



The Association for Clinical Biochemistry

Scotland Region

Meeting of the ACB Scotland Regional Committee
Wednesday 15th July 2009 14:00
Seminar Room 4, Perth Royal Infirmary

MINUTES

Present: Bill Simpson (WS), Ian Godber (IG), Anne Pollock (AP), Paul Cawood (PC), Jim Alison (JA), Sarah Jarvis (SJ), Jane McNeilly (JMcN), Suzanne Mackenzie (SM), Joy Johnstone (JJ), Maria Warner (MW).

1. **Apologies for absence**

Received from: Bernie Croal, Ellie Dow, Janet Hogg, Susan Knox, Karen Smith, Frank Finlay

2. **Minutes of previous meeting (24th April 2009, previously circulated and on website)**

These were agreed as a correct record

3. **Matters arising and not specified below**

3.1 Rules of the Region – AP presented these at council. They were approved at council and adopted

3.2 National Pathology Week - promotion event in Dundee organised by RCPATH was attended by a number of members. Positive feedback. Plans for this year: Edinburgh carried out an event at the museum last year and plan to do similar this year combined with public lectures. Glasgow have plans again to use the Science Centre. If any sampling of patients (e.g. cholesterol) is to be carried out it would be a pre-requisite that a medic was present to advise.

4. **Committee Membership**

FF has spoken to Graeme Phemister however is not currently an ACB Member – FF to pursue

An invitation for nominations for soon to be vacant Committee posts (Treasurer, Member for Glasgow & Lanarkshire) will be sent out in September

There was some discussion as to whether the region should fall in line with others and have the Chair as Council Member – It was concluded that it is useful experience for someone else and we would keep it as separate. AP's nomination of FF (seconded by IMG) was accepted by the committee.

AP mentioned that Exec require Job descriptions for roles on the committee – IMG confirmed this is detailed within the rules of the region

5. **Forthcoming meetings**

ACB Training Course – September 2009 – organising going well, all lectures full - slightly under-subscribed – 35 so far. There is a clash with an English public holiday. Problems with sponsorship, funding may be a problem for future courses.

Autumn 2009 – Crieff – going to plan, speakers organised. Sponsors have been very generous – approved to pay day registration for chairs and John King Award presenters travel.

Spring 2010 – not possible for late March – provisional booking 8th April however this is in Easter break which committee thought was not a good idea. PC to explore other options in early March.

Focus 2010 – Debrief on Monday, IMG will report back in November. JA reported that the scientific programme was nearly complete

Summer 2010 – Tayside – Members Papers (plus another subject)

Autumn 2010 – Glasgow

Issue of charging for meetings was raised, at present free meetings are a success and will continue for the short term future.

6. **Reports**

Council In addition the ACB are still looking for nominations for members with particular interests in certain fields, they are also looking for us to nominate 'rising stars'. IMG will send a letter regarding the members working on the committee.

Regional accounts no longer need to be audited

IMG to write another letter regarding lack of communication to treasurers

Vignettes required for labs are vital

Mike Hallworth is looking at project regarding revalidation

Members are encouraged to buy Allan Deacon's calculations book

New collaboration between scientific committee and CPS designing guidelines, this would be peer reviewed.

Robert Hill and Stewart Smellie organising this

Finalised report for Profession Under Siege II coming out soon

Federation of Clinical Scientists – tabled (PC) and available on website – nothing to add

Trainees – report provided (JMcN and MW) also available on website – nothing to add

Clinical Practice Session – SM was unable to attend last meeting and minutes are not available at the time of this meeting. Stewart Smellie taking over as director -16/17th October for consultants/registrars meeting

Regional Tutor – report provided (JA) and on website – Since John Fyffe's retirement there was a problem in supervision of one of the trainees, this has been resolved.

Audit Group – nothing to report

Treasurer – FF provided a report and accounts, available on website

Specialty Advisor – paper on Scottish Pathology & Laboratory Medicine Specialised Services Board circulated (attached). Disappointed that funding has been withdrawn and we feel that some of the activities may be continued through the good will of the membership

7. **Scottish Clinical Biochemistry Managed Diagnostic Network (MDN) Papers circulated – funding suddenly ceased for MDN. It is still felt that there is a requirement for this however it is felt it may lose its momentum unless individuals take on aspects.**

8. **AOCB.**

No representation from Ayrshire & Arran, Argyle and Clyde, Dumfries & Galloway at a number of meetings now. WS will contact the post holder regarding whether he wishes to continue in post.

JA led a short discussion on the new HST posts which have been advertised. It will be worthy of note to see what interest this generates.

9. **Date of next meeting**

Crieff 4th November 2009 - lunchtime

Dr Ian Godber

ACB Scotland Regional Secretary

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FCS report for Scotland Regional Committee – Wednesday 15th July 2009

Agenda for Change

- Appeals – some Health Boards are progressing appeals – these should include an interview followed by completing appropriate documentation justifying the reason for appeal for each factor being contested. Agreement with line manager is required.
- Some examples in England of Grievances being taken out when correct procedures not followed, otherwise outcome of local appeal is the end of the process

FCS National Committee 4th June 2009:

- Pensions Choice exercise:

1. NHS Pensions Scheme web site now contains a "NHS Pensions Choices" page, <http://www.nhsbsa.nhs.uk/Choice.aspx> with lots of links to useful information.
2. The Pension scheme has just released a revised "Members Booklet: SD Guide, June 2009" which now gives comparative details of the 1995 and 2008 schemes side-by-side. Essential reference text. [http://www.nhsbsa.nhs.uk/Documents/Pensions/SD_GUIDE_COMPLETE_\(V2\)_-06.2009.pdf](http://www.nhsbsa.nhs.uk/Documents/Pensions/SD_GUIDE_COMPLETE_(V2)_-06.2009.pdf)

"This new booklet is for all members of the NHS Pension Scheme. It covers most topics including the benefits you will receive when you retire, survivor benefits, additional pension and advice if you are leaving the scheme. It replaces the following booklets: SDNG, SDK, SDAVC, SDER, SDGP, SDF and the old version of the booklet. The new booklet will answer most of your questions about the NHS Pension Scheme, including benefits, when you can retire, the arrangements for spouse and partners' pensions, and so on."

- Reps Training Course

Training Course took place Birmingham 31st March 2009. Next planned for October 2009 Tooley St on organizational change.

- Members Cases

Many of these relate to Trusts in the rest of the UK and involve organisational change, redundancies, tendering for lab services etc. Most of these should not be relevant to Scotland.

Scottish Healthcare Science Forum:

- Modernising Scientific Careers

Scotland has been invited to send 3 representatives to take part in a UK wide, high-level deliberative event to inform the Modernising Scientific Careers model, as it emerges, leading to the publication of a further policy document in the autumn: attend either in Liverpool or London on 22nd or 27th July respectively, from 10:30 – 16:30.

- **Healthcare scientists workforce planning** – national modelling project plan (Scotland)
- Planning for the 2009 **Healthcare Science Scotland national event** is now underway by NHS Education for Scotland, The Scottish Government and The Scottish Forum for Healthcare Science. The event has been booked for Friday November 27th 2009 at the Royal Society of Edinburgh.
- **National Pathology Week** – Mon 2nd – Sun 8th Nov 2009

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Regional Tutor's Report to the ACB Scottish Region, July 2009
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The Grade A Training Scheme is progressing smoothly, with the second year students just completing their final examinations. The help and support provided by the departmental supervisors and other laboratory staff in Scotland is gratefully acknowledged.

Trainee Activity Level:

As of 1st July 2009 there were nine Grade A Trainees in post, with two trainees on the threshold of substantive Grade B Posts and three new appointments waiting to take up their positions on 1st of September 2009.

I) New Grade A Appointment's - following interviews held on 8th April 2009 are -

Trainee	Supervisor	Base Hospital
Dr Rebecca McCann	Dr Phillip Wenham Victoria Hospital Fife Area Laboratory Hayfield Road Kirkaldy Fife KY2 5AG	Dept of Biochemistry Victoria Hospital Fife Area Laboratory Hayfield Road Kirkaldy Fife KY2 5AG (with secondment to Ninewells Hospital for teaching Hospital Experience)
Dr Neil Watson	Prof. Wallace Dept of Biochemistry Royal Infirmary Macewan Building Castle Street Glasgow G4 0SF	Dept of Biochemistry Royal Infirmary Macewan Building Castle Street Glasgow G4 0SF
Dr Gemma Gallacher	Prof. Wallace Dept of Biochemistry Royal Infirmary Macewan Building Castle Street Glasgow G4 0SF	Dept of Biochemistry Royal Hospital for Sick Children Yorkhill Hospital Glasgow G3 8SJ

II) First Year Grade A

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]

III) Second Year Grade A

Dr Janice Reeve, Aberdeen Royal Infirmary
[Supervisor – Mr J Allison]

Dr Heide Mendoza, Ninewells Hospital, Dundee
[Supervisor – Dr WA Bartlett]

Dr Catriona Clarke, Western General, Edinburgh

[Supervisor – Dr P Ashby]

IV) Third Year Grade A

Dr Barry Toole, Glasgow Royal Infirmary

[Supervisor- Prof AM Wallace]

Dr Marianne Barr, Gartnavel General Hospital, Glasgow

[Supervisor- Prof AM Wallace]

Dr Jennifer Lochrie, Yorkhill Hospital, Glasgow

[Supervisor- Dr John Fyffe]

V) Fourth Year Grade A

Nil.

VI) Current B Grades In Training

Recent Higher specialist trainee appointments-

Dr Marianne Barr (Yorkhill Hospital)

Dr Jennifer Lochrie (Glasgow Royal Infirmary)

Dr Roy Peake (Aberdeen Royal Infirmary).

Dr Karen Wall (Stobhill Hospital Glasgow)

Louise Brown (Western General, Edinburgh)

Michael Crane (Royal Infirmary Edinburgh)

Fiona Stefanowicz (NSD Trace Element Unit, GRI)

Andrew Kerry (Paisley)

NES have offered to fully fund two HST posts for a fixed three year period; the posts will be advertised this month and administered from Tayside in parallel with the Grade A scheme. One of the base hospitals is expected to be at the Royal Hospital for Sick Children in Edinburgh and the other will either be at Ninewells Hospital or at Aberdeen Royal Infirmary.

Accreditation of Training Sites

Three Scottish centres, Aberdeen Royal Infirmary, Ninewells Hospital and North Glasgow have been notified that they will require their training site accreditation reviewed by the end of this year.

Future Planning:

NHS Education in Scotland (NES) continues to support the Clinical Scientist training programme and views it as a well structured training programme producing high calibre trained scientists who move rapidly into available HST posts. In addition, their agreement to provide additional HST funding, to ensure delivery of sufficient well-qualified cohort of scientists to address the looming shortfall of senior scientists through retirement, is very much welcomed.

There has been no update on the Modernising Scientific Careers initiative since our last meeting in April with little more expected before the end of the year.

Jim Allison
ACB Regional Tutor

TREASURER'S REPORT

JULY 2009

Spring Meeting 2009

We received £1000 in sponsorship for this meeting and Dr E Bell very kindly made up the difference between the overall cost (venue hire and catering) with a donation from his endowment fund.

Regional Account

The Scottish Regional account has been credited with the full capitation fee and I have received no communication to suggest this is going to be adjusted in any way this year. Overall the account shows a healthy balance, which is important as a back-up for the Crieff meeting but finances are gradually running at a slight year on year loss as the costs of meetings, speaker and committee expenses continue to increase.

Expenses claim forms

Can I remind people that although the form to use is the National ACB form, the form then needs to be sent to me in the first instance to be "authorised" by the Regional Treasurer and I will then pass it onto ACB head office for payment.

Frank Finlay

14/07/09

Specialty	Clinical Biochemistry (Chemical Pathology)
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 one band lower 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 an extremely high number of appeals, with widespread disillusionment, frustration and uncertainty amongst staff. The appeals process has been painfully slow with many appeals still outstanding two years after the initial assimilation exercise, which itself was based on job descriptions from Oct 2004. Critically, AfC outcomes are beginning to have severe consequences for the recruitment and retention of Clinical Scientist staff. 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 retirements. Ongoing efforts to try to make use of centrally provided funds are proving difficult, with funding only being made available for 3 out of the recognised 4 year training period. 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. This has been acknowledged in the recent report ‘Safe Accurate and Effective’.
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.

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 been gathering pace. Despite much collaborative effort and input from the deputy CMO, the bid for funding of such a managed diagnostic network for Clinical Biochemistry has been turned down by NSAG/NSD as it was viewed that “it did not represent value for money”. The way ahead is unclear.
6. **Scottish Pathology & Laboratory Medicine Specialised Services Board.** The first meeting of this multidisciplinary/government group to look at diagnostic services met in June 2009. The input/output from Clinical Biochemistry remains unclear with no managed network in place to allow proper dissemination and discussion across all laboratories. This despite acknowledgement within the remit of the board of the essential role of laboratory networks feeding into decision making.
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.
8. **Budget Cuts.** Silo budgeting and efficiency targets continue to stagnate service development throughout the country. Many laboratories this year have been hit with huge budget cuts in order to try to offset significant overspend in the acute sector. 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."

This will give rise to considerably increased demand for urine protein (or urine albumin) and urine creatinine tests. Whilst these are not new tests, they remain relatively labour intensive, and hence are significantly more costly than standard serum biochemistry tests (which the national tariff largely reflects). To gauge the magnitude of increased workload which might result from this QOF change, we conducted a poll of Scottish laboratories. From this we estimate that for each 100,000 population served by the laboratory, there will be at least 10,000 extra tests per year (2x 5,000 cases). This does not include repeat tests and extra work generated by abnormal results which will need further follow up.

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 are assessing the number of mutations in the Scottish population before commencing a true cascade testing program as recommended recently in Scottish Government publication 'Better Heart Disease and Stroke Care-Action Plan'. In addition, greater awareness of the need to investigate possible FH (for example in the recent QIS document 'Prevention and Treatment of Coronary Heart Disease') has led to increased referrals to lipid clinics (in Grampian, the referral rate has doubled, although few of these referrals actually have FH). However, once the cascade system is in place and new cases of FH are actively being sought, the number of referrals to lipid clinics are likely to increase even more dramatically.
12. **Pathology modernisation** is clearly well under way in England, with the publishing of the final stage of the 'Carter Review' at the end of 2009. Although not directly applicable to Scotland, there are many concerns coming to the fore regarding the radical rationalisation being forced upon some laboratory services and the emergence of private companies as the provider of services for some NHS trusts.

II: BETTER HEALTH BETTER CARE

What level of awareness is there in your specialty of the direction of policy travel set out in BHBC?

The specialty is generally very aware of the direction of policy travel set out in BHBC. There is acknowledgement of the need for closer cooperation between departments across Scotland and as such considerable effort has been made in forging ahead with

plans for a managed diagnostic network for clinical biochemistry – this however has been put on hold following NSAGs decision not to recommend funding (to begin 2010/11) of the network. While re-submissions are possible, the appetite of the specialty to go down this route may have waned, with actual funding now pushed back to financial year 2011/12 at the earliest.

The specialty continues to input in several relevant areas related to BHBC – examples as follows:

- **Enabling and supporting patients to be partners in their care**

Providing education to patients regarding laboratory testing through mediums such as ‘Lab Tests Online’ - thus patients will be able to make logical informed choices about which tests they will receive and the pros and cons surrounding their use. National Pathology week in Nov 08 was a great success allowing the public’s appreciation of the specialty to be enhanced. National Pathology week 2009 (Nov) will be focused upon cardiac themes.

- **Making health care in Scotland safer still and a world leader in this area**

By continuing to push boundaries in request order communications, electronic reporting and analytical automation, the reliability and efficiency of laboratory testing has improved. Similarly, achievement of much stricter but essential accreditation standards has been met across the country.

- **Making access to primary care more flexible through re-designing services**

Working with primary care to ensure safe and timely transport of specimens out with normal working hours if necessary. Similarly, enabling re-design within labs to ensure such changes in workload are dealt with in a timely and efficient manner.

- **Spreading best practice in care for people with long term conditions**

While funding difficulties can limit the spread of best practice, the specialty nevertheless continues to adhere and conform to the demands of guidance issued by SIGN and NICE along with compliance with initiatives such as eGFR reporting and nGMS contract lab testing targets.

- **Bringing a more systematic approach to clinical effectiveness**

Minimal diagnostic networking within the specialty has allowed a systematic appraisal of several areas of laboratory testing such as conformity of drug reporting units, natriuretic peptide use, PTH consensus ranges and new specialist test justification. While there are still many barriers, the dialogue and action created will hopefully allow a more informed and consistent approach to the development not only of what laboratories do in the future but also what is currently done. This has demonstrated both the need and the potential for a properly funded and representative network for clinical biochemistry services across Scotland.

- **Modernising the NHS through better use of technology**

Although the pace of technological development implementation is generally slow, some laboratories in recent years have grasped new technologies such as automation and electronic ordering and reporting. New technologies such as this has enabled these labs not only to become more effective but also to look at service redesign to improve efficiency and better cope with the pressures facing the specialty in recruitment and

retention of staff.

- **Reducing waits and sometimes harmful delays**

Clinical Biochemistry laboratories, despite receiving relatively little in the way of matched financial change, have contributed significantly to waiting time initiatives over the past few years by absorbing the major increases in workload that have been generated. In addition, technological advances and new working practices have allowed turnaround times to remain optimal so as to avoid harmful delays. The new specialist tests board will seek to find local solutions within Scotland for rarer specialist tests and ensure that this is achieved in an efficient and effective manner.

Where applicable within your Specialty, how effective have the 2008/09 HEAT targets

(<http://cci.scot.nhs.uk/Publications/2008/11/28081831/9>) been in promoting change in service delivery?

The specialty has interacted both directly and indirectly to assist in the achievement of HEAT targets 2008/9. Examples as follows:

- 1) “Health Improvement Targets” – “*reduce mortality from CHD*” – provision of serum lipid and other relevant inflammatory markers, acute coronary syndrome markers, along with direct involvement through lipid clinics and the new approach to Familial Hypercholesterolaemia has allowed the specialty to directly input valuable information and clinical acumen in an attempt to bring about this target.
- 2) “Efficiency and Governance Targets” – The specialty has in many areas driven the mandatory adoption of CHI numbers and in some areas progressed with Agenda for Change/KSF targets – although clearly not a universal success.
- 3) “Access to Services Targets” – the specialty has assisted in various areas both in the provision of diagnostics tests that aid efficient access to services but also directly in a variety of out-patient clinic settings allowing waiting list targets to be achieved.
- 4) “Treatment Targets” – The provision of prompt and efficient diagnostic services has indirectly assisted all sectors in their treatment target pathways.

Opportunity for free comment on the BHBC strategy:

Nothing Further to add, only to re-emphasise the importance of a managed diagnostic network for the specialty.

III: MEDICAL WORKFORCE PLANNING

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.

EWTD implementation in 2009 – The vast majority of staff in labs are already working under EWTD, however there still remains some pockets whereby the demands of providing an out of hours service, and the continuation of an ‘on-call’ working pattern dictates that many members of staff continue to actually work more than 48hrs per week. A significant challenge lies ahead therefore in order to try to resolve such inappropriate arrangements which has major implications for the required workforce. Medical Consultant staff, following the introduction of the new contract are generally contracted for 10-12 PAs – equating to 40-48hrs. However again, many Consultants work way in excess of these hours, and while in some areas they are allowed to enter this commitment into their job plan, the actual quantification remains untimed and unpaid.

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 such as the lack of a funded diagnostic network for the specialty.

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. This issue has been covered above in the first section (point 10).

VI: FREE COMMENT

VII: PLEASE INDICATE HOW YOU COMMUNICATED WITH YOUR SPECIALTY

- I attended business meetings of the Scottish Senior Biochemists group in May 06, Nov 07 and June 08, Nov 08, and May 2009.
- I attended meetings/Committee of the Scottish Region of the Association for Clinical Biochemistry, Clinical Biochemistry Diagnostic Network Group, the Scottish Council and the Specialty Advisory Committee of the Royal College of Pathologists.
- Informal meetings, emails and conversations with colleagues at various times and events, including receiving input from a number of individuals to this document.

CMO Specialty Adviser Annual Reports 2008-09

Scotland - East

- **Grade A Trainees**

2008 Intake

Two trainees (Edinburgh and Dundee) have completed their second term and exams at Guildford.

2007 Intake

Three trainees (Edinburgh, Aberdeen and Dundee) are preparing to sit final exams in Guildford.

- **Pre-registration**

One permanent trainee located in Edinburgh, and two in Aberdeen. Two recently passed the written paper and are preparing to sit the practical.

- * **Post-registration**

One in Dundee and three in Edinburgh. Two have completed Part 1 assessments, 1 has passed the written exam and one is preparing to sit the written exam.

- **Specialist Registrars**

There are 4 SpR's in East Scotland, two in Edinburgh (DipRcPath/FRcPath) and two in Dundee.

- **Tutorials/Meetings/Conferences**

Trainees are encouraged to attend local ACB meetings, and other regional and national meetings as appropriate. The majority of trainees attend Focus and the Focus training day.

- **ACB Training Courses**

Trainees attend ACB training courses from March of Year 1 of training, usually completing the cycle of 6 within the 3 years of Grade A training. There are two trainees still attending training courses from this region.

- **State Registration**

All eligible trainees are registered. Three trainees are eligible to apply for registration this autumn.

- **MRCPath**

Three people passed the written paper in March. Two will be sitting the practical in September.

Other issues

Two events are being planned for NPW.

Tuesday 3rd November – Evening public lectures at the Royal College of Physicians.

Sunday 8th November – An interactive event on the heart is to be held at the National Museum of Scotland. This is also intended to include HCS from outside of the labs.

Topics include:

- physiology/anatomy
- Heart health – cholesterol etc.
- Blood pressure/exercise testing
- MI – what is it/troponin/angio
- Treatment – stents/statins/beta blockers

Scotland - West

- **Pre-Registration Trainees**

2009 2 trainee due to start in the West of Scotland (1 based at Glasgow Royal Infirmary and 1 at Yorkhill)

2008 1 trainee progressing through training (Wishaw)

2006 3 trainees based in Glasgow (Glasgow Royal Infirmary, Yorkhill and Gartnavel General Hospital) all passed Guildford MSc exams and are currently completing their rotations at specialist centres/DGHs as part of their Grade A training.

2 of the trainees were successfully appointed to HST post at GRI and Yorkhill in February and will officially start in September.

Three pre-registration trainees working towards state registration in Grade B posts (one is a specialist Trace Metals HST post)

- **Post-Registration Trainees**

There are 11 post-registration biochemists working towards obtaining FRCPATH in the West of Scotland. 6 are working towards part I; 5 are working towards Part II

7 new appointments were made in the West of Scotland in February:

4 HSTs (2 at Glasgow Royal, 1 Yorkhill, 1 Southern General)

1 Senior/Principal (Yorkhill)

2 Principals (1 Glasgow Royal, 1 Southern General)

*Although 5 posts were advertised, 2 current Glasgow HSTs were appointed as a Principal and a Senior/Principal creating a further 2 HST posts.

- **Specialist Registrars**

There are 4 SPRs based in the West of Scotland. (1 recently left). One of these is currently on a research secondment. All are working towards part II. (1 due to sit oral in September).

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

The proposed formal tutorial programme for Grade-A and pre-registration trainees has not yet been established. Trainees are encouraged to attend local ACB meetings, West of Scotland Biochemistry Colloquia and other regional and national meetings as appropriate. The majority of trainees attended Focus and the Focus training day. The next ACB training course is being held in Edinburgh, (August 30th-Sept 4th).

- **RCPATH**

4 HST passed the written exam in March

1 SpR + 1HST passed the practical exam in May

1 HST is due to sit the written exam in September (3rd attempt)

4 HST are due to sit the practical exam in September (All 1st attempt)

- **Other issues**

All Scottish trainees have now received back-pay for Annex U. Thanks to Sarah Jarvis and Bill Bartlett for their perseverance.

National Pathology Week: - Event scheduled for Saturday 7th November at Glasgow Science centre.