

ACB Scotland Regional Scientific Meeting

Renal Matters

MacDonald Resort, Aviemore

Monday, 28 March 2011

10:15 – 10.45 *Coffee and registration*

Morning session

Chair: Dr B Simpson, Aberdeen

10:45 – 11:15 Holistic Management of End Stage Renal Disease
Dr Francesca Harvey, General Practitioner, Renal Unit, Raigmore Hospital, Inverness

11:15 – 11:30 Variation in PTH results - a major challenge to patient safety
Dr Cathy Sturgeon, Consultant Clinical Scientist, Royal Infirmary, Edinburgh

11:30 – 12:10 Stratifying risk in chronic kidney disease: albuminuria versus total proteinuria
Dr Shona Methven, Clinical Research Fellow, Crosshouse Hospital, Kilmarnock

12:10 – 12:30 ACR and PCR - a Lanarkshire audit
Dr Ian Gunn, Consultant Clinical Biochemist, Wishaw General Hospital, Wishaw

12:30 – 13:00 Scotland Region AGM

13:00 – 13:45 Lunch

Afternoon session:

Chair: Dr A Pollock, Inverness

13:45 – 14:00 QOF EGFR MMX
Dr Bill Simpson, Consultant Clinical Biochemist, Aberdeen Royal Infirmary, Aberdeen

14:00 – 14:30 The Epidemiology of Chronic Kidney Disease: From Bright to eGFR
Dr Izhar Khan, Consultant Renal Physician, Aberdeen Royal Infirmary, Aberdeen

14:30 – 15:00 RIFLE criteria and Acute Kidney Injury. Can we improve outcomes?"
Dr Stewart Lambie, Consultant Renal Physician, Raigmore Hospital, Inverness

15:00 – 15:30 Challenges of providing renal replacement therapy in a remote and rural location
Dr Rob Peel, Consultant Renal Physician, Raigmore Hospital, Inverness

15:30 – 16:00 Clinical cases
Dr Iain Jones, Specialist Registrar, Biochemistry Department, Wishaw General Hospital, Wishaw
Close and Tea

4 CPD credits will be allocated by the RCPATH for full meeting participation

Registration is required for this meeting. Please email Sarah Jarvis (Meeting Secretary) on sarah.jarvis@nhs.net if you intend to attend, prior to 1st March

ACB Scotland Region

ACB Council report for Scotland Regional Committee Monday 28th March 2011

The last meeting of Council took place on Thursday 4th November 2010, which I briefly reported on at the last Regional meeting at Stobhill on 9th November. The minutes of the Council meeting have since been published and the main points to note were

- The valuable work being done by the ACB Clinical Science Reviews Committee reviewing evidence based practices and producing reports and guidelines from these. However resources are limited and any members who wish to contribute will be very welcome. The suggestion was that each region might take on a project for which they had local expertise.
- Recruitment is a major issue, and arrangements for the Grade A intake for 2011 is of immediate concern.
- Pathology Harmonisation is being pushed strongly with a proposed “adoption” date of 1st April 2011. Article to be published in ACB News.
- With an ever widening membership the possibility of a further name change is being looked at either “The Association for Clinical Biochemistry and Laboratory Medicine” or “The Association for Clinical Laboratory Medicine”
- The question of whether ACB Members make a record of clinical advice they give (i.e to GPs etc) was discussed. Several council members say they do and is an excellent way to demonstrate the role they fulfil and the time involved.
- Names of those the Regions wish to propose for an ACB award in 2011 need to be brought to the next Council Meeting.

The next ACB Council meeting takes place on Thursday 24th March 2011 and I enclose my report to Council for that meeting.

Frank Finlay
18th March 2011

ACB Scotland Region

Report to Council – March 2011

1) **Managed Diagnostic Network (MDN) for Scottish Clinical Biochemistry.**

The MDN held its latest meeting and AGM on 22nd February 2011 in Edinburgh. The concept of Managed Diagnostic Networks in Laboratory Medicine appears to be gaining greater acceptance from the Scottish Government and the overarching Diagnostics Steering Group, within the Scottish Health Dept is being reformed with direct representation from the laboratory networks.

Issues currently under discussion within the MDN include:

- Have agreed consensus PTH target ranges for Renal Units according to which assay is being used in provider laboratory. To be published shortly by Dr C Sturgeon's group, which has been looking at this. Can confirm units are pmol/L (typo error in previous MDN minutes).
- Harmonisation of reference ranges is proceeding with the MDN assessing consensus opinion throughout Scotland. A number of Health Boards have recently completed or are nearing completion of Managed Service Contracts for Laboratory diagnostics so the variation in reference ranges has already reduced.
- Continue to participate in Keel benchmarking – possibly using this as a vehicle to introduce key performance /quality indicators.

2) **Electronic Requesting/Reporting**

The TrakCare Patient Management System supplied by InterSystems is being implemented across approx 70% of Scotland. The first implementation took place in the Borders General Hospital in the first quarter of 2011 and will roll out to Lanarkshire, Grampian and Glasgow throughout 2011. This is also providing an opportunity for harmonisation of test names, ordering profiles, report displays etc.

3) **Scientific Meetings**

The Autumn 2010 meeting on “Endocrinology and Oncology” held at Stobhill General Hospital Glasgow was very successful and well attended.

Future meetings planned for 2011 are:

Spring: Monday 28th March “Renal Matters” at MacDonald Resort, Aviemore

Autumn: Two Day Meeting in Edinburgh covering Bone, Diabetes, POCT debate and Fertility topics

4) **Modernising Scientific Careers**

A considerable degree of confusion exists around this and until the situation is clarified, the Scottish Region has suspended Grade A entry.

Scottish Regional Report-2010/11

2010 was a mixed year for the ACB Scotland Region. In addition to hosting four excellent scientific meetings, the Region, in collaboration with the Scottish Senior Clinical Biochemists, finally saw the inauguration of the Scottish Clinical Biochemistry Diagnostic Network, which has already started to facilitate and foster cooperation between Clinical Biochemistry departments in Scotland. Summer 2010 however saw the low point of the year with the sad loss of colleagues, Dr John Fyffe and then Prof Mike Wallace.

The Spring meeting saw a return to Edinburgh, hosted by Paul Cawood, where we were entertained and educated on a diet of liver related problems (including alcohol!). This meeting included the Region's AGM, and saw the presentation of the 2009 John King award to Dr Catriona Clarke for her talk at the Crieff 2009 meeting entitled "Does selenium protect from the fibrosis of NASH?".

2010 was Scotland's turn to host FOCUS again, and Glasgow's welcome ensured that a great scientific time was had by all who 'FOCUSsed on Translation'. Feedback was very positive, reinforcing the fact that it is well worth venturing north of the border from time to time!

The Region's Summer meeting consisted of members papers, and was arranged in Perth by Joy Johnstone, this also included a plenary lecture from Mr Eric Carlyle, prior to his retirement, who reflected on the changing face of clinical biochemistry. The final meeting, hosted by Miss Karen Smith and Miss Susan Knox in Glasgow, where we were stimulated by an endocrine oncology theme.

It has been a challenging year for the NHS in all parts of the Country - at times like this one particularly values interaction with friends and colleagues across the Region, and so finally, I am most grateful to my associates on the Regional Committee for keeping everything going during these lean (even if not necessarily 'Lean') times.

Bill Simpson
Chairman of the ACB Scotland Region
January 2011.

REPORT – MARCH 2011
CLINICAL BIOCHEMISTRY
DR BERNIE CROAL

SPECIALTY ADVISOR MEETING – DUNFERMLINE – SEPTEMBER 2011

The usual meeting with the Chief Medical Officer (Dr Harry Burns) and Deputy CMO (Dr Aileen Keel) took place in Dunfermline. Present were specialty advisors from all medical and surgical specialties, as well as network managers from a variety of managed networks including SPAN. Clin Biochem report attached.

Specialty Advisor Annual Reports published for this meeting – I have a copy available if anyone want to see them. Discussion on “The Scottish Patient Safety Programme”, and the “Quality Agenda” – clearly both are of importance to Labs and could be used to further our interests.

CLINICAL BIOCHEMISTRY MANAGED DIAGNOSTIC NETWORK

- 4 Meetings now held of MDN Steering Group, Including AGM/Open meeting on 22nd February 2011.
- Interviews for the network manager post will be held in April 2011.
- Variety of issues discussed including Pathology Harmony, PTH target ranges in Renal patients, Keele Benchmarking and specialist testing across Scotland
- It is hoped that the Scottish Government Diagnostic Steering Board will soon be reconvened with direct input from the Lab Networks.

RCPATH SCOTTISH REGIONAL COUNCIL

Much activity in the College with regards to Pathology reconfiguration in England – much of which is likely to spread to Scottish NHS eventually..

Recent efforts to define key performance/quality indicators (KPI/KQI) overlaps with work being done within Scotland. These are likely to be phased in either directly from Scottish Government or via Keele or CPA.

Dr Bernie Croal attends in addition (as Scottish RCPATH Representative) the RCPATH Council, RCPATH Exec Committee, RCPATH Biochem SAC, Academy of Medical Royal Colleges, SIGN Council, Scottish Joint Consultants Committee and the National Services Advisory Group.

Bernie Croal
March 2011

FCS report for Scotland Regional Committee AGM – Monday 28th March 2011

Pensions:

Lord Hutton's report on pensions has now been published and has made a large number of recommendations including:

Harmonising Public Sector Pensions retirement age with that of the State Pension.

Increasing contributions.

Moving from Final Salary to Career Average pensions.

So in affect: work longer, pay more and receive a smaller pension.

It should be noted that these are only recommendations and any change will require state legislation – any change is likely to take the life of this Parliament and Lord Hutton's recommendations may be significantly changed.

Pay:

Nothing to report due to 2-year pay freeze. There was a proposal to freeze all incremental advances for 2 years for a guarantee of no compulsory redundancies. The FCS and all other staff groups unanimously rejected this proposal.

On-Call:

Scotland has been given an extension beyond the end of March 2011 for the local negotiation of on-call arrangements. This now has to be completed before March 2012. Some Trusts in England are imposing Agenda for Change Interim Regime on all staff from 1st April 2011, without any pay protection. Others are moving away from percentage of salary for on-call as defined in Interim Regime and are defining a salary point for all participants e.g. bands 8a/b/c/d/9 participating in the same rota will no longer get a percentage of salary but mid-point of 8c. It is important that local accredited reps are involved in on-call negotiations that affect Clinical Scientists.

Modernising Scientific Careers:

England are now only funding 3 year Scientist Training Programme posts. The FCS has contributed to the discussion on the proposed job descriptions for these posts. As yet there is no end point to this training programme as the contents and duration of the training is insufficient to attain Clinical Scientists state registration.

Agenda for Change:

There are still unresolved issues relating to initial job matching for a number of retired clinical scientists. It is clear that there are inconsistencies in how AfC was implemented across Health Boards in Scotland. However FCS are advising that whenever banding differences have been highlighted in England this has almost always resulted in downgrading of the higher band posts and do not recommend this approach in Scotland.

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Scotland - East

- **Pre-registration Trainees**

2010

New intake started in September 2010.

Dundee: Laura Russell

Edinburgh: Helen Falconer

Aberdeen: Allan Dunlop

All 3 trainees have successfully passed the exams from term 1 at the University of Surrey.

2009

Kirkcaldy: Rebecca McCann

Currently in her final term at the University of Surrey. Successfully passed exams from the first 2 terms at the University of Surrey and started her MSc project, based at Ninewells.

2008

Dundee: Fiona Brandie

Edinburgh: Neil Syme

Both successfully passed the MSc at the University of Surrey, with Merit and Distinction respectively.

2007

Aberdeen: Janice Reeve

Dundee: Heidi Mendoza

The other 2007 intake trainee, Catriona Clarke, has been appointed to a permanent band 7 post in Edinburgh.

- **Post-registration Trainees**

Aberdeen: Helen Turner (FRCpath written)

Elaine Davidson

Dundee: Sharon Jenner

Edinburgh: Leigh Campbell (Full FRC path part 1)

Maria Warner (Full FRC path part 1)

Louise Brown

Neil Squires (Full FRCpath part 1)

Roy Peake and Mike Crane successfully passed FRCpath part 2. Eleanor Oakes has left the region for a job in Sheffield. Louise Brown has been offered and accepted a job in Glasgow which she starts on the 11th of April.

- **Specialist Registrars**

Aberdeen: Dr Rehan Muhammad

Dundee: Dr Fiona Jenkinson (Full FRCpath part 1)

Edinburgh: Dr Fathel Musa

Other issues

The timing of the summer term of the MSc has meant that the 2010 intake of trainees are unable to attend Focus and Course 4 of the ACB training courses. Four other trainees from the region will be attending this training course.

National pathology week was a success with events taking place across Scotland. Locally we had a stand at the family fun day, which was part of Dundee Science Festival.

I canvassed trainees in the region about their current style of Grade B assessment. There seems to be some inconsistency across the region with respect to this, with some trainees having RITA style assessments and some not. Trainees in Edinburgh currently undergo a RITA style assessment in Lothian once a year. The trainees who responded think these are beneficial, identifying weaknesses in their training, goals for the coming year and facilitating the organisation of placements across Lothian. Another trainee not currently assessed by the RITA route, outside of Edinburgh, didn't feel the need for it as part of their training. Two trainees did question the issue of possible duplication of assessment with the implementation of eKSF.

Scottish Audit Group Annual Report March 2011

The Scottish audit group continues to meet twice yearly in a central location. The aim is to perform 2 regional audits a year with the lead role being taken by an HST scientist or medical SpR.

Due to recent retirements and promotions there are some areas of Scotland which are no longer represented and any volunteers particularly from Lothian, Borders, Forth Valley and Dumfries would be warmly welcomed along with any trainees with an interest.

Current representation

Karen Smith – GG&C and chair

Jacque McGuire – Lanarkshire

Fraser Davidson – Ayrshire

Heather Watson – Grampian

Derek McDonald – Highland

Archie McConnell – GG&C

Joy Johnston – Tayside

Jane McNeilly – GG&C

During the audit slots at the Scottish region ACB scientific meetings were ably filled by Jane McNeilly who presented the findings of the Cushings reaudit and Jennifer Laird Heam SpR who presented the data from 2 Ayrshire audits on the role of biochemistry in myeloma case finding.

A one day annual ACB audit meeting has now been established to present the findings of nationally conducted audits as well as some regional oral and poster presentations.

Specialty	Chemical Pathology/Clinical Biochemistry
Specialty Adviser	Dr Bernie Croal
E-mail address	bernie.croal@nhs.net

I: CURRENT ISSUES AFFECTING THE SPECIALTY

1. **Agenda for Change.** The AfC banding process has proved detrimental for Clinical Scientists, with significant variations and low outcomes across Scotland. In general, Principal and Consultant Clinical Scientist posts have been assimilated at lower banding than comparable posts in England, as demonstrated by UK National outcome statistics – this observation is especially evident across NHS Glasgow/Clyde. In addition, inconsistent differentiation of BMS3 from BMS2 posts in some areas has developed. This has led to widespread disillusionment, frustration and uncertainty amongst staff, with severe consequences for the recruitment and retention of Clinical Scientist staff in particular. Scotland is simply unable to compete with other areas of the UK for the highest quality candidates. Fully qualified (MRCPath) staff are not applying for senior vacancies in Scotland, resulting in these posts being down graded and filled with staff in training grades, who then leave once they are qualified.

2. **Recruitment and Retention of Staff.** This remains an ongoing issue, with the age profile of the workforce, especially Clinical Scientists and BMS staff, such that a large void will be created over the next 5-10 years. Additional pressure has been placed on recruitment in some areas following Agenda for Change pay scale banding which has led to significant inconsistencies and uncertainties (see above).

3. **Clinical Scientist Career Pathways** are also currently in crisis with very few higher specialist trainee posts available throughout the UK, which are needed to allow Grade A trainees to get onto the next rung – it is hoped that central funding of such posts will develop, thus ensuring grade A trainees are not lost to the profession, while at the same time creating a competent pool of clinical scientists to fill the void created by more senior post retirals. Ongoing efforts to try to make use of centrally provided funds are proving difficult. In addition, grade A training, as funded within NHS Scotland, fails to efficiently dovetail with HPC registration – eligible only at the end of training/contract.

4. **Modernising Scientific Careers BMS** – Nationally the main concern is that the successful co-terminus integrated degree courses which are now just bearing fruit (coming to end of the first 4 years) could be jeopardised. These local degree courses are starting to address the recruitment difficulties experienced across the country particularly in those Health Boards that lie out with the central belt. What might replace it is uncertain as the Healthcare Scientist Practitioner has, as yet, no defined educational programme or exit qualification. Also, nationally, BMS staff remain in the dark regarding the Transition Process.

Clinical Scientists –the main concern is that the current excellent Grade A training scheme will not be sustained under MSC and that the large costs that will be incurred in rolling out the MSC programme to all other HCS professions will

mean cuts in the funding of this particular scheme. Regarding HSST, there is a strong requirement that training be spread among the larger teaching hospitals to ensure successful national succession planning across all regions.

Overall, the new coalition UK government has brought further uncertainty to the whole concept of MSC and indeed whether it will progress at all.

5. **Networks** As recommended in 'Delivering for Health', 'Better Health, Better Care' and 'Safe Accurate and Effective – an action plan for Healthcare Science' the concept of networking across disciplines and regions within the specialty in order to forge closer links and promote efficiency, consistency of service and ultimately improve patient care has culminated in the formation of the Scottish Clinical Biochemistry Managed Diagnostic Network (SCBMDN). Initial funding has been provided for a 2 year period; however HR red tape continues to frustrate the appointment process for a network manager. The network executive group has however met on 2 occasions in 2010.
6. **Scottish Pathology & Laboratory Medicine Specialised Services Board.** This multidisciplinary/government group to look at diagnostic services continues to meet, although only at the rate of 2 meetings per year. The existence of the SCBMDN allows formal feedback with the board to be aligned with the specialty. The lack of absolute power to modify service issues at local level remains a significant barrier and highlights the relative impotency of the network and this committee to effect real change.
7. **Keele benchmarking.** Further refinement of this process continues with some evidence that useful information is appearing, allowing good comparison across years if only for individual sites. It is however still clear that more consistent and valid methods of data collection must be achieved across all sites so as to allow valid regional comparisons to be made and potentially guide future strategic planning at Scottish level. Attempts will be made via the MDN to further analyse and refine the data.
8. **Budget Cuts.** The effect of the economic downturn nationally has started to make huge impacts on laboratory budgets throughout the country. This will undoubtedly lead to further inconsistencies in service in terms of repertoire and availability and failure to fully implement clinical guidelines, such as the use of BNP testing in heart failure.
9. **Workload increases,** especially for more manual and costly tests, continue to add pressure to laboratory budgets. The significant effect on lab tests of developments such as the new GMS contract QOF targets and the introduction of eGFR reporting are now well known following national audits carried out by our specialty. A new point on the QOF for 2009/10 includes "CKD 6: The percentage of patients on the CKD register whose notes have a record of an albumin: creatinine ratio (or protein: creatinine ratio) value in the previous 15 months." Also on the horizon is the likelihood of Diabetes screening using HbA1c – this is forecast to have significant workload and financial implications for all labs in Scotland, which at present is unfunded.

10. **Point Of Care Testing (POCT)** remains a challenge for laboratory services. Vast improvements in technology in recent years have allowed somewhat unregulated expansion of POCT in secondary care, primary care, the high street and in patients' homes. This has brought many problems with regards to clinical governance, with the vast majority of POCT services even within NHS spheres of influence unable to conform to basic national guidelines never mind accreditation levels of competence. Despite this, Clinical Biochemistry labs continue to strive to improve matters, however lack of managed clinical change in parallel with such developments has resulted in a huge resource gap between what is provided and what is needed to guarantee optimal patient safety.

11. **Familial Hypercholesterolaemia (FH)** Progress is being made with screening for Familial Hypercholesterolaemia (FH) in Scotland. At present, the Molecular Genetics service have found that the spectrum of mutations found in the Scottish population differs from that found in other populations and so the array approach to screening for mutations is not appropriate and sequencing of the full LDL receptor gene remains necessary. During the past year Scotland has commenced a cascade testing program as recommended in the Scottish Government publication 'Better Heart Disease and Stroke Care-Action Plan'. This has resulted in an increase in the number of referrals to lipid clinics. The rapid progress made in Scotland, driven in partnership between Clinical Biochemistry and Clinical Genetics, has been recognised nationally.

12. **Pathology modernisation** is clearly under way in England, with the publishing of the final stage of the 'Carter Review' at the end of 2009. This has been dramatically accelerated since the coalition government took over at the Dept of Health. Worryingly there are signs of private companies having increasing roles in the management of pathology services in England – the standards, consistency and quality of such services remain controversial. While such changes are not applicable to Scottish Laboratories, there are concerns that with the economic downturn and the relative lack of funds available, there may be more radical proposals to cut laboratory costs by going down similar pathways.

II: THE NEW NHSSCOTLAND QUALITY STRATEGY

Please identify any specific issues relating to your specialty which have the potential to either help or hinder implementation of the Quality Strategy:

Caring and compassionate staff and services – clearly low moral amongst staff plays a crucial factor in this – inconsistencies in agenda for change banding along with the effect of budget cuts, staff vacancy freezes and increasing workloads may mean that some of the goodwill that our service depends upon from staff may not be forthcoming.

Clear communication and explanation about conditions and treatment – The success of “LabTestsOnline” which acts as an important online resource not only for health professionals but for the public as well continues to grow. In addition, National Pathology Week, taking place for the past two years during the first week in November, resulted in hundreds of public engagement activities taking place across the country. This has led to significant educational information about laboratories and testing becoming available to the public. National Pathology Week is again planned for November 2010. However much of this is based on goodwill, which is at significant risk owing to the issues highlighted above.

Effective collaboration between clinicians, patients and others – The formation this year of the Managed Diagnostic Network for Scottish Clinical Biochemistry is a first step to establishing close links with other professional groups as well as patient representatives.

A clean and safe care environment, Continuity of care, Clinical excellence – These are all goals of the managed network, however they will come under considerable strain owing to the financial pressures facing laboratories despite forecasted increases in workload.

III: MEDICAL WORKFORCE ISSUES INCLUDING TRAINING

Overall: Significant issues exist relating to the impact of Agenda for Change across the specialty, further adding to the recruitment and retention crisis. The unknowns and potentially negative impact on the quality of training as a result of the proposals made in the modernising scientific careers consultation document also could have an effect. Technological advances and changes in working practice are likely to have a continuing effect on skill mix within the laboratory environment. Laboratories need to have the required level of fluidity so as to be able to adapt staffing and surroundings to meet these continual challenges. Similarly, difficulties in recruitment and retention of particular members of staff will also demand that new and different ways of working will need to be sought through service redesign.

MMC – the recruitment and appointment process for Specialty Trainees in Chemical Pathology and Metabolic Medicine continues to produce problems. Uncoupling from core medical training may allow better recruitment strategies to be developed in the coming years.

IV: PROMOTING PROFESSIONALISM & EXCELLENCE IN SCOTTISH MEDICINE

How do we take forward and build upon the themes emerging from the *Promoting Professionalism & Excellence* report:

- Promoting better medical leadership at all levels of the service;
- More effective team working;
- Increasingly evidenced based services underpinned by a strong research base;
- Doctors as role models for doctors in training and other health professionals; and
- Doctors as advocates for health services and the health needs of the population.

As stated throughout this report, more effective team working, improvement of evidence based diagnostics, more efficient approach to training and improved focus on the health needs of the population (with a suitably flexible clinical diagnostic service with enough fluidity and resource to adapt to changing demands) can best be achieved by continued and improved collaboration between laboratory professionals, service users and patients. Significant advances are being made in these areas, but there remain major obstacles mainly related to lack of investment and general funding of diagnostic services.

V: SMASAC WORK-FLOW PLANNING

Are there any areas where you would like SMASAC to consider establishing a working group?

Point of Care Testing (POCT)/Near Patient Testing remains an area of significant concern for patient safety.

VII: PLEASE INDICATE HOW YOU COMMUNICATED WITH YOUR SPECIALTY

- I attended meetings of the Scottish Senior Biochemists group in November 2009.
- I attended meetings/Committee of the Scottish Region of the Association for Clinical Biochemistry, the Scottish Council, Specialty Advisory Committee, the Council and Executive council of the Royal College of Pathologists.
- I attended meetings of the Scottish Pathology and Laboratory Medicine Specialists Services Board in 2010.
- I chaired the first 2 meetings of the SCB Managed Diagnostic Network in Feb and May 2010.
- Informal meetings, emails and conversations with colleagues at various times and events, including receiving input from a number of individuals to this document.

Please return to Mareike Bethge (Mareike.bethge@scotland.gsi.gov.uk) by 31/07/2010

Treasurer's Report to the ACB Scottish Region March 28th 2011

Please see attached the detailed end of year statement for 2010 provided by the central London ACB office. In summary:

- Opening balance of the account on 1st January 2010 was **£19075.74**
- Closing balance on 31st December 2010 was **£8255.81**

(Note different closing balance to that quoted on the ACB office end of year statement due to an incorrect debit for £1510 for a Welsh Meeting).

Additional debits outstanding for 2010:

- | | |
|---|---------|
| ○ ACB London Office Charge | £132.90 |
| ○ Catering for November Stobhill Meeting | £902.11 |
| ○ Committee Member Expenses | £ 59.00 |
| ○ Insurance Cover for Spring 2011 Meeting | £210.00 |

Debits / Credits for 2011 to be processed:

- | | |
|--|---------|
| ○ Deposit for March Aviemore Meeting | £150.00 |
| ○ Sponsorship for March Aviemore Meeting | £300.00 |

Current Balance (prior to Aviemore expenses) **£7101.80**

Kim Heathcote
Treasurer ACB Scottish Region

**Scottish Regional Tutor's Report to the
Scottish ACB Committee Meeting
28th March 2011**

Current Trainee Activity Level:

As of 18th March 2011 there were twelve pre-registration trainees and two Higher Specialist Trainees in post.

I) First Year Pre-Registration Posts

Dr Laura Russell, Ninewells Hospital, Dundee [Supervisor – Dr WA Bartlett]
Dr Allan Dunlop, Royal Infirmary, Aberdeen [Supervisor – Mr J Allison]
Dr Helen Falconer, Western General Hospital, Edinburgh [Supervisor – Dr P Ashby]

II) Second Year Pre-Registration Posts

Dr Rebecca McCann, Fife Area Laboratory [Supervisor - Dr P Wenham]
Dr Neil Watson, Glasgow Royal Infirmary [Supervisor- Dr R Spooner]
Dr Gemma Gallacher, Yorkhill Hospital [Supervisor- Dr P Galloway]

III) Third Year Pre-Registration Posts

Dr Neil Syme, Edinburgh Royal Infirmary [Supervisor - Dr S Walker]
Dr James Logie, Wishaw General Hospital [Supervisor - Mr E Carlyle]
Dr Fiona Brandie, Ninewells Hospital, Dundee [Supervisor -Dr WA Bartlett]

IV) Fourth Year Pre-Registration Posts

Dr Janice Reeve, Aberdeen Royal Infirmary [Supervisor – Mr J Allison]
Dr Heide Mendoza, Ninewells Hospital, Dundee [Supervisor – Dr WA Bartlett]
Dr Catriona Clarke, in a substantive post at the Western General, Edinburgh
[Supervisor – Dr P Ashby]

V) HST Training Posts

Dr Neil Squires, Edinburgh's Sick Childrens Hospital [Supervisor – Dr Jean Kirk]
Dr Barry Toole, Glasgow Royal Infirmary [Supervisor- Dr R Spooner]

VI) Current B Grades In Pre-Registration Training

Recent Higher specialist trainee appointments-

Jennifer Lochrie (Glasgow Royal Infirmary)

Katherine Sellar (Wishaw General)

Congratulations to Claire Rees (Glasgow Royal Infirmary), Marianne Barr (Yorkhill Hospital), Barry Toole (Glasgow Royal Infirmary) and Jane Armer (Southern General Hospital) on success in their recent ACS / HPC interviews. Congratulations also to Dr Janice Reeve (Aberdeen Royal Infirmary) and Dr Heide Mendoza, (Ninewells Hospital) on obtaining their ACB pre-registration completion certificates.

Future Trainee Activity Level

There will no new pre-registration trainees taken on this year in Scotland. A request to convert the 3 four year training posts due to commence in September 2011 to 2 three year fixed term HST posts is being considered by Rob Farley, the NES Programme Director for Healthcare Science.

The new Scottish training scheme structure under the Modernising Scientific Careers framework has still to be decided and early discussions are taking place on Monday 21st March 2011, with Rob Farley and relevant stakeholders.

Jim Allison
ACB Regional Tutor

Scotland – West March 2011

- **Pre-Registration Trainees**

2009 2 trainees (GRI and Yorkhill) are currently in their 3rd term at Guildford.

2008 1 trainee (Wishaw) obtained his MSc and is currently on placement.

2006 1 trainee (GRI) obtained a 3 year HST post at Glasgow Royal Infirmary

4 trainees obtained State Registration with a further 2 are awaiting interview.

1 trainee has left the region having been successfully appointed to an 8B post in Preston.

- **Post-Registration Trainees**

There are 13 post-registration biochemists working towards obtaining FRCPATH in the West of Scotland. 4 trainees are working towards Part I; 9 are working towards Part II (8 have DipRCPATH i.e. Old style exam)

- **Specialist Registrars**

There are 4 SPR's based in the West of Scotland.

2 are currently on research secondments (both working towards Part II); 2 are working towards Part I.

- **Tutorials/Meetings/Conferences/ Training Courses**

The tutorial programme for trainees working towards FRCPATH has been successfully running for the past 1 year and it is planned for these to continue. Trainees are encouraged to attend local and regional ACB meetings (Scottish ACB Spring meeting 31st March, Aviemore) and ACB training courses where appropriate (28th -1st April Birmingham)

- **RCPATH**

1 trainee passed the written exam and 1 trainee passed the practical exam in September
Spring 2011: 1 trainee is attempting Module 1 (Practical skills module) and 1 trainee is attempting Part II Oral exam (old format)

- **Other issues**

A successful "weekend of pathology" was held at Kelvingrove Art Gallery/Museum for National Pathology Week 2010. The wide range of activities provided by the multi-disciplinary group (Pathology, Cytogenetics, Molecular genetics, Biochemistry) included cholesterol testing, counting chromosomes and pinning the organ to the body. Additionally, children had the opportunity to become "mini" biochemists, using glucose meters and dipsticks to help diagnose what was wrong with Mr Brown (diabetic). Thanks to everyone involved.

RCPATH mock practical exam: GRI/Yorkhill are hoping to provide a mock practical for future trainees attempting Module 1.