Pat Overwhelmed by President

I'd like to use the excellent medium of the ACB News to say thank you to all the Association's Members and Corporate Members for the very enjoyable 15 years during which I've been involved in your Focus events. I've worked with lots of great people and always admired the capacity of Local Organising Committee Members and Officers to fit so many activities in with 'the day job'.

It was a tremendous and totally unexpected honour to receive the President's Shield in Glasgow, and thank you too for the beautiful decanter, the flowers from the Corporate Members and everyone's very kind words.

I hope the Association, and in particular the Focus meetings, continue to go from strength to strength – I'm sure they will.

**Pat Nielsen**  
Somewhere in Spain



Professor Alan Shenkin presents the President's Shield to Pat Nielsen at the Focus 2002 banquet

### Addisonian Crisis in Manchester

Alan Shenkin and Mike Hallworth have definitely thrown down the gauntlet with their proposals on nomenclature for our speciality and its practitioners (ACB News May). At least they recognise that they will be inducing anaphylactic responses in many of their colleagues, and there will be great difficulty in implementing the proposals with the awkward brigade, of which I number myself a member.

Although my department is called 'Clinical Biochemistry', I often wonder what biochemistry we actually do. Yes, you need to be a good biochemist to work in inborn errors, but most of the rest and therefore the greatest majority of work is either analytical chemistry or applied physiology. Measuring enzymes in plasma does not make you a biochemist. I am sure that others can think of small areas of true biochemistry that we practice, especially in the reducing numbers of academic departments, but the majority out in the world of the DGH will be rarely reminded of what they learned at university. Can we truly claim to be biochemists?

The arguments for using the same names are very strong, but unfortunately no single names for the department or for the practitioners stand out as clear and unequivocal choices.

I remain defiantly yours.

**Dr Mike Addison**  
Consultant Chemical Pathologist (Paediatrics)  
Royal Manchester Children's Hospital  
Pendlebury  
Manchester M27 4HA

### Misguided Effort to be Distinctive

After reading the proposals for titles to be used by professional groups in Clinical Biochemistry Departments (ACB News Issue 469 May 2002 pp



## The Changing Face of Quality

**John Nike Lecture Theatre**

**University of Reading**

**Thursday 18th July 2002**

**ACB Southern Region Summer Meeting**

Programme

- |             |  |
|-------------|--|
| 10.00-10.30 | Registration and coffee  |
| 10.30-13.00 | Morning Session<br>Quality Management Systems:<br>An Overview<br>Dr D Burnett<br>The Role of CPA in Setting Standards<br>Dr D L Williams<br>MRCPath and Beyond<br>Dr W J Marshall                                      |
| 13.00-14.00 | Lunch  |
| 14:00-17.30 | Afternoon Session<br>Laboratory Effectiveness<br>Dr A Waise<br>Clinical Audit for Clinical Governance<br>Dr D B Freedman<br>EQA for Individual Performance<br>Dr J Osypiw<br>The Pursuit of Quality<br>Dr G S Challand |
| 17.30       | Wine and cheese reception  |

Meeting Cost: £15 (free to grade A trainees).

Please contact: Dr G S Challand, Clinical Biochemistry

Department, Royal Berkshire Hospital, Reading,

Berkshire RG1 5AN. Tel: 0118 987 7700.

Email: g.challand@dial.pipex.com)

## Peptides and Proteins

**Postgraduate Centre**

**Salisbury District Hospital**

**Thursday 11th July 2002**

**ACB South West and Wessex Region Scientific Meeting**

- |             |  |
|-------------|--|
| 10.00-10.30 | Registration and Coffee  |
| 10.30-11.15 | Current Applications of Inflammatory Markers<br>Dr J Sheldon, Protein Reference Unit, St George's Hospital   |
| 11.15-12.00 | When are Bone Marker Measurements Indicated?<br>Dr A Fairney, SAS Bone Marker Unit, St Mary's Hospital   |
| 12.00-13.15 | Lunch  |
| 13.15-14.00 | $\alpha_1$ -Antitrypsin Deficiency<br>Dr R Sherwood, Department of Clinical Biochemistry, Kings College Hospital   |
| 14.00-14.45 | CSF Protein Makers in Patients with Dementia<br>Dr G Keir, Department of Neuroimmunology, National Hospital for Neurology & Neurosurgery                                 |
| 14.45-15.30 | The Present Status of Capillary Electrophoresis in Clinical Analysis<br>Professor D Perrett, Department of Medicine, Barts & The London School of Medicine and Dentistry |
| 15.30-16.00 | Tea  |
| 16.00-16.45 | Assay of Natriuretic Peptide for Screening and Diagnosing Heart Failure<br>Dr H Smith, Primary Medical Care, University of Southampton                                   |

This meeting is CME and CPD accredited.

Grateful thanks to our sponsors: DiaSorin and Beckman Coulter.

All laboratory staff are welcome to attend: registration fee £15, closing date 28th June.

Contact: Dr Paul Thomas, Bristol Royal Infirmary,

Bristol BS2 8HW. Tel: 0117-9282828. E-mail:

paul.thomas@ubht.swest.nhs.uk

## Senior Clinical Biochemist Grade B

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- REF: C2.SC.02.1

The Department of Clinical Biochemistry provides a wide range of paediatric diagnostic services to Alder Hey Children's Hospital, other Hospitals and other Practitioners. The Department holds full CPA Accreditation and has an active research programme, and is also involved in teaching and training within the Trust and the Faculty of Medicine at the University of Liverpool.

Applications are invited for this new post of Senior Biochemist. Candidates should have completed an approved Grade A Training Scheme and have demonstrated a commitment to working towards MRCPaeb. Training will be given in all aspects of paediatric clinical biochemistry. The appointee will be expected to support the Consultant Biochemists within the laboratory across all sections of the laboratory and to support research and development of new diagnostic tests.

Further information and to arrange an informal visit please contact Dr D M Ingham or Mr P Newland on 0151 252 5486.

Application forms and job descriptions are available from the Human Resources Department, Royal Liverpool Children's NHS Trust, Eaton Road, Liverpool, L12 2AP, tel: 0151 252 5339, quoting ref no. Closing Date: 8 July 2002.

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## Principal Clinical Biochemist

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Based at Newham General Hospital

Ref: JO/098/02

Applications are invited for this new post with relevant experience and qualifications to work in this well equipped laboratory. Candidates should have at least five years' experience in clinical biochemistry and have DipRCPath or MRCPaeb. You will be a key person responsible for service provision and deputy for the Consultant Chemical Pathologist. You will also oversee the Down Syndrome Screening service and play an important role in the point-of-care-testing in the Trust.

The laboratory is CPA accredited and provides training for biomedical scientists. A new laboratory on-site is expected to be ready by the end of 2003 when clinical biochemistry and haematology will shift to the new block. Clinical Chemistry and Haematology share a common William Woodard computer system. You will be encouraged to develop and pursue their special area of interest.

Candidates with appropriate skills but not currently qualified for this post will be considered conditional on undertaking MRCPaeb training and examination in addition to short term modifications to the job description.

For further information or to arrange an informal visit please contact Dr Sudha Bulusu, Consultant Chemical Pathologist on 020 7363 8068 or 020 7363 8121.

Closing Date: 8th July 2002

For an application form and job description, please contact the Human Resources Department, St Andrew's Hospital, Devas Street, Bow, London E3 3NT. Tel: 020 7476 4000 ext. 2280 (between 9am and 5pm, Monday to Friday) or 020 7363 8078 (24 hour answerphone). Minicom: 020 7363 8790. Please request that your response is forwarded to the Human Resources Department. E-mail: HRAdmin@newhamhealth.nhs.uk

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*Department of Clinical Biochemistry*

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The Biochemistry Department is well equipped and will shortly have a replacement computer system. A Down's Syndrome Screening Service is provided to three acute Trusts.

You will be self-motivated and have effective interpersonal and team building skills. You will participate in all aspects of service provision, including clinical liaison, teaching, research and development. Possession of the Dip RCPATH is desirable and progression to MRCPATH is expected.

*For further information or to arrange a visit, please telephone Mr Jeff Slater, Consultant Clinical Scientist and Head of Department on (01245) 442700.*

*An application form and job profile are available by telephoning our Job Vacancy Line on (01245) 514847 quoting reference number 2321.*

*Closing date for receipt of applications: Friday, 12th July 2002.*



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For informal enquiries please contact Dr Andrew Trull on (01480) 364301; e-mail: [Andrew.Trull@papworth-travisius.nhs.uk](mailto:Andrew.Trull@papworth-travisius.nhs.uk). For an application form and job description please contact (01480) 364251 (24 hour answerphone). Please quote reference: PATH/CD. Closing date for applications: 5 July 2002.



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Grade B (14 - 16)**

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Informal enquiries and visits can be arranged through Dr David Lloyd, Consultant Clinical Biochemist on (01942) 822129 or Dr John Marples, Consultant Chemical Pathologist (01942) 822133.


An information and application package is available from Miranda Prescott on (01942) 822927. Ref: 02/54P.

Applications accompanied by a Curriculum Vitae, should be sent to: Mrs M Prescott, Royal Albert Edward Infirmary, Pathology Directorate, Wigan Lane, Wigan WN1 2NN.

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### Principal Biochemist - Higher B Grade: Ref: 292

£30,095 - £34,956 per annum inclusive depending on qualifications and experience  
(Pay award pending)

This post will be primarily at King George Hospital and will deputise for the Consultant Biochemist. This vacancy arises from the promotion of the previous post holder. For appointment at this level you need to have, or be close to having the MRC Path (less experienced candidates would also be considered for a lower graded post). An interest in Point of Care testing or IT would be welcome, but any areas of special interest would be appreciated.

### Senior Biochemist - Lower Half of B Grade - Ref: 293

£24,098 - £28,996 per annum inclusive depending on qualifications and experience  
(Pay award pending)

This is a newly created post and will be primarily at Harold Wood Hospital. After training you will deputise for the Head of the Downs Unit, which uses the innovative OSCAR system. In addition you will receive training, and contribute to the development of all areas of the laboratory service, including Point of Care testing. You will have completed Grade A training, and will be expected to pursue higher specialist training and development of a special interest.

All informal enquiries: Mike Waterson on 020 8970 8012 or 01708 708226, Pandina Kwong on 020 8970 8020 or Kevin Spencer on 01708 708031

Closing date: 16th July 2002.

Recruitment packs are available from the Recruitment Department, Oldchurch Hospital, Waterloo Road, Romford, Essex RM7 0BE. Tel: 01708 517992 (24 Hour Answerphone). To apply online, please visit [www.job-sinhealth.co.uk](http://www.job-sinhealth.co.uk)

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