

ACBNews

The Association for Clinical Biochemistry | Issue 583 | November 2011



In this issue

Question
Time in
Guildford

Focus on
Liverpool

Hancock's
Ditty
Competes
with Apps

RCPATH Vice
President
Croal
Demands
Progressive
Engagement

Council
Advocates
Local
Champions



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ACB News

The monthly magazine for clinical science

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General News	page 4
Practice FRCPath Style Calculations	page 11
Council Matters	page 13
Current Topics	page 14
Meeting Reports	page 17
Corporate News	page 21
ACB News Crossword	page 22
Situations Vacant	page 23

Front cover: Question Time team and course organisers meet up with Alan Turing at Guildford University campus



Focus
Association for Clinical Biochemistry
National Meeting
Liverpool 2012

focus on the patient
www.focus-acb.org.uk

The Arena
& Convention
Centre, Liverpool
30 April - 3 May

The Professors' Prize for Research in Clinical Biochemistry 2012

The Professors and Heads of Academic Clinical Biochemistry Departments have endowed a prize for original research in the medical sciences. Applications are invited for this prestigious award.

The prize is awarded in open competition to any researcher in the field, but is particularly intended for early career investigators who have made a substantial and sustained contribution to research in Clinical Biochemistry in its broadest context. The successful applicant will be expected to give a plenary lecture describing his/her work at the national meeting of the Association for Clinical Biochemistry to be held in Liverpool in May 2012 where the official award will be made. This meeting is the premier meeting of the Association and hosts both UK and international delegates. Previous incumbents have secured high level academic posts both in the UK and abroad.

Applications should be submitted by 27th

January 2012 to the Secretary of the National Association of the Heads of Clinical Biochemistry, Professor William D Fraser, Professor of Medicine, Norwich Medical School, Faculty of Medicine and Health Sciences, Norwich Research Park, University of East, Anglia, Norwich, NR4 7TJ, or email w.fraser@uea.ac.uk, with a full CV, a brief summary of the work and contribution made by the applicant (no more than 300 words), and letters of support from academic colleagues if appropriate.

Applications should be submitted electronically with a hard copy sent by post to the above address. Those who wish to discuss their application are invited to contact Professor Gordon Ferns, Director, Institute for Science & Technology in Medicine, University of Keele, Thornburrow Drive, Stoke on Trent, Staffordshire ST4 7QB, or email on g.a.a.ferns@istm.keele.ac.uk or Tel: 01782-554253. ■

Sudoku

This month's puzzle

		H		I		S		
		E				R		
	R		Y		T		M	
	Y						E	
T				Y				I
	H						R	
	C		H		R		I	
		S					M	
		T		E		H		

Last month's solution

Y	T	I	R	C	M	E	H	S
R	E	C	I	H	S	T	Y	M
M	S	H	T	E	Y	R	I	C
E	R	T	Y	M	H	S	C	I
C	M	S	E	I	T	H	R	Y
H	I	Y	C	S	R	M	E	T
S	C	E	H	T	I	Y	M	R
I	Y	M	S	R	E	C	T	H
T	H	R	M	Y	C	I	S	E



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We Innovate Healthcare

Phlebotomy Help is an Arm's Length Away

ACB News has taken more than a passing interest in the practice of phlebotomy over the last year. We have looked at the wasteful practice of taking blood samples which are of far greater volume than we need and the issues of the many "spare" samples we all receive every day. More recently, the poor practices that we often see in using phlebotomy equipment has been under scrutiny. It was interesting to meet members of The National Association of Phlebotomists

recently at the IBMS Congress in Birmingham. This is a team of evangelists who are working to help get better phlebotomy practice in place across the UK. With 1,000 members the Association is particularly active in organising phlebotomy training courses, both direct to those wanting to practice phlebotomy and also 'train the trainer' style courses.

For further details then you may want to try your luck at: www.asph.nhs.uk ■



Jacqui Houg, Jessie Harris, Cathy Williams and David Rista

New RCPATH Vice-President Dr Bernie Croal

Congratulations to Dr Bernie Croal who takes up office this month as the new Vice-President of the Royal College of Pathologists. Bernie, a Chemical Pathologist based in Aberdeen, has been involved with College work for some time, stretching back to days on the Trainees Committee, as an examiner, as a member of the Clinical Biochemistry SAC, the Scottish Regional Council, first member, then Chair, and latterly College Council and Executive.

Progressive Programme Required

Dr Croal said "I am delighted and honoured at having been elected to this role for the



next 3 years". He added "significant challenges currently face pathology services across the UK, with the drive for efficiency endangering the substance

and quality of services provided by our core specialties. A progressive programme of professional engagement is required, not only with our clinical colleagues, but also Government, the new agencies/commissioning bodies, the Universities and the private sector. It is necessary now, more than ever, for bodies such as the ACB to work more closely with the College and I would aim to maintain and strengthen such links over the years ahead".

Do contact Bernie directly on any College-related matters at email: bernie.croal@nhs.net ■

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Diabetic Ditty Competes with Latest Smart Phone Apps

With many laboratories now having met the deadline for only giving out HbA1c results in mmol/mol there are lots of ways that medical staff and patients are trying to maintain a their old percentage units. Apparently this includes downloading mobile phone Apps to convert back to % units! Anyway, Dr Maggie Hancock in Clinical Biochemistry at Imperial College Healthcare NHS Trust has also decided to help by writing a poem which acts as a useful aide memoire. It goes like this:

*A-one-C up to 42
WHO says should not be a type II.
A figure over 48
means sugar's hard to tolerate.
It would be NICE to keep the line
for treatment under 59.
'Cos if it stays above the ton
then dancing days may soon be done.
These guidelines only hold their sway
with normal iron and HbA.
(The numbers in percent would be,
Six, six-five, seven-five, eleven point three)*

Although originally intending it to be used by patients it works just as effectively for clinical staff if "you/your" is converted to "they/their"! ■

Question Time Team With Alan Turing

This month we report on the ACB Management course held at the University of Surrey. The course included a Pathology Question Time evening. Here the panel along with organisers are seen under the watchful gaze of Alan Turing. Turing, (1912-1954), is considered by many as the father of computer science and artificial intelligence. During World War II Turing worked at Bletchley Park code-breaking centre and was in charge of Hut 8 which worked on German naval analysis. After the war, Turing worked at the National Physical Laboratory where he produced some of the first designs for a stored programme computer.

Life for Alan Turing after the war had its difficulties and in 1952 he was prosecuted for activities relating to his homosexuality. He agreed to treatment with oestrogen injections, known as "chemical castration", to decrease his libido as an alternative to prison. A few weeks before his 42nd birthday Alan



died from cyanide poisoning, believed to be suicide. It was not until 2009 that Gordon Brown publicly apologised on behalf of the Government for the way that Turing had been treated after the war. As well as this statue in the main piazza at Surrey University there are a number of other tributes to him, including a statue in Manchester's Sackville Park. ■

Focus 2012 in Liverpool . . . You Are Invited

With the printed version of this ACB News you will receive the Invitation to Participate for Focus 2012, the ACB Annual National Meeting. In 2012 the meeting will return to Liverpool for the second time. Full details of the programme can be found on the website. As well as the scientific meeting there will be an associated exhibition and also a social programme designed to ensure maximum interaction between delegates and trade partners.

Key dates for the meeting are as follows:

- ◆ **Abstract Submission Deadline:**
13th January 2012
- ◆ **Notification of Acceptance of Abstracts:**
29th February 2012
- ◆ **Early Registration and Accommodation Booking Deadline:**
23rd March 2012 ■



Nominations for Awards Focus 2013

Nominations are invited for Awards to be presented at Focus 2013 in York.

The ACB Foundation Award

This Award is to acknowledge an outstanding contribution to Clinical Biochemistry by an Association Member, who is normally resident in the UK. The recipient will deliver the Foundation Award, reflecting the 'state of the art' in an area of Clinical Biochemistry at the national meeting..

The ACB International Lecturer

This Award is used to finance the visit of an international speaker to the national meeting to recognise work that has been of major importance to clinical biochemistry – in practice, research or in education..

Full details of the Awards and the nomination/selection processes are given in the 2011/12 Members' Handbook.

Written nominations for each of the above Awards are sought from a proposer and two seconders, who are Members of the Association (excluding elected Members of Council).

Nominations must be accompanied by a supporting statement outlining the nature of the contribution made by the nominee and the reasons for consideration for the Award.

Nominations should be sent to: Dr Ian Godber, Biochemistry Department, Monklands Hospital, Monkscourt Ave, Airdrie, Lanarkshire M16 0JS. Email: ian.godber@lanarkshire.scot.nhs.uk

Closing date 27th January 2012. ■

NHS Occupational Codes

The introduction of the Electronic Staff Record (ESR) has identified significant historical inconsistencies in the recording of the healthcare science workforce. Locally organisations have been working to review and amend their coding of healthcare scientists following the replacement of the S*Q coding with that of the T matrix.

These changes mean that Consultant Scientists previously coded as SAQ for all disciplines in pathology become, for example, TAA (clinical biochemistry) and TAE (microbiology). Other Clinical Scientists in pathology previously coded as S2Q become, for example, T1A (clinical biochemistry) and T1E (microbiology).

As these changes will inform future workforce planning within the "Modernising Scientific Careers" career structures, both locally and nationally, service leads and ACB Members are advised to ensure that any changes made truly reflect departmental structures and professional roles and that their personal occupational coding is correct for both professional level and discipline.

The current coding recommendations can be found at: http://www.ic.nhs.uk/webfiles/data%20collections/NHS_Occupation_Code_Manual_v9.pdf ■

ACB National Training Course No. 6

23rd – 27th April 2012
Jubilee Campus
University of Nottingham

Topics include:

- ◆ Point of Care Testing
- ◆ Paediatric Biochemistry
- ◆ Molecular Genetics
- ◆ Service Planning
- ◆ Commissioning
- ◆ Endocrinology: Adrenal, Thyroid and Gonadal Function, Pregnancy, Infertility

Registration: Residents £755 (ACB Members) - Full Board and Social Programme;
 Non-Residents £655 (ACB Members) - Social Programme, Lunch & Dinner
 A £150.00 levy will be applied to applications from individuals who are not Members of the Association for Clinical Biochemistry.

Closing date for receipt of full payment:
 1st March 2012

For further information contact:
 ACB Administrative Office, 130-132 Tooley Street,
 London SE1 2TU. Tel 020-7403-8001
 or email enquiries@acb.org.uk

Pathology 2012 Coming Next Month . . .

ACB News will be featuring the launch of "National Pathology Year 2012" in the December ACB News. This College-backed year of activity will be formally launched in the New Year. Next month ACB News will also be featuring the work of BIVDA. ■

 National Pathology Year 2012



Deacon's Challenge

No 126 - Answer

Calculate the range of the 95% confidence limits for the total cholesterol:HDL-cholesterol ratio calculated from the following data:

$$\text{Total cholesterol} = 5.4 \text{ mmol/L} \quad \text{Analytical CV} = 2.0\%$$

$$\text{HDL-cholesterol} = 1.2 \text{ mmol/L} \quad \text{Analytical CV} = 2.5\%$$

The rules for obtaining combined standard deviations when two independent variables (x and y with standard deviations s_x and s_y) are multiplied or divided are:

1.	$s_{xy} = xy \{\sqrt{(s_x^2/x^2 + s_y^2/y^2)}\}$
2.	$s_{x/y} = x/y \{\sqrt{(s_x^2/x^2 + s_y^2/y^2)}\}$

Note that, unlike when variables are added or subtracted, the values for the variables themselves are included in the calculation.

First calculate the standard deviations for each analyte from their CVs and concentrations:

$$\text{Standard deviation} = \frac{\text{Concentration} \times \text{CV} (\%)}{100}$$

$$s_{\text{Total chol}} = \frac{5.4 \times 2.0}{100} = 0.108 \text{ mmol/L}$$

$$s_{\text{HDL-cho}} = \frac{1.2 \times 2.5}{100} = 0.030 \text{ mmol/L}$$

Substitute these, together with values for x and y , into equation 2:

$$\begin{aligned} s_{\text{Total chol/HDL-cho}} &= \text{Total chol/HDL-cho} \{\sqrt{(s_{\text{Total chol}}^2/\text{Total chol}^2 + s_{\text{HDL-cho}}^2/\text{HDL-cho}^2)}\} \\ &= 5.4/1.2 \{\sqrt{(0.108^2/5.4^2 + 0.030^2/1.2^2)}\} \\ &= 4.5 \{\sqrt{(0.01166/29.16 + 0.0009/1.44)}\} \\ &= 4.5 \{\sqrt{(0.0003998 + 0.000625)}\} \\ &= 4.5 \{\sqrt{0.001025}\} \\ &= 4.5 \times 0.0320 \\ &= 0.144 \end{aligned}$$

The 95% confidence limits include the mean $\pm 1.96s$ so encompasses a range of $2 \times 1.96 \times s$

$$\text{Therefore 95\% range} = 2 \times 1.96 \times 0.144 = \mathbf{0.56} \quad (\text{to 2 sig figs})$$

No units since the analyte (cholesterol) and units (mmol/L) of each component are the same and cancel.

Question 127

A patient after returning from holiday presents to his GP with a set of laboratory results obtained during a brief hospital admission in the USA. The GP asks you to convert the following data to "SI units" commonly used in the UK:

Plasma glucose	=	270 mg/dL
Plasma creatinine	=	2.3 mg/dL
Plasma BUN	=	50 mg/dL

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(Molecular weights: glucose = 180, creatinine = 113)

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Call for Local Champions

Ruth Lapworth, *ACB Secretary*

Report from ACB Council Meeting, 7th July 2011

The first topic of the day was a report on the good progress made by The Academy of Healthcare Science which is now operating with a Shadow Board.

The Academy includes representation from professional bodies including the ACB, ACS, IPEM, IBMS, IPS and RCPATH. Mike Thomas reported that the aim of the Academy is to be the single voice for Healthcare Science in the UK.

The activities of the Academy will include the promotion and maintenance of all healthcare science curricula for education and training as well as standard setting. It is hoped that this integrated approach will lead to science in healthcare having a higher profile as well as input into wider strategic initiatives.

ACS Continues at Present

It is envisaged that ACS will need to continue for the foreseeable future to award a recognised certificate of competency to trainees in the system via route 1 and as a vehicle for those applicants applying for assessment by other routes. There are challenges in that there is variation between the professions with Clinical Scientists and Biomedical Scientists being HPC registered and other professional groups working in healthcare science unable to follow this route. These differences will need to be addressed as well as the route to registration for the new cohort of trainees recruited under Modernising Scientific Careers.

Local Champions Encouraged

The view that we need to have a greater voice outside the laboratory was emphasised again with the update on Labs Are Vital. This initiative has previously targeted laboratory staff but it is now planned to be more outward facing. There has already been a call for local Champions through the ACB Regions to engage with commissioners and other decision makers to ensure that the importance of laboratory medicine in patient pathways is recognised and understood. It is really important that members seize this opportunity to utilise their knowledge and expertise outside the traditional laboratory setting so that patient outcomes are improved with effective use of resources.

Hidden Science Map

One way of publicising the role that laboratory medicine plays in the delivery of healthcare can be achieved by Chartered Scientists putting a profile of themselves, their department or organisation on to the Hidden Science Map developed by The Science Council. This initiative was launched earlier in the year to increase awareness of the 'hidden' or 'unrecognised' contribution of science in everyday life. The Map is aimed at young people, teachers and parents to see how science is used in a variety of careers. Profiles of individuals or organisations can be built on the map using an on-line questionnaire which can be easily updated.

Any members who are interested can access the Map at hiddensciencemap.org ■

South West and Wessex ACB Autumn Meeting
GI Testing Update and Siemens Award
 09.30-16.30, 2nd December 2011, Derriford Hospital, Plymouth
 Full programme from: mandy.perry@nhs.net

ACB West Midlands Demand Management Forum

Jenna Waldron, Wolverhampton

The first ACB West Midlands Demand Management Forum meeting took place on 12th September 2011 at New Cross Hospital, Wolverhampton. The meeting was attended by Clinical Scientist representatives from NHS Trusts across the West Midlands region (and one from Bradford!)

Selecting the Targets

Demand management can be defined as ensuring the right tests are performed on the right patient at the right time. The workload for pathology testing continues to increase year-on-year and clinical laboratories are under pressure to reduce costs without compromising quality. Demand management is thus becoming of increasing interest and it is of great importance that efficient and effective strategies are implemented to ensure appropriate laboratory testing.

The ACB West Midlands Demand Management Forum was set up with the aim to identify and evaluate the effectiveness of demand management strategies utilised within the region. It is hoped that the forum will work towards harmonisation of locally derived strategies, in a similar manner to Pathology Harmony, and aim to deliver evidence-based, effective clinical care based on optimal utilisation of pathology services.

The meeting was chaired by Professor Tony Fryer, Consultant Clinical Scientist at University Hospital North Staffordshire, who began by discussing the terms of reference for the group

and followed this with an introductory overview of demand management. He gave a flavour of the topic through discussion of the drivers for demand management, a definition of inappropriate testing and its prevalence, and selecting appropriate target areas. This was followed by some example approaches to demand management from a pre-, within- and post-laboratory perspective, to demonstrate the tools available and their varying degrees of effectiveness. He also discussed the concept that the demand management model should not only include reducing over-requesting, but also targeting the possibility of under-requesting. Tony suggested that laboratories should be focussing on a more holistic approach, rather than just trying to reduce pathology costs, due to the impact of missed tests.

This was followed by a short presentation by David Holland from the National Pathology Benchmarking Scheme (NPBS) based at Keele University, to discuss demand management from a benchmarking perspective. His talk covered the definition of benchmarking and role of the NPBS as the leading independent provider of clinical benchmarking data to UK laboratories. He discussed how benchmarking could be utilised to make significant savings in the NHS. This might be through not only consolidation of specialist services, cost and efficiency savings and workforce re-profiling, but workload management. He then demonstrated, using a specific example of HbA1c testing in diabetic patients, that more appropriate testing, and thus better patient management, has the potential to reduce the costs of treating diabetes and its associated complications. This highlighted the requirement for more clinical outcome data linked to pathology testing if Pathology is to receive recognition for savings made in the wider NHS.

Interacting With Users

The main body of the meeting involved a round table discussion to review current West Midlands Trust initiatives. Each trust representative gave a summary of demand management strategies used in their respective hospitals. A number of different initiatives were discussed; most commonly including minimum re-test intervals (MRIs), vetting of send-away tests, protocol-based requesting for specific clinical conditions and test profile re-configuration. Other strategies included request form changes, use of order communications systems for 'smart' e-requesting, engaging with clinicians regarding 'historical' requesting behaviour, consultant-only requesting, withdrawal of outdated tests, education through GP master-classes, GP newsletter and laboratory handbook, provision of key performance indicator data, and targeting of phlebotomy services. It was also suggested that visits to GP practices are required to identify their wants and needs, and to target the key areas. From this discussion it became apparent that the types of strategy, and the degree of their implementation, vary considerably between Trusts.

Future Plans . . .

Having identified a clear need for harmonisation of effective demand management initiatives in the region, a number of initial project group topics were agreed:

- ◆ **Minimum Re-test Intervals** – To identify and agree a consensus on tests and frequencies of MRIs, linked to clinical evidence.
- ◆ **Test Vetting** – To develop a vetting questionnaire including what tests are

vetted, why and how they are rejected, and agree appropriate vetting protocols.

- ◆ **Withdrawn Tests** – To obtain a repertoire list for each Trust and identify those tests that are no longer clinically indicated, have been replaced by more up-to-date ones, or should be requested on a Consultant-only basis.
- ◆ **Emergency Department Profiles** – To identify and agree a consensus on the composition of common clinical condition-specific profiles used in the Emergency Department.
- ◆ **Biochemical Profile Compositions** – To identify and agree a consensus on what each of the common biochemical profiles should constitute, drawing on evidence from NPBS data.

These project topics were assigned to specific group members (great topics for trainee projects!) with a view to collating the data to allow the development of specific recommendations at the next meeting.

Finally, there followed a wider discussion of the future direction of the group, including opportunities for research, impact on patient management such as prescribing practice, links to clinical outcome, and formulating a more solid evidence-base for current guidance on re-test intervals, etc. It was felt that, while the initiative was sponsored by the West Midlands region, it may develop a national identity. Certainly, in this age of austerity, Clinical Biochemistry needs to be more visible in the part that it is playing in ensuring the most effective use of limited resources.

The next meeting is planned for January 2012. All ACB Members are welcome to join, though you must expect to be given something to do! ■

MetBioNet, Alive and Kicking!

Mick Henderson and George Gray, MetBioNet National Trainers

The UK Metabolic Laboratories Network, MetBioNet, was established in 2002 and its aims and achievements were described in an article in the *ACB News* in February 2006. The structures remain essentially the same but there have been a number of developments. One of the most significant is the creation of a new website in 2009. The new site was designed and is managed by BlackCat websites, and the same family of sites now includes those of other allied organisations including the SSIEM, BIMDG and ERNDIM.



Not only does this have a more modern feel and greater accessibility, it has a number of new features. There is a wealth of open access teaching and education resources. A clear site map guides users to the relevant areas and this can then be directly accessed with hyperlinks. We think that a particularly useful feature is The Training Modules, signposted from the homepage and found within the Training and Education area. These fifteen PowerPoint presentations comprise a comprehensive introduction to metabolic clinical biochemistry. They are aimed at pre-registration clinical scientists preparing for FRCPATH, but would provide useful catch up education (CPD points) for anyone. They each are intended to take about 20-30 mins to read and have a brief set of self-assessment questions at the end. They were initially created as part of the now suspended Department of Health/Royal College of Pathologists joint project on E-Learning for Health with which the group was closely involved.

The website also has the metabolic Assay Finder (with improved search facilities), the Investigation Guidelines and updated news sections about forthcoming meetings.

It also has contact details of Clinical Scientists and senior BMS staff in all the 19 Stakeholder and 5 Associate laboratories.



The nature of the training group has evolved. This was originally set up to recruit and train supernumerary HST Trainees in Paediatric & Metabolic Biochemistry to work in Biochemical Genetics laboratories. The first cohort of 11 started in 2003. They were employed on five year fixed term contracts and all have now done well and moved on. Since then there have been more HST Trainees and a curriculum in Paediatric & Metabolic Biochemistry has been created which is on the website. In total there have been XX HSTs with 3 in post at this time. YY of these XX have been successful in gaining FRCPATH Part 1 or 2. This training builds on the excellent pre-registration training that has long been a feature of Clinical Biochemistry and for which the ACB should be justly proud. Their FRCPATH success demonstrates that it is then possible to go on to train in a specialty but still achieve the highest general professional qualification. The training group now includes representation from the Biomedical Scientist training sub-groups. This is a particularly active group which organises regular workshops and meetings which are recorded on the website. Our group collaborates closely with the multidisciplinary BIMDG (British Inherited Metabolic Disease Group) training group to plan activities on an annual basis.

When most of the news is gloomy we thought it would be good to reflect on something that has grown out of routine NHS laboratories and been extremely successful! ■

Questioning Time in Guildford

Mark Sleeman, Reading

A report on the increasingly successful Guildford ACB Management Training Course

It all began on Sunday evening as we all started gathering at the University of Surrey. We looked at the programme ahead of us. Hearing what previous participants had said about it being very hard work and 'full on', many of us felt rather like we were perched on the top of a roller-coaster just about to head off down the biggest drop ... this was perhaps our Nemesis.

The course began that very evening with a fascinating lecture from Mike Thomas (Consultant Biochemist, Royal Free Hospital) about the history of the NHS. This helped to put the rest of the week in context, providing an insight into how the Health Service had reached its current structure. We were also put in our groups for the week-long assignments around managing large projects in the laboratory. For the rest of the evening work on the projects began. Our four projects were:

- ◆ Raising concerns about a mass centralisation project.
- ◆ Producing an options appraisal for a laboratory merger.
- ◆ Providing advice to the PCT about POCT.
- ◆ Preparing a business proposal for a Trust 'enterprise'/revenue generating project.

Learn as You Do

The whole course took a "learn as you do" approach, with lectures about an area followed by workshops to put the learning and skills into practice and on Monday morning, after an excellent choice of breakfast fare, we began in earnest with lectures and workshops on NHS structure and organisation. The afternoon focused on skills for change,

featuring sessions on pathology organisational structures, managing laboratory staff and service improvement using "lean" and "six sigma" techniques.

The evening took the form of a negotiation session with the course split into two groups negotiating over a donation to charity, facilitated and coordinated by Geoff Lester and Andrew Taylor. The three key negotiation points were:

- ◆ Which charity?
- ◆ How much would each person on the course give?
- ◆ How would the mechanics of collecting the money occur?

Negotiation was conducted against a time limit after which a binding arbitration decision would be handed down. Unlike previous course groups, and clearly motivated by recent world events, the groups turned out to be of one mind about the charity (the DEC East Africa appeal) and the mechanism of payment as clearly online to attract extra Gift Aid. This left only the amount to be given to be decided. After some initial hard talking, a figure of £10 per person was tantalisingly close to being agreed, when one group decided that too much agreement was occurring and so raised their demands to £20 per person. After further group discussion and hard negotiation the figure was finalised at £10, resulting in a combined donation of over £400 pounds to which the Gift Aid of course added a contribution!

Into the Pathology Dragon's Den

Tuesday morning focussed on quality, featuring sessions on Quality Governance and how IT can help to produce the patient centred service that we're all striving for. The workshop attached to the latter session set the groups to come up with a technology related



improvement which would make a real difference to patients and reduce costs for the health system. Once the innovation had been decided on, each group presented their ideas and a short business case in a 'Dragon's Den' style competition for funding. It was amazing the range of diverse ideas a group of laboratory professionals could come up with in such a short brainstorm, boding well for the future of both the profession and patient care. To give you a taster, the ideas included; an improved INR service, better sample tracking, remote monitoring of lifestyle and fitness, and an e-health portal.

The afternoon shifted focus to what is perhaps a different facet of ensuring quality, focussing on Evidence-Based Laboratory Medicine (EBLM) and critical appraisal and therefore closing Tuesday with subjects that are of particular interest to me personally and pertinent to anyone working toward their FRCPath Part 2.

Wednesday covered the areas of NHS and departmental finance with exercises on financial management and a session entitled 'people' which provided feedback from the Monday night negotiation session and dealt with employment law and staff issues and problems, again in an interactive manner.

Insight into Key Pathology Thinkers

The evening session was "Question time" with an esteemed panel consisting of Geoff Lester (Consultant Clinical Scientist and FCS Chair), Professor Peter Furness (Consultant Histopathologist and President, Royal College of Pathologists), Dr Cajé Moniz (Consultant Chemical Pathologist and Clinical Director, King's College Hospital), Andy Bufton (Director, External and Regulatory Affairs, Abbott Diagnostics), Fiona Carragher (Consultant Clinical Scientist and Lead Scientist for NHS London) and chaired by Dr Jonathan Berg (Consultant Clinical Scientist and Editor, ACB News) in his characteristic energetic style. This was a fascinating session! The questions posed by the course participants ranged across pathology consolidation, research in the NHS, value added by Clinical Scientists and Modernising Scientific Careers. The panel dealt with all of the questions with aplomb and their answers gave the course participants an invaluable perspective on the thoughts and insights of these key figures in laboratory medicine.

Presentation to the Board

The final full day of the course concentrated on leadership as a skill in itself and featured a Myers-Briggs personality type exercise. I think



that it is safe to say that all participants found this very enlightening. It was designed to uncover each individual's preferences for different ways of working and interacting to enable each person to better understand how they tackle different situations and why and, crucially, how to tackle those situations more productively in future. The Myers-Briggs typing is a thought provoking and perhaps challenging self-analysis, but it offers a tremendous tool for personal development and I suspect that all the participants will be thinking about what they learned in this session for many weeks to come.

The course followed this self-analysis with a session on the new NHS Leadership framework, a valuable guide to the leadership skills required in the NHS and providing a structure within which to develop them (www.nhsleadership.org.uk). For the final session of the afternoon the course participants once again split up into two groups to cover either personal development or change leadership. Both sessions were fascinating and provided more valuable skills for the future.

After some final furious work on the group project presentations there was a course dinner in Guildford and for some of the course members a night in one of the local clubs

where the one and only Chesney Hawkes made an appearance, much to the excitement of most of the assembled company!

The final, for some perhaps rather bleary, morning came and with it the presentations to the Board which included Consultants, a deputy Chief Executive and an HR manager. Each team gave their presentation and had every detail probed, challenged and examined by the Board's intensive questioning before being given valuable feedback. Many felt the experience to be quite daunting, but all agreed that it was valuable training and that the skills learnt would be vital for future development. One of the best aspects of the course was seeing the members of the groups developing as the course went on, with those who were quiet at the start making a real contribution as the week continued.

Finally, after days of intensive work, play and networking, the course was over and, just like a roller-coaster ride, it was an exhilarating experience! The delegates would like to thank the organising committee for coming up with such an interesting and successful programme and for putting on the course a year early to accommodate the overwhelming demand seen last year. We'd also like to thank all the speakers for giving up their time and giving such inspirational instruction. ■

Streptococcal Discussions in Palermo

Nicola Cumley, Birmingham

Through the generous support of the Association for Clinical Biochemistry I was able to attend the XVIII Lancefield international Symposium

As the name suggests this was a conference dedicated to the Lancefield group of Streptococci. For the non-Microbiologists among you, the Lancefield group of streptococci are named after Dr Rebecca Lancefield who developed a typing scheme for these organisms. The group contains opportunistic human pathogens, the most well known being Group A Streptococcus (GAS or Streptococcus pyogenes causative agent of Strep. throat, Rheumatic fever, necrotising fasciitis and most famously the flesh eating bug), and the bug I work on, Group B Streptococcus (GBS or Streptococcus agalactiae the leading cause of neonatal meningitis and septicaemia in the UK).

The venue overlooked the harbour in Palermo, Sicily and the attendees were a mixture of clinicians and research scientists which was reflected in the talks with

presentations ranging from case studies, clinical diagnostic, epidemiology, immunology and organism genetics.

I enjoyed the opportunity to present my poster, although slightly nerve-racking to have the names in my endnote reference library come to life as they viewed my results. I gained a great deal of help during the poster sessions with people sharing unpublished data, tips, advice and personal interpretations of my research.

Current Research and Vaccines

Being my area of research I found the Group B Streptococcal session most interesting. Dr Carol Baker from the USA started with an outline of the global burden of disease. In her talk she showed moving pictures of sick and dead babies in their mothers' arms, the real face of the disease. There was an update on vaccine development, now in trials in non-pregnant women and preliminary data presented from a pan-Europe screening program for GBS called DEVANI.

The majority of the talks were on Group A Streptococcus, with speakers taking us through epidemiology and treatment, virulence determinants, pathogenic mechanisms and genetics, genomics and proteomics. Also covered were sessions on new tools for streptococcal research, pneumococci, zoonotic infections and oral infections. I found the sessions on immunology and host response interesting as many of these also had a direct relevance to my own work on host pathogen interactions.

This conference was an excellent opportunity for me to present my work and also meet and learn from so many people from all round the world. I am very grateful to the Association for Clinical Biochemistry for helping with this. ■



Nova Biomedical Moves European Headquarters

Dr Ian Watson, President of the European Federation of Clinical Chemistry and Laboratory Medicine, and former ACB Chairman joined with Mr Andy O'Toole, Nova Biomedical's Vice President of European Operations to perform the official opening ceremony of Innovation House, Nova's new European Headquarters in Cheshire. Comprising of office, laboratory, showroom and warehousing accommodation, this new facility represents a three-fold increase in floor space compared to Nova's previous premises.

The relocation is a consequence of significant year-on-year growth as Nova has quickly established itself as a leading supplier of innovative Point-of-Care (POC) devices and bioprocess cell culture analytical systems in the UK market place. Relocating to this high quality facility will enable the company to continue to deliver the highest quality of pre- and after-sales support to existing and new clients as the installed base of Nova POC systems continues to grow exponentially within NHS Trusts.

To contact Nova Biomedical: Tel: 01928-704040
Email: office@novabiomedical.co.uk
Website: www.novabiomedical.com ■



Andy O'Toole with Ian Watson and the commemorative plaque outside the new headquarters

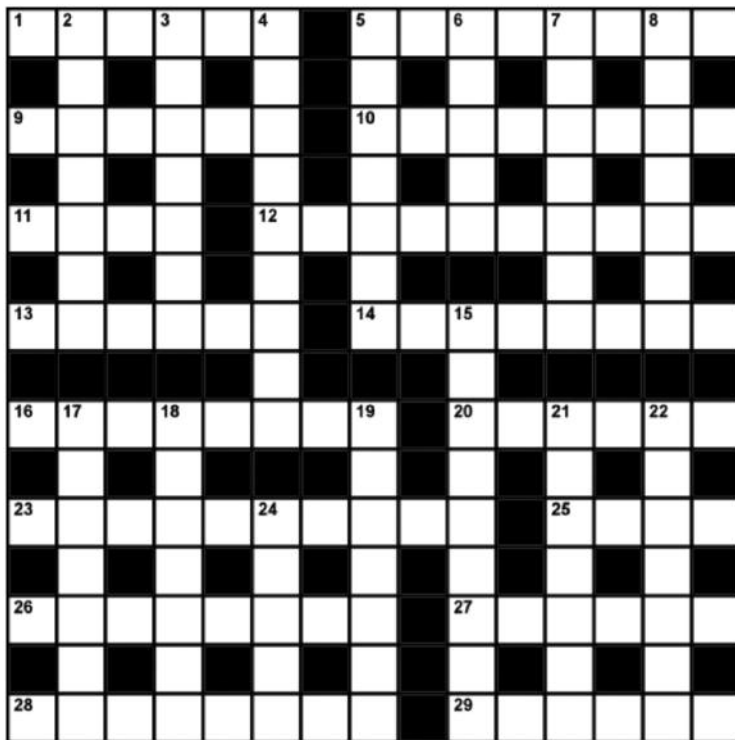


ACB News Crossword

Set by Rugosa

Keep sane at coffee time with the ACB News Crossword. Always relating to the science and practice of Clinical Chemistry, you will never cease to be astounded by the convoluted mind of the ACB News Crossword compiler.

Prizes for your department: The first five correct solutions to appear on the ACB News fax machine (Fax: 0121-507-5290) will receive a copy of the new educational Calcium Cases CD-ROM by Aubrey Blumsohn, Christina Gray, Neil McConnell, John O'Connor, Anne Pollock & Roy Sherwood and which retails at over £50. Please state clearly the name and address of the Department that is entering the competition. Remember that ACB News appears first as a PDF on www.acb.org.uk around the 7th of each month.



- 4 Dossier is about liver content in cutaneous porphyria (9)
 5 Sit around in a bar, substitute for coffee maker (7)
 6 Examinations: confused, reasonless, lacking sense (5)
 7 Tolerate upcoming discussions about doctor (7)
 8 Possible treatment for 7 trouble - formic? (7)
 15 Is it cured when treated with drugs? (9)
 17 Youth centre rental free, no charge (7)
 18 Moves clumsily, upends two beginners in reel (7)
 19 Second thought brought up on odd title of secretion (7)
 21 Doctor in surprisingly unrestrained talk about data description (7)
 22 Gland of a learned engineer lacking energy (7)
 24 Openings of most iambic verse (5)

Across

- 1 Prepared suture for hollow organ (6)
 5 Type of 16 made first course out of basic soya mixture (8)
 9 Gild an unusual binding material (6)
 10 Doctor dates our data presentations (4-4)
 11 Deliberately holding back bitterness (4)
 12 Immunity possibly increases with time (10)
 13 Swats small insects (6)
 14 Stevenson character going after corrupt deal for chemical (8)
 16 Study of two articles before dissolution (8)

- 20 Optimistic about beauty spot - toys banned (6)
 23 One noted clue misconstrued gene component (10)
 25 Grammar school boxing scars (4)
 26 Used when making thin cold cuts (8)
 27 Number 53 of redesigned new edition went off (6)
 28 Content holding ultimate enzyme (8)
 29 Single-handedly, resolutely? Not true (6)

Down

- 2 Limited success grasping limits of inert isotope (7)
 3 Part of reaction, small tear about age (7)

Last month's solution



Sales Development Manager - Cardiology

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Who we are

As one of the world's leading diagnostics providers, we measure our success by the number of lives we improve through the prevention, diagnosis and treatment of disease. With a strong portfolio of integrated diagnostic solutions and technologies – from innovative and leading-edge instruments and platforms to a uniquely broad range of assays and IT services – we have ambitious plans to continue to grow our business in all areas.

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This is a new and exciting opportunity to make your mark and champion the sales and development of Roche's Cardiology offer to the market. As a key member of the IVD business team, you will be tasked with giving focus and direction to our range of assays - increasing penetration, market share and revenue. This means building strong relationships with pathology providers, as well as working closely with sales teams and colleagues across other business areas to develop and implement account specific strategies that aim to raise Roche Cardiology products to

the position of analytical method of choice. As the Roche expert on Cardiology, you will liaise on product launches and new product introductions. Equally important, you will ensure that we have all the right marketing materials and campaigns in place to support the needs of the sales teams.

Who we're looking for

To succeed you will need a unique combination of skills and experience. It is crucial that you can demonstrate a strong track-record in sales in a relevant field. You will also need to be a good team player, with excellent all-level communication skills, who is both flexible and adaptable. Strong negotiating skills and sound judgement are important attributes, as you will need the ability to lead and drive complex and multi-stakeholder projects to completion.

How to apply

Roche is a truly outstanding company, which is why we want outstanding individuals. To find out more and apply online at www.roche.com/careers

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Amadeus W
Roche, UK



For more jobs and to apply online click www.nbt.nhs.uk

North Bristol **NHS**
NHS Trust

Southmead and Frenchay Hospitals, Bristol

Senior Clinical Biochemist - Band 7
£30,460 - £40,157 pa, 37.5 hrs pw

Ref: 339-2219AMM

We are seeking a motivated individual to join our enthusiastic and friendly team in the Department of Clinical Biochemistry at North Bristol NHS Trust (located in the Pathology Sciences Laboratory at Southmead Hospital). The Department offers a broad range of routine and specialist services including an integrated Blood Sciences automated laboratory, Biochemical Genetics and Newborn Screening, Clinical and Forensic Toxicology, Antenatal Screening and the Cholinesterase Investigation Unit. We have close links with the two Bristol Universities and offer excellent research opportunities.

As the successful candidate you will have completed a minimum of 3 years pre-registration (A Grade) training in general clinical biochemistry and preferably be HPC state registered as a Clinical Scientist. You will also be required to show progression towards FRCPath.

The post offers excellent training and career development opportunities. You will be a key member of the Blood Sciences team, primarily providing scientific support to the Blood Sciences automated laboratory with a regular commitment to the Department's general clinical validation rota. There will be the opportunity for input into the specialist sections and to develop considerable expertise in specialist analytical techniques

and to contribute to the Department's audit, research and teaching programs.

To arrange an informal visit or for further information please contact Helena Kemp, 0117 3235509 (Head of Department), Gayle Harrison 0117 3235559 (Consultant Clinical Scientist) or Roberta Goodall 0117 3236083 (Consultant Clinical Scientist).

To apply for this vacancy please visit our Trust website www.nbt.nhs.uk and complete an online application form. Please also ensure you read the job description and person specification shown under the vacancy advert on our site to ensure your application has all the relevant details included.

PLEASE TYPE THE FOLLOWING LINK INTO YOUR BROWSER TO BE TAKEN DIRECTLY TO THIS VACANCY ON OUR SITE - http://ea1.earcu.com/nbt/jobs/vacancy/90/description/?_channelid=20

Closing date: 7 December 2011.

Benefits include flexible working, a final salary pension scheme, a range of childcare support including nursery and playscheme facilities (subject to availability), a childcare voucher scheme, and lots more.



A photograph of children playing tug-of-war on a grassy field. In the foreground, a young boy is laughing joyfully while pulling on the rope. In the background, other children are also pulling on the rope with effort. The scene is outdoors with trees and sunlight filtering through the leaves.

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