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Pathology Modernisation

MRCPath Short Questions

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CPA Assessor Recruitment

CPA is undergoing a number of changes and we are also changing the way in which we recruit potential new assessors. Interested applicants are now invited to complete an application form taking into account the following person specification.

**Essential Criteria**
Assessors shall be:
- Employed at the most senior professional level within their own institution as a Medical Consultant, a Grade C Clinical Scientist, or a Biomedical Scientist (usually Grade 4).
- A member, in good standing, of one of the professional shareholding bodies of CPA and endorsed as such.
- Supported by the Chief Executive and the Head of Department of their own institution.
- Working in a CPA-accredited, or conditionally approved laboratory.
- Able to commit to at least 3 assessment visits per annum.
- Able to undertake all the necessary training and to attend the update sessions.

**Desirable Criteria**
Assessors should have:
- Wide knowledge of the functioning of a medical pathology laboratory.
- An open-minded approach to assessment.
- A commitment to the CPA standards of accreditation.
- Ability to work as part of a team.
- Communication and inter-personal skills.

The method of appointment will be via the Joint Advisory Committee and applicants will be informed in writing of the decision. Unsuccessful applicants may re-apply at a future date.

Training for new assessors will be scheduled for the end of 2002, early 2003, in readiness for assessment of medical laboratories against the new CPA standards from April 2003.

Application forms and copies of the person specification can be downloaded from the following websites:

www.cpa-uk.co.uk
www.acb.org.uk

Alternatively, please contact CPA Central Office for advice:

CPA (UK) Ltd
45 Rutland Park
Botanical Gardens
Sheffield S10 2PB
Tel: 0114 251 5800
Fax: 0114 251 5801

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18th IC CCC at Kyoto

Would ACB members who are going to the 18th International Congress of Clinical Chemistry in Kyoto please contact:

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Here is the Executive Summary of the Draft guidance on modernising pathology services which was published on 20th June. This is an important document and as such it is vital that people participate by returning comments on the document to the Department of Health by the deadline of 30th September 2002. The ACB will be establishing regional mechanisms to enable input to the ACB response and of course individuals and Trusts are encouraged to make their own responses. The full document can be found on the department of health website at www.doh.gov.uk/pathologymodernisation/essentserv.htm

Executive Summary

The Department of Health set up the Pathology Modernisation Programme in 1999, with the key goals of improving the quality and efficiency of NHS pathology services and encouraging the introduction of new technologies and practices to support NHS modernisation and deliver high quality care for patients.

This consultation document sets out the Department's proposals for modernising NHS pathology services and presents draft guidance for consultation. The document contains the following information:

Section 2 outlines the background to the Pathology Modernisation Programme and why change is needed as well as describing the purpose of this consultation document.

Section 3 lays out future principles, goals and objectives for NHS pathology from the NHS Plan, proposes a new models of service delivery for managing and delivering services, discusses the scope for system re-design and asks key questions about the future organisation and provision of pathology services.

Section 4 sets out practical advice and toolkits on a range of issues which may help those commissioning, managing and delivering pathology services, such as workforce, IT, technology, standardisation, procurement and performance management and also asks key questions about the content of the full draft guidance (see Annex A).

Section 5 gives information about a number of related initiatives on IT, specialised pathology commissioning, and proposals for microbiology services set out in Getting Ahead of the Curve.

Section 6 explains next steps.

Section 7 gives details of how you can respond to this consultation.

Annex A contains the draft guidance and good practice advice.

Annex B lists all those who helped develop the consultation draft.

Annex C lists the organisations from which we have solicited comments.
Introduction

Why Pathology Needs to Change

The NHS Plan’s vision is to deliver a twenty-first century health service for patients - one which treats them as partners and provides prompt, high quality services. It is a vision where staff are treated fairly, rewarded properly, and able to use their skills to the full. For too long, pathology has been seen as a back-room service - and the importance of the service and its highly skilled staff to patients has been taken for granted - instead of the key clinical support service it is. With 60%-70% of diagnoses based upon pathology, NHS pathology services are vital for patients to get the services they need at the time and in the place they need them. We recognise that they are key services to support the overall delivery of the NHS Plan. We have also set high national standards in key areas such as cancer, CHD, mental health, diabetes and for older people and pathology services are a key part of meeting these challenges. They are also essential for population-based screening and public health interventions.

While the effects of decades of under-investment still take their toll on services and staff, the NHS is expanding and improving. We know that pathology services face specific pressures. We are short of pathology staff at all levels and in all disciplines. Many pathology staff are in the 40-50 age group so we need to bring in more young people so that the service runs smoothly, like other parts of the NHS. Pathology services will need to respond to the impact of the Working Time Directive too. Demand, especially from GPs, is growing. Clinical practice is changing and driving change in the laboratories. New technical and scientific developments require new skills and new ways of working.

Pathology services cannot stand still. The NHS is changing, patients’ expectations are higher, and staff want to work in new ways and develop innovative services for patients. Patients and staff need faster access to diagnostics in primary care, A&E, out-patient clinics and on the wards. We know that pathology services can also be provided in new ways and new settings, through point of care testing in GP surgeries and community clinics. Many patients with long-term conditions are already testing and managing their condition in the community and more can do so. A modernised NHS is only possible with modernised pathology services.

Opportunities for Change

Pathology services are under pressure in many areas but we have the chance to make things better. Better for patients. And better for the people who work in pathology too. Detailed laboratory evaluation of tissues and tissue products, using a diverse range of analytical techniques, is the basis of modern disease diagnosis and patient care. Pathology is at the forefront of scientific and technological development and highly sophisticated and sensitive analytical techniques developed at the cutting edge of laboratory investigation are coming on-stream. These modern methods of clinical diagnosis will benefit patients. Rationalising and standardising established techniques will also benefit them.

Working together in new ways and across traditional boundaries, providing opportunities and support for flexible working, developing medical and
scientific understanding, applying them in new diagnostic techniques - all these are vital if we are to give patients what they need - high quality, comprehensive, efficiently managed diagnostic services.

These changes can benefit the pathology workforce too. The NHS needs to attract and hold on to staff with the right skills and expertise. We can do this by offering them interesting work, professional challenges, high quality education and training, opportunities for research and development and an integrated career structure. We can also offer them a good quality working environment, with more effective supervision arrangements and better development opportunities. We need their input to pathology modernisation to improve services for patients. This is a positive opportunity for all members of the pathology community to become involved in shaping the future of their working environment and practice for the better.

**Submitting Comments**

The consultation period is from 20 June to 30 September 2002.

You can e-mail comments on this document and the draft guidance to:
pathology.modernisation@doh.gsi.gov.uk

If you are unable to e-mail comments, please post them to:
Pathology Modernisation Consultation
Department of Health
Area 423
Wellington House
133-155 Waterloo Road
London SE1 8UG

or you can fax them to 020 7972 4324.
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ACB Training Course
Liverpool Hope Campus

Sunday 8th September
Arrive Hope Park Campus
Buffet 6.30 p.m.

Monday 9th September
Morning Session: Chair: Prof Alan Shenkin
08.50-09.00 Welcome and opening
  Prof Alan Shenkin
09.00-10.00 Calcium metabolism
  Dr Eileen Manning
10.00-11.00 Metabolic bone disease
  Prof Bill Fraser
11.00-11.20 Coffee
11.20-11.50 Magnesium
  Dr L Ranganath
11.50-12.20 Ionised calcium and magnesium
  Dr Nigel Lawson
12.20-12.40 Bone Cases
12.40-14.00 Lunch

Afternoon Session: Chair: Dr L Ranganath
14.00-15.00 Analytical aspects of metabolic bone disease
  Prof Bill Fraser
15.00-15.30 Analytical aspects of mineral ions
  Dr Tony Stott
15.30-16.00 Assignment and explanation
  Dr Charles Heyningen
16.00-16.20 Coffee
16.20-17.20 Review of bone cases

Evening
Go Kart Racing (including buffet)

Wednesday 11th September
Morning Session: Chair: Dr Eileen Manning
09.00-10.00 Physiology and disease considerations in the aged
  Dr David Wile
10.00-11.00 Laboratory aspects of neurological disease
  Dr Ian Hart
11.00-11.20 Coffee
11.20-12.20 Confusional states in the elderly
  Dr Cathy Jack

Tuesday 10th September
Morning Session: Chair: Dr Norman Roberts
09.00-10.00 Therapeutic drug monitoring
  Prof Back
10.00-11.00 Clinical toxicology
  Dr Ian Watson
11.00-11.20 Coffee
11.20-12.20 Drugs of abuse
  Mr Frank Tames
12.20-12.40 Drug/coma Cases
12.40-14.00 Lunch

Afternoon Session: Chair: Dr Ian Watson
Appreciations
14.00-15.00 Drugs of abuse clinic
  Dr Sue Rueben
15.00-16.00 Pharmacy
  Mr Adrian Brown
16.00-16.20 Coffee
16.20-17.20 Review of drug/coma cases
12.20-12.40 Cases
12.40-14.00 Lunch
14.00 Visit to Maritime Museum
15.30 Meeting resumes at Maritime Museum

Afternoon Session: Chair: Dr Tony Stott
15.30-16.30 Chromatography theory
    Dr Norman Roberts
16.30-17.30 Management lecture
    Prof Bill Fraser
17.30-18.30 Review of cases

Evening
Chinese Banquet in Shanghai Palace Restaurant on Liverpool Waterfront

Thursday 12th September
Morning Session: Chair: Dr Charles van Heyningen
09.00-10.00 Biochemistry of oncology cellular aspects
    Speaker to be arranged
10.00-11.00 Tumour markers
    Dr M Al-Jabouri
11.00-11.20 Coffee
11.20-12.20 Electrophoresis
    Prof D Perrett
12.20-12.40 Cases
12.30-14.00 Lunch

Afternoon Session: Chair: Dr Michael Diver
14.00-15.00 Chromatography applications - sample preparation for chromatography and gas chromatography
    Mr Tony Tetlow
15.00-15.30 Chromatography and applications of TLC
    Dr Emma Lewis
15.30-16.00 Chromatography and applications of HPLC
    Mr Paul Newland
16.00-16.20 Coffee
16.20-17.20 Cases
19.30 Conference Dinner in Marriott Hotel at Liverpool John Lennon Airport with appropriate entertainment

Friday 13th September
Morning Session: Chair: Prof Bill Fraser
09.00-12.30 Hyponatraemia Workshop
    Dr Charles van Heyningen
12.30-13.00 Course ends/Departure

Course Organiser:
    Prof Bill Fraser

Cost £495.00

For registration pack contact:
General Administrative Office,
Association of Clinical Biochemists
130-132 Tooley Street
London SE1 2TU
Tel: 0207 403 8001
Fax: 0207 403 8006
Deacon’s Challenge
No. 16 Answer

A buffer is required for an enzymatic assay which has a pH of 7.4 and total phosphate concentration of 100 mmol/L. Calculate the amounts of anhydrous sodium dihydrogen phosphate and disodium hydrogen phosphate which need to be weighed in to make 1 L of buffer. The pK of the dissociation is 6.82 (Atomic weights: Na = 23, P = 31).

The relationship between the concentrations of an acid, its conjugate base and the pH of the solution is described by the Henderson Hasselbalch equation:

\[ \text{pH} = \text{pK}_a + \log_{10} \frac{[\text{salt}]}{[\text{acid}]} \]

The required pH of the phosphate buffer is close to the second pK_a so that the dissociation to be considered is:

\[ \text{H}_2\text{PO}_4^- \rightleftharpoons \text{HPO}_4^{2-} + \text{H}^+ \]

Substitute \([\text{salt}] = [\text{HPO}_4^{2-}], [\text{acid}] = [\text{H}_2\text{PO}_4^-] \), pH = 7.40 and \(\text{pK}_a = 6.82\) into the Henderson Hasselbalch equation:

\[ 7.40 = 6.82 + \log_{10} \frac{[\text{HPO}_4^{2-}]}{[\text{H}_2\text{PO}_4^-]} \]

Rearranging:

\[ \log_{10} \frac{[\text{HPO}_4^{2-}]}{[\text{H}_2\text{PO}_4^-]} = 7.40 - 6.82 = 0.58 \]

Taking antilogs:

\[ \frac{[\text{HPO}_4^{2-}]}{[\text{H}_2\text{PO}_4^-]} = \text{antilog } 0.58 = 3.80 \]

Since the required total phosphate concentration is 100 mmol/L (i.e. 0.1 mol/L)

\[ 0.1 = [\text{H}_2\text{PO}_4^-] + [\text{HPO}_4^{2-}] \]

Rearranging:

\[ [\text{HPO}_4^{2-}] = 0.1 - [\text{H}_2\text{PO}_4^-] \]

Substitute for \([\text{HPO}_4^{2-}]\) in equation (i) and solve for \([\text{H}_2\text{PO}_4^-]\):

\[ 0.1 - \frac{[\text{H}_2\text{PO}_4^-]}{[\text{H}_2\text{PO}_4^-]} = 3.80 \]

\[ 0.1 - [\text{H}_2\text{PO}_4^-] = 3.80 [\text{H}_2\text{PO}_4^-] \]
Question No. 17

25 mg of bilirubin (C_{33}H_{36}O_{6}N_{4}) were dissolved in 4 mL of dimethyl sulphoxide; 200mL of this solution was diluted to 250mL with chloroform. This solution gave an absorbance of 0.502 when measured in a 1 cm cell against a chloroform blank.

Given that the molar absorbptivity of bilirubin under these conditions is 6.07 x 10^4, calculate the percentage purity of the bilirubin.

MRCPath May 1995
The Association currently has two categories of Honour for individuals who have made an outstanding contribution to Internal Clinical Biochemistry or the Association of Clinical Biochemistry.

**Honorary Membership**

Allows the Association to confer Honorary Membership on individuals who had made a distinguished contribution to Clinical Biochemistry at an International level.

They do not have to have been Ordinary Members of the Association to receive this honour. This category has been awarded to a few outstanding individuals, bit of late has been rather inward looking in its awardees.

**Emeritus Membership**

Allows the association to confer this honour on individuals who have been Ordinary Members of the Association for at least ten years and who have made an exceptional contribution to the objects of the Association. In the past this has been interpreted as those individuals who had served the Association in a national capacity.

The Taskforce felt that these categories of Membership should continue and should be reserved for a small number of individuals.

The Taskforce, however, felt there was a need for a third class of Membership in the class of ‘Honoured Member’ category. This would be for individuals who have been Ordinary or Affiliate Members of the Association for at least ten years and have made an outstanding contribution to the practice of Clinical Biochemistry in the United Kingdom and Eire. The Taskforce suggested that this should be set up to mark the Golden Jubilee of the Association.

The Taskforce would like views from the Members of the Association as to the following questions:

1. Should this be an annual award or should the person be designated an Honoured Member category.
2. If it is felt that the person should be designated an Honoured Member category should the name be ‘Fellow’ or ‘Distinguished Member’ or any other good ideas for a title.
3. How many people should receive this Honour per annum.
4. What should be the reward, e.g. free membership, prize etc.

Please could you send me your responses by 7th September 2002, so that they can be taken forward to the next Association of Clinical Biochemists Council Meeting.

Dr D B Freedman
Consultant Chemical Pathologist & National Member of ACB Council
June 2002

**Honouring Excellence**

By Dr D B Freedman, Dr G McCreanor and Dr S Rainbow

A Report from Taskforce on ‘Membership Categories for Honouring Excellence in Clinical Biochemistry’
ACBI 2002: 25th Annual Conference

The Grand Hotel
Malahide, Co. Dublin
October 18th & 19th 2002

Friday October 18th
Pharmacogenetics
Chairman: Dr Alan Balfe, St James’s Hospital, Dublin

10:00-10:45 Pharmacogenetics in Clinical Practice: Prospects and Pitfalls
Prof C Roland Wolf, Ninewells Hospital and Medical School, Dundee

11:15-12:00 Pharmacogenetics: Implications for Psychiatry
Prof Michael Gill, Department of Psychiatry, University of Dublin, Trinity College

12:00-12:45 The Pharmacogenetics of Thiopurine Methyltransferase
Prof Andrew Hall, Cancer Research Unit, University of Newcastle Upon Tyne

Quality Management
Chairman: Mr Selby Nesbitt, Royal Victoria Hospital, Belfast

14:00-14:45 Setting Quality Specifications in Laboratory Medicine
Dr Callum G Fraser, Ninewells Hospital and Medical School, Dundee

14:45-15:30 Evidence-Based Method Specifications
Prof James O Westgard, University of Wisconsin Medical School, Madison, WI, USA

16:00-16:45 The Role of External Quality Assessment in an Integrated Quality Management System
Dr Jonathan Middle, UKNEQAS, Birmingham

16:45-17:30 A Quality Management System is a Prerequisite for Accreditation
Dr David Burnett, Penarth

17:30-18:15 Discussion

18:30 Depart to “Shindig Evening” in the Old Jameson Distillery

Saturday October 19th
Preventive Medicine I
Chairman: Dr Pooler Archbold, Belfast City Hospital, Belfast

09:30-10:15 Screening for Asymptomatic Disease
Dr Philip Mayne, Department of Chemical Pathology, The Children’s University Hospital, Dublin

11:00-11:45 Prediction and Prevention of Type 1 Diabetes
Professor Olli Simell, Dr Tuula Simell, Department of Pediatrics, University of Turku, Finland

11:45-12:30 Prevention of Osteoporotic Fractures: the Present and Future
Dr Juliet Compston, University of Cambridge School of Clinical Medicine

Preventive Medicine II
Chairman: Dr Helen Grimes O’Cearbhaill, University College Hospital, Galway

14:00-14:45 Cardiovascular Disorders
Dr John O’Mullane, Clinical Biochemistry Department, Cork University Hospital, Cork

14:45-15:05 Exercise-mediated Enhancement of Whole Body Glucose Disposal and Intra-Cellular Insulin Signalling: The Prevention of Type 2 Diabetes
Mr Donal O’Gorman, Endocrinology Department, St James’s Hospital, Dublin

15:35-16:20 Towards Optimal Use of Clinical Chemistry in Primary Care
Dr Nils Tryding, Åhus, Sweden

16:20-16:40 Prevention of Neural Tube Defects with Folic Acid
Dr Joe McPartlin, Sir Patrick Dun Research Laboratory, Trinity College, Dublin

16:45-17:15 Annual General Meeting (members only)

19:30-Late Wine Reception, followed by Annual Dinner and Entertainment

Posters on all aspects of Clinical Biochemistry welcomed.

Costs: (i) Conference Package (includes: Registration for Friday and Saturday; Handbook; Coffee; Lunches; Shindig Evening; Annual Dinner)
- ACBI Member ‘Early Bird’ Register and pay before September 6th £180
- Non-member ‘Early Bird’ Register and pay before September 6th £225
- ACBI Member Register and pay after September 6th £220
- Non-member Register and pay after September 6th £250
(ii) Day Registration (includes: Lectures, Lunch, Coffee, Handbook) £75
Forthcoming Meetings

(iii) Single Session (includes: Lectures, Coffee, Handbook) £50

Accommodation: Grand Hotel, Malahide
- Single Room £125
- Double Room £165

Travel: Good value flights to Dublin Airport can be booked at the following websites:
- Aer Lingus: www.aerlingus.com
- Ryan Air: www.ryanair.com
- British Airways: www.britishairways.com
- British Midland: www.flybmi.com

Malahide and the Grand Hotel are easily accessible within Ireland:
- 10 minutes from Dublin Airport (bus leaves at 15 minute intervals)
- 5 minutes from the M1/ M50 motorways
- 20 minutes from Dublin city centre by bus or rail

Booking forms are available from the ACBI website (www.acbi.ie), or from: Mrs Máire Oakley, Conference Secretary, ACBI 2002, Heronford House, Heronford Lane, Brides Glen, Dublin 18, Ireland. Tel/ Fax: +353-1-282-2503. Email: moakley@eircom.net

ACB Wales Region Autumn Scientific Meeting

The Imperial Hotel
Llandudno
North Wales
6th-8th November 2002

Thursday Morning Session
Endocrinology
Speakers: Professor William Fraser,
Royal Liverpool University Hospital
Dr Tony Wilton, Ysbyty Gwynedd, Bangor
Dr Michael Diver,
Royal Liverpool University Hospital

Thursday Afternoon Session
Current Issues in Biochemistry
Speakers: Mr Mike Hallworth,
Royal Shrewsbury Hospital
Dr Gordon Challand,
Royal Berkshire Hospital, Reading

Bayer Junior Member Award
Six case presentations will be made, followed by presentation of the Bayer Award

Conference dinner followed by live music and dancing.

Friday Morning Session
Clinical Governance with Reference to POCT
Speakers: Dr Jonathan Kay,
John Radcliffe Hospitals, Oxford
Dr Danielle Freedman,
Luton and Dunstable Hospital

All Wales ACB Audit Group meeting.
The meeting will close at Friday lunchtime.
Further information available from: Avril Owen, Department of Clinical Chemistry, Ysbyty Gwynedd, Bangor. Tel: 01248 384262. Email: avril.owen@nww-tr.wales.nhs.uk
Readers speak out

Triplets?

Not having been tempted to put pen to paper for some while, along come three issues raised in the latest ACB News!

Manpower: The number of consultant levels posts needed is tremendous, and the need for a realistic time-scale is recognised. However, the supposition that quality candidates are/will be available in sufficient numbers is at the least uncertain. Modernisation is very much on the agenda, but how will the model apply to consolidated laboratories serving populations of up to 2 million? I suspect we will require fewer consultant numbers, but probably more specialists, both medical and clinical scientist. Can we define that?

What’s in a Name?: Quite a lot really. It encompasses what you do and who you are. Chemical pathologists have protested at the subject name change by the Royal College to clinical biochemistry. However, the term consultant medical biochemist tells you:
- This person is of consultant status
- Is medically qualified
- Is expert in biochemistry

The use of a consultant clinical scientist is two-thirds satisfactory, it tells you:
- This person is of consultant status
- Is involved in clinical work
- Is a scientist, but expert in what? Science?
  How many have research degrees, adequate peer-reviewed publications, etc? Are they expert in microbiology, immunology, biochemistry?

So not good terminology. The term consultant clinical biochemist encompasses the role well, but has been made ‘unavailable’ as it is used as a generic descriptor, though this could be changed. The options seem to me to be:
- Consultant clinical chemist
- Consultant clinical biochemist
- Consultant non-medical biochemist
- Consultant clinical scientist in biochemistry

Personally, I would favour a positive name so either of the first two. Can we have a ballot?

Grade B Training: Finally, the editorial on Grade B training. As one of the instigators of higher specialist training Grade B posts, I can say that in the North West we have created posts with built-in super-numerary time for personal development, training funds and research funds. Five years to get MRCPATH Part 1 out of the way with this level of support is, I would submit, a pretty good deal.

The benefit the medical members of our profession gain from limited tenure posts is that they must remain flexible and seek to attain consultant grade. The clinical scientists have to get principal grade for ‘tenure’, I’ve seen a number of our Grade As make principal grade six or so years after entering the profession, having been sustained by an HST post.

To my mind the issues around lower/higher grade B (Senior/Principal) are:
- Rid ourselves of the triplet system so that moving is financially viable
- Better funding of relocation to restore the attraction of moving to a new post

Such changes would help ensure the attraction of moving during a career while seeking to achieve consultant status.

Ian D Watson
Consultant Biochemist
University Hospital Aintree
Lower Lane
Liverpool L9 7AL

Fight Against Triplets Not Higher Specialist Training Posts!

We feel it incumbent upon ourselves to comment on Jonathan Berg’s editorial in the May 2002 edition of ACB News concerning limited tenure HST posts. While agreeing with much of Jonathan’s reasoning, the issue must be put into the context of how these posts came about. The reason we were losing 50% of
our Grade A trainees a few years ago (incidentally, that percentage is much less now) was that there were no Grade B posts for the trainees to proceed to, creating a vacuum within the career structure and training programmes. This was so critical that there was a real risk that Education Consortia would cease to fund Grade A training. Instead, some Consortia were persuaded to part fund short tenure HST posts which, together with initiatives at trust level, have relieved that crisis. Additionally, it has been pointed out to us by the Education Consortia that, if we want a medical-like career structure, that is to say one where there is a high career expectation of reaching the consultant grade, we also have to accept, like the medical profession, that training grade may be of limited tenure. The real iniquity in the present career structure is the triplet restriction to progression. It is this that stifles movement in the profession, and it is this that we should be trying to remove.

At this point in time the ACB and the Royal College of Pathologists are working hard to implement the Profession Under Siege report and to achieve a large expansion of consultant posts (both medical and scientific) and matching training posts. We cannot expect Workforce Development Confederations to fund HST posts of indefinite tenure as part of this process. There may be a case in the future for arguing against fixed tenure HST posts, but we really do not think this is the right time.

Dr Graham Beatsall
Chairman
ACB/RCPath Task Force on Consultant Staffing
Clinical Biochemistry
Royal Infirmary
Glasgow
G4 0SF

Dr Howard Worth
Chairman
ACB Workforce Advisory Committee
Clinical Chemistry
King’s Mill Hospital
Sutton in Ashfield
Nottinghamshire
NG17 4JL
Department Of Clinical Biochemistry and Immunology

Part-time Grade B Clinical Scientist

£26,372 - £28,548 p.a. (pro rata) dependent on experience and qualifications

Applications are invited from State-registered Clinical Scientists for the above part-time post. You will be employed at Heartlands Hospital, Birmingham. You will have successfully completed a Grade ‘A’ training scheme or equivalent. As well as contributing to the service commitment of the department, you will be involved in research and development, clinical liaison, teaching and audit. The salary is dependent on experience and qualifications.

You will have a broad general background with, preferably, a research interest/experience and a track record of being a team player. There are teaching opportunities associated with the University of Birmingham and appointment to honorary clinical lecturer status may be offered, as appropriate. You will play a key role in the service provision and development of the laboratory. The department has research interests in hypertension, lipids and diabetes.

The department offers a comprehensive service to a population of approximately 500,000 and carries out 2 million tests per year. We have recently taken delivery of a major laboratory analytical system and the Directorate was the recent recipient of a million pounds from the Government’s pathology modernisation programme.

This post offers an opportunity to further develop your career within a dynamic and supportive environment. The departmental team has close links with the hospital and actively carries out collaborative research, audit and service development.

For more information, or to arrange a visit, please contact Mr. E.P. Legge or Dr. A.J. Jones, Department of Clinical Biochemistry and Immunology, Heartlands Hospital, Birmingham on (0121) 424 3220 (direct line) or (0121) 424 0189.

Closing date for applications: 29th July 2002.

Department Of Chemical Pathology

Top Grade Clinical Scientist

Ref: W.432 Grade C: £37,609 - £50,923 p.a. inc.

Bromley Hospitals NHS Trust is seeking an enthusiastic Clinical Scientist. The appointee will be Deputy Head of Department. The Department provides the General Clinical Chemistry Service (including POCT) at Bromley Hospitals NHS Trust. You will be a state registered clinical scientist with MRCPath. The Department is also responsible for the provision of the immunology laboratory repertoire.

Bromley Hospitals NHS Trust is having a new hospital built under a Private Finance Initiative. The new hospital will be on the Farnborough site, Beckenham and Orpington Hospitals will remain as outpatient facilities, and Bromley Hospital will close. The laboratory will be housed in the new hospital, and will move in during February 2003.

You will have a wide range of Clinical Chemistry experience at a senior level. Experience of immunology, especially auto antibody detection is desirable. A special interest will be desirable, and will be encouraged.

Informal discussions and visits are encouraged, please contact Dr Ian R Bailey, Consultant Chemical Pathologist on 01689 814042 or email ian.bailey@bromleyhospitals.nhs.uk

Closing date for completed applications: 9th August 2002.

For an application form and job description, please contact the Recruitment Bureau at Farnborough Hospital, Farnborough Common, Orpington BR6 8ND. Tel: 01689 814200 (24 hour answer phone) quoting the appropriate job reference number.

To apply online, please visit www.bromleyhospitals.nhs.uk

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Bromley Hospitals NHS Trust
NHS Trust

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GWENT HEALTHCARE NHS TRUST

B Grade Clinical Scientist
(11 - 16 dependent on qualifications & experience)
Department of Clinical Biochemistry, Royal Gwent Hospital
£23,421 - £26,345 per annum

The department is fully CPA accredited and provides a comprehensive clinical biochemistry service.

You will be expected to have completed a Grade A training scheme and progressing to MRCPath Part 1, for which appropriate training opportunities will be provided.

Your primary responsibility will be to contribute to the clinical support activities of the Department and participate in clinical audit, quality assurance and method development. As part of continuous service expansion, you will be encouraged to develop molecular pathology techniques.

For further information or to arrange an informal visit, please contact Mr Howard Hughes, Clinical Scientist, Department of Biochemistry on 01633 234500.

Application details are available from the Recruitment Department, Royal Gwent Hospital on 01633 238084.
You can also visit our website at
www.gwent-tr.wales.nhs.uk

Please quote reference number: PT87
Closing Date: 2nd August 2002

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East Sussex Hospitals NHS Trust

Conquest Hospital
Clinical Biochemistry Department

B Grade Principal Clinical Biochemist
£28,548 - £30,877 per annum
Full-time 35 hours per week (Nominal)

This department provides a comprehensive clinical biochemistry service to the Conquest Hospital and to local GPs, serving a population of 180,000 which forms part of the newly created East Sussex Hospitals NHS Trust, incorporating the Conquest Hospital Hastings, and Eastbourne District General Hospital.

You will have wide experience in general clinical biochemistry and will be actively working towards MRCPath.

For further information or to arrange an informal visit, please contact Mr P. White, Consultant Clinical Biochemist on 01424 755255 extension 8592.

For an application pack and job description, please contact Fern Skinner on 01424 755255 extension 8511.

Closing date: 29th July 2002.

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Northumbria Healthcare NHS Trust

TRUSTWIDE (BASED AT WANSBECK GENERAL HOSPITAL)
Pathology - Clinical Chemistry

Consultant Clinical Biochemist

Grade C (Spine Point 23-31, subject to review with the successful candidate)
Full Time, Permanent

Northumbria Healthcare NHS Trust serves a population of 490,000 across North Tyneside and Northumberland. There are three laboratories located in Wansbeck, North Tyneside and Hexham General Hospitals. All three laboratories are modern (except for Hexham which is being newly built for occupation in 2003) and recently re-equipped with common analyser platforms linked by a single Trust-wide Pathology Computer System. Clinical Chemistry operates from all three sites and increasingly functions as a single integrated service as part of the Trust-wide Pathology Directorate.

You will be responsible for maintaining scientific standards within Clinical Chemistry across the Trust as well as being Deputy Head of Clinical Chemistry and Departmental Lead for Wansbeck Clinical Chemistry Laboratory. The Consultant Clinical Biochemist will work alongside the Consultant Chemical Pathologist in providing a Consultant advisory service and with other Clinical Chemistry staff to provide a comprehensive Clinical Chemistry service for clinicians in Northumbria Trust, Northumberland CT and North Tyneside PCT.

You will be a registered Clinical Scientist with MRCPath or equivalent qualification.

A locum Consultant post will be available on a temporary basis from 16.9.02 until a permanent appointment is made. Applications are also invited from suitable qualified clinical scientists or medically qualified candidates for the locum position.

This will be a Trust appointment with terms and conditions allied to the relevant Whitley Council.

For further information or to arrange an informal visit, please contact Dr Paul McKenna, Consultant Chemical Pathologist, North Tyneside General Hospital, Tel: (0191) 293 2546, Fax: (0191) 293 2796 or Dr John Sellers, Director of Pathology, Wansbeck General Hospital, Tel: (01670) 529 702, Fax: (01670) 529 719.

Application form and job description available from the Human Resources Department, North Tyneside General Hospital, Rake Lane, North Shields, Tyne and Wear NE29 8NH, Tel: (0191) 293 4177 or e-mail dorothy.mcilwraith@northumbria-healthcare.nhs.uk. Please quote the relevant reference number.

Closing date: 7th August 2002. If applicants have not heard by 4th September 2002 they have not been successful.

We firmly believe in equality of opportunity and welcome applicants from all sectors of the community wishing to work in a smoke free environment.

For more of this organisations vacancies visit www.northumbria-healthcare.nhs.uk or www.sector1.net

Providing Healthcare in Northumberland and North Tyneside
**Clinical Biochemist Grade B**

**Salary:** £21,610 - £23,374 (point 9 - 11)

The University Hospital of Wales has one of the largest Clinical Biochemistry and Immunology departments in the UK. The Department provides local, regional and suprareregional services, including new-born screening and has special expertise in a number of areas, including SAS centres for hormones, special proteins/immunology and porphyrias. The department occupies a new purpose-built laboratory and has full accreditation.

This is a new post funded by the National Assembly for Wales for three years to allow the post holder to participate in the work of the department with main duties in the Molecular Diagnostics Laboratory. You will be expected to contribute to research and development and provide part of the expanding molecular genetic service of the department. There are excellent opportunities within the department for both research and postgraduate training towards the MRCPath examination.

You should have a good honours degree in a relevant subject and ideally a PhD, and have substantially completed the Grade A training scheme. Experience in molecular biology techniques would be an advantage.

Suitably qualified applicants who wish to discuss the post or to arrange a visit to the department should contact Dr Rhys John on 029 2074 2909.

For an application form and job description please contact the Recruitment Department, University Hospital of Wales, Lakeside Complex, Heath Park, Cardiff CF14 4XW, telephone 029 2074 3100/6547 or after hours (voicemail) on 029 2050 2550 or email recruitment.office@uhw-tr.wales.nhs.uk

Please quote ref: CSG396.

Closing date: 9th August 2002.

www.cardiffandvale.wales.nhs.uk

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