

# ACBNews

The Association for Clinical Biochemistry & Laboratory Medicine | Issue 682 | April 2023

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home of UKMedLab23*





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# ACB News

The bi-monthly magazine for clinical science

Issue 682 • April 2023

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The Association for  
**Clinical Biochemistry &  
Laboratory Medicine**

*Better Science, Better Testing, Better Care*

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*Front cover: The Royal Armouries, Leeds, venue of UKMedLab23*

# Message from the President

Another Spring, another financial year, another set of challenges.

The increasing advance of Direct-to-Consumer Testing (DTCT) provided by commercial outlets and the expanding array of test-at-home products available in supermarkets raises huge concerns around regulation, appropriateness, interpretation and quality. We have held discussions about DTCT with both IBMS and RCPATH and will soon look to engage with colleagues from GIRFT to further understand the issue, raise concerns and suggest potential solutions. DTCT is here to stay, but we need to ensure this source of diagnostic testing is provided safely, is appropriate, is understood and has healthcare pathways available to deal with any subsequent action needed.

Similarly, NHS England has begun rolling out direct access to results for patients via GP portals and NHS linked apps. The lack of standardisation of test nomenclature, units, ranges and cut-offs and format will only confuse patients. In addition, the lack of appropriate interpretative advice will also increase patient uncertainty and anxiety. I recently convened some meetings with IBMS and RCPATH leadership on this topic and we have formulated a joint statement. We fully understand member concerns regarding patients' direct access to medical records, including laboratory test results. While providing patients with access to their own health data can enable them to take an active role in managing their own health, we will be raising concerns at ministerial level.

Preparation for UKMedLab23 in Leeds between 12-14 June 2023 continues to gain momentum. Come and celebrate the ACB's 70th anniversary, network with colleagues and experience an array of scientific presentations sourced from all



parts of the UK and the RoI. Registration is open now – [book your ticket on the ACB website](#).

Finally, many members will also be fellows of the RCPATH. There are many opportunities coming up for College posts such as President, Vice-President, other Honorary Officers, SAC chairs, exam leads and members of various committees. It is vital that individuals from all of our disciplines are represented, so please consider stepping forward or, indeed, make sure your vote counts in any associated elections.

Hope you all get some much-needed time out during the upcoming Spring breaks.

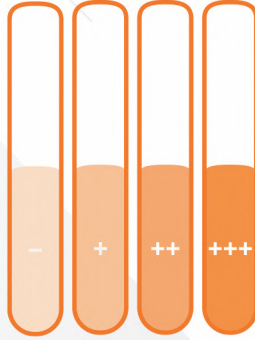
**Bernie Croal, ACB President**

## ◆ Baroness Masham

*The ACB acknowledges the passing of Baroness Masham on the 12 March 2023. When she sat in the House of Lords she was a great asset to the ACB and her support helped achieve state registration for Clinical Biochemists / Scientists. The ACB sends heartfelt condolences to her family at this time. ■*

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## CEO Update

In April, we're kicking off the ACB 70th Anniversary activities with a submissions request for article ideas for the *ACB News* 70th Anniversary edition, to be released in June. We're really looking forward to hearing from members old and new, so we can pack this special edition with memories and achievements over our history, alongside hopes, aspirations and predictions for the next 70 years!

In other news, we are working on a new collaborative event at the IBMS Congress in September 2023. The ACB Laboratory Medicine Leadership Summit will comprise a whole day's content focussing on key leadership and management issues. We'll be covering such topics as AI, direct-to-consumer testing, informatics and environmental sustainability. Watch out for announcements during April/May on how to book your ticket for this event.

April also marks the time for our annual member survey: we want to hear from you about how we're doing and what your needs are for the future, as we continuously evolve and develop the membership offer. We have introduced many changes over the past couple of years, not least a new membership offer that started in January this year and we are very keen to hear your views. Watch out for an email containing the survey link in the next couple of weeks.

Preparations are well underway for the AGM in Leeds on 14 June, where we will



be tabling a resolution regarding the name change to The Association for Laboratory Medicine following 12 months of consultation with members. Details of how to attend or send your vote will be emailed to voting members during May.

Finally, we're delighted to welcome a new staff member to the team. Tamsin Lawson joined us in February as Events Manager with responsibility for all ACB events. Alongside our flagship National Meeting, UKMedLab, Tamsin will be co-ordinating and supporting the complete ACB events programme including regional meetings, training events, webinars and partnership events. I am sure you will join me in welcoming her to the team.

Looking forward to seeing you in June. ■

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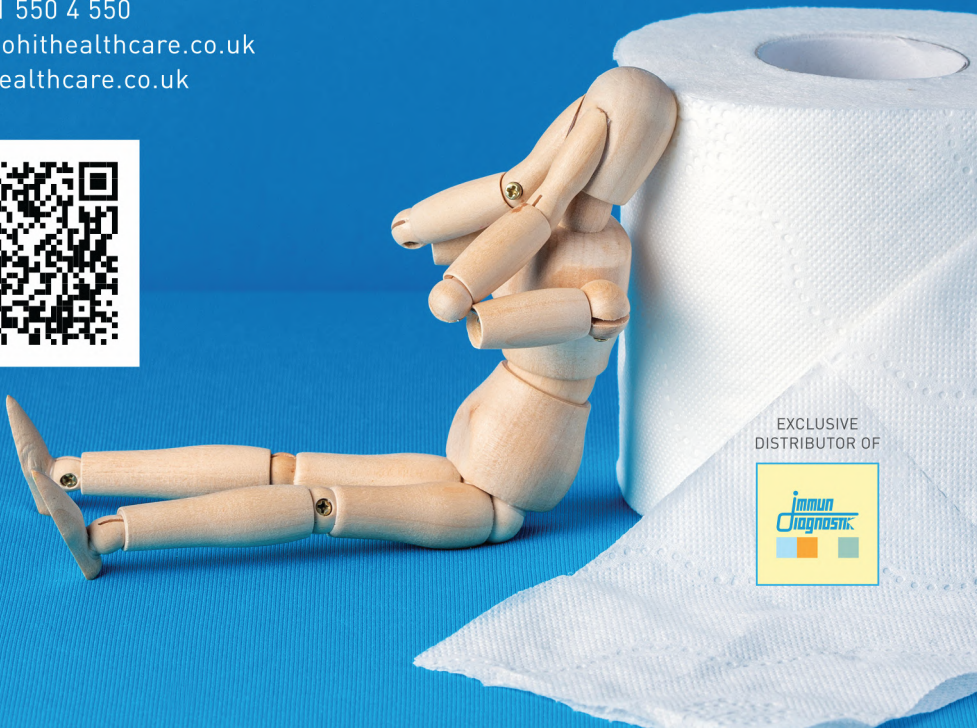
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# Happy 70th Anniversary, ACB!

**Bernie Croal, ACB President**

The ACB is 70 years old this year, having been founded on 28 March 1953 at the inaugural meeting at the Hammersmith Hospital in London which was attended by 75 members. Since then, there have been huge advances in science, medicine and healthcare, with the role of laboratory diagnostic tests expanding across screening, diagnosis, monitoring and treatment.

Our membership has also expanded significantly over this time, partly due to the integration of several professions under one single Association. In 2007, the Association of Clinical Scientists in Immunology merged with the ACB, with the Association of Clinical Microbiologists following suit in 2010. Accordingly, at our 60th anniversary in 2013, the original Association for Clinical Biochemistry organisation name changed to Association for Clinical Biochemistry and Laboratory Medicine to reflect the expanding focus and specialties within our membership.

In parallel, during this time, the ACB has been continuously developing its journal, the *Annals of Clinical Biochemistry*, and, more recently, the patient-facing website Lab Tests Online, which provides valuable information about laboratory tests directly to patients.

Over the decades, the ACB has modernised, taking practical steps to promote and implement necessary changes across equality, diversity and inclusion (EDI) and environmental sustainability. More recently, many ACB members fulfilled vital frontline roles during the COVID-19 pandemic around test development, infection control and vaccine development,

thus showcasing the innovation within our profession.

Looking forward, the Association aims to further cement its role as an important voice for laboratory medicine, while increasing collaboration with other learned societies in the UK and overseas. Providing a platform and opportunities for members to work collaboratively is also a key component of ACB membership – this will be especially important in the coming years as it helps meet the challenges of pandemic recovery, economic downturn, patient care backlogs and global warming.

We are marking the ACB's Platinum Jubilee and celebrating our achievements in a number of ways. Firstly, look out for the *ACB News* 70th anniversary edition in June, which will spotlight members' reflections on important milestones in laboratory medicine and the challenges lying ahead. Secondly, UKMedLab23, taking place in Leeds in June, will be an opportunity to celebrate our scientific community in person, both within the programme content during the social events. Last, but not least, our special edition 70th anniversary logo, which you may have already spotted in our communications, is a visual memento informing members, other scientific organisations and the public of our important milestone.

Although we are celebrating 70 years of excellence in laboratory medicine, it's vital we keep our eyes firmly on the future and collectively strive to pursue even greater achievements and milestones as members, staff and other key stakeholders of the ACB. I look forward to marking the occasion together in the months to come. ■



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# Call out for Member contributions – 70th Anniversary *ACB News* edition

To celebrate the ACB's 70th anniversary, the June 2023 edition of *ACB News* will be anniversary-themed.

*ACB News* Lead Editor Gina Frederick is inviting ACB Members to put themselves forward to write articles for this special edition through [this online submission form](#) before **9.00am Monday 17 April**.

We are not looking for fully-written articles at this stage. Rather, please suggest an article idea that is in line with the anniversary edition and give us some details about how you'd approach it. We're not looking for professional writers, either – just a passion for the science, the profession and the ACB.

We're keen on articles that provide original reflections on one or more of the following themes:

- ◆ Important advancements in laboratory medicine at any point in the last 70 years (these can be scientific, technological, inclusion-related, organisational and more)
- ◆ Personal stories that reflect systematic changes in laboratory medicine in the given period (for example, working directly with someone who trained in a different period, or participating in a game-changing project)
- ◆ What we have learned about laboratory medicine's role in tackling climate change over the years

- ◆ Research on pioneering scientists and healthcare leaders in the given period (British or global) with inclusivity in mind
- ◆ How laboratory medicine training has changed in the given period (for example, on-the-job training versus organised training)
- ◆ A "tour" around a typical lab from 70 years ago
- ◆ A co-written article between a Trainee and a soon-to-retire Member working in the same lab and how they navigate different approaches to the job.

If you feel there is another perspective that would help celebrate our 70th anniversary, please feel free to suggest it in the form.

If your idea is accepted, you will be invited to write a full article for the June edition. Please note that, due to the anticipated volume of suggestions and the aim to achieve a balanced range of topics, we cannot guarantee that your suggestion will lead to an invitation to write an article.

If you have any questions before or after submitting your idea, please email [editor.acbnews@acb.org.uk](mailto:editor.acbnews@acb.org.uk)

We can't wait to read through your suggestions. ■



The Association for

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## Nominations of Honorary Officers

In accordance with the provision of Articles 11 and 14 and the Association Bye-Laws subsection 6.2, we give notice that all Honorary Officers have so far expressed their wish to remain in their posts for the coming year, with the exception of the Chair of the Immunology Professional Committee.

We also give notice that a National Member position will become available for appointment at the Annual General Meeting on 14 June 2023.

The nominations processes for our next Chair of the Immunology Professional Committee and a National Member will be launched this month and further information will be sent to members by email.

The nominations form can be found on [page 47](#) of this issue. Completed forms should be sent by email to [mike@acb.org.uk](mailto:mike@acb.org.uk) in the first instance by the deadline of 2 May 2023. ■

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## Notice of Annual General Meetings

The Annual General Meetings for the Association for Clinical Biochemistry and Laboratory Medicine and the Federation of Clinical Scientists will take place during UKMedLab23 at the Royal Armouries Leeds from 1.30pm on Wednesday 14 June 2023.

A notice will be sent to all Members in advance, including the Annual Report, agenda, minutes from previous AGMs and notice of special resolutions including the proposed name change to the Association for Laboratory Medicine.

This is a very exciting time for the organisation and we look forward to discussing our past, current and upcoming developments with our members. We hope to see you there! ■





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# Abbott and ACB – a pioneering partnership

Jane Pritchard, ACB CEO

2022 marked the first full year of the ACB's strategic three-year partnership with Abbott.

For the ACB, the **partnership** enables us to enhance our activities and resources to deliver more benefits for members and, for Abbott, it helps to build relationships and show a commitment to support the profession that is so critical to its diagnostics business.

Abbott is a natural fit as a partner for the ACB, as it's a global leader in *in vitro* diagnostics with one of the broadest portfolios of businesses spanning nearly every segment – point-of-care, immunoassay, clinical chemistry, haematology, blood screening, molecular and informatics. Its life-changing tests and diagnostic tools provide accurate, timely information to better manage health.

In terms of activities this past year, Abbott has supported a series of practical and informative webinar events covering topics such as:

- ◆ **The integrated care system and laboratory medicine**
- ◆ **The laboratory's role in achieving the NHS Net Zero ambition**
- ◆ **UNIVANTS of Healthcare Excellence award-winning projects**
- ◆ **Proactive inclusion as an aid to find talent (read more on pages 18-19)**

Earlier in 2022, Abbott hosted an ACB group and members of the GIRFT team at their AXIS facility in Dundee to discuss advancements around Active B<sub>12</sub> and clinical decision-making tools and, in November, it took a premium sponsor status at UKMedLab22.

A key part of the partnership has been the ACB's role in promoting the UNIVANTS of Healthcare Excellence Awards, which celebrate multidisciplinary projects with the lab at their heart. The 2021 edition was a great success, with three UK teams from **Croydon, Coventry and Warwickshire** and **Hampshire** receiving awards and global recognition of their work.

Plans for 2023 are already in place and we are scheduling further webinars on ISO Accreditation, Net Zero and IVD Regulations, as well as, once again, supporting the promotion of the UNIVANTS of Healthcare Awards.

Lisa Harrison, Marketing Director, Abbott says: *"Partnership with the ACB gives us a unique opportunity to engage and build relationships with the UK's foremost laboratory clinicians for internal and external activities in advancement of our diagnostics business mission to help achieve measurably better healthcare in the UK. We look forward to building further on the partnership in 2023 and engaging with the scientific community as a primary sponsor of UKMedLab23 in Leeds".* ■



Some ACB resources are member-only, so you may be asked to log in.

# International audit: laboratory practices in monoclonal gammopathy testing

## W Wassif, National Clinical Biochemistry Audit Lead

The ACB is conducting an international audit of laboratory practice for the provision of monoclonal gammopathy service in collaboration with Myeloma UK and UK NEQAS.

Multiple myeloma has one of the longest pathways from initial symptom presentation to diagnosis (163 days), with diagnostic delays occurring in both primary and secondary care. The laboratory remains central to the diagnostic pathway and is a key communication link between primary and secondary care. A survey of UK laboratories in 2017 identified significant variation in the quality of testing, experience of staff and the reporting of myeloma results within laboratories. In a further survey in 2022, 99% of respondents reported that a laboratory best practice recommendation for each phase of monoclonal gammopathy testing

would be of use. Using knowledge gained from the results of these surveys, the Myeloma UK Early Diagnosis group (laboratory subgroup) have developed a monoclonal gammopathy best practice tool to help improve testing quality and reduce diagnostic delays.

This upcoming audit seeks to capture existing laboratory practices in monoclonal gammopathy testing and benchmark them against the recommendations included in the monoclonal gammopathy tool.

I encourage all laboratories to make every effort to complete this important audit, which you will be shortly invited to via Survey Monkey. The audit will be distributed via ACB and UK NEQAS. Only one reply per laboratory is required. The survey will take around 30-40 minutes to complete. Thank you in advance for your participation. ■

## Congratulations to three of our ACB Members . . .

Elaine Cloutman-Green (Consultant Clinical Scientist (Microbiology) at Great Ormond Street Hospital) has been awarded an Honorary Professorship of the Department of Civil, Environmental and Geomatic Engineering at UCL.

Katy Heaney (Consultant Biochemist at Berkshire and Surrey Pathology Services) and Rob Shorten (Consultant Clinical Scientist, Lancashire Teaching Hospitals Dept of Microbiology) have been awarded Honorary Fellowship of the Academy for Healthcare Science.

# Meet Tamsin Lawson, our new Events Manager

Tamsin joined us in February 2023. Coming from a healthcare background in sales, finance and most recently events, she will be overseeing the ACB’s overall events strategy.

Since starting with the ACB, Tamsin has predominantly been building the website to open bookings for UKMedLab23 and is looking forward to

meeting as many members as possible in Leeds in June.

Tamsin will also be working with the regional representatives on local events and helping with any other ad hoc events too.

She and her partner Paul live in Essex, with Tamsin’s two daughters Chloe and Sasha, and dogs Buster and Millie. ■



## Publication deadlines

To guarantee publication, please submit your article by the 1st of the preceding month (i.e. 1 May for June 2023 issue) to: [editor.acbnews@acb.org.uk](mailto:editor.acbnews@acb.org.uk)

We try to be as flexible as possible and will accept articles up to the 20th to be published if space allows. Otherwise they will be held over to the next issue. If we are aware that articles are imminent, this gives us more flexibility and we can reserve space in anticipation. If in doubt, please contact Gina Frederick, Lead Editor, via the above e-mail. ■

# Sudoku

## This month’s puzzle

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## Solution for February

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



# ACB Residential Course 2023 programme

## Monday 17 July – Wednesday 19 July

**Durham University, Palatine Centre Stockton Road, Durham DH1 3LE**

You are invited to secure your place on the ACB Residential Training course, taking place between 17-19 July at Durham University. Packed with exciting content including a mock OSPE, method validation, an EQA workshop and Duty Biochemist scenarios, the residential course also offers a social BBQ event at the Durham Amateur Boat Club with a special guest speaker.

Residential tickets include accommodation for the two nights (ACB Members £300; non-ACB members £450), but you can also purchase a non-residential ticket and find your own accommodation (ACB Members £220; non-ACB members £370).

**[Book your Residential Training Course ticket here.](#)**

### Day 1: Monday 17 July

- 12pm Arrival
- 12.30pm Toxicology (DGH scenarios, RCPATH question examples, overdose, etc) – *Nigel Brown, Northumbria Healthcare Toxicology Service*
- 2.30pm Method validation – what is required and how to perform it? – *Nigel Brown, Northumbria Healthcare Toxicology Service*
- 3.30pm Break
- 4pm FRCPATH: Mock OSPE – *Tim Lang, County Durham and Darlington NHS Foundation Trust*

### Day 2: Tuesday 18 July

- 9am Endocrine – Disorders of steroidogenesis – *Chris Boot, Newcastle Hospitals*
- 10am Investigation of Pheochromocytoma – *Barry Toole, Newcastle Hospitals NHS Foundation Trust*
- 11am Break
- 11.30am Implementing a new service – *Caroline Addison, Gateshead NHS Foundation Trust*
- 12.30pm Lunch
- 1.30pm EQA workshop – *Rachel Marrington, UK NEQAS*
- 3.30pm Break
- 4pm Disaster management session – *Hazel Borthwick and Laura Bernstone, County Durham and Darlington NHS Foundation Trust*

### Day 3: Wednesday 19 July

- 9am The Clinical Scientist and UKAS – *Helen Verrill, North Tees Hospital*
- 10am Duty Biochemist scenarios – *Stewart Pattman and Roy Talbot, Northumbria Healthcare NHS Foundation Trust*
- 11am Clinical Scientists and patient services – *Shonagh Halsam and Rebecca Allcock, Lancashire Teaching Hospitals NHS Foundation Trust*
- 12pm Departure ■

# ACB and Abbott webinar: Proactive inclusion as an aid to find talent

## Webinar summary

The ACB partnered with Abbott to deliver an interactive webinar centering on Equality, Diversity and Inclusion (EDI) in the context of healthcare recruitment.

This session was due to be facilitated by Mark Powell, Country Manager for Point-of-Care at Abbott and senior sponsor for the UK chapter of Abbott's Ethnic Employee Network. However, due to unforeseen circumstances, ACB Chief Executive Jane Pritchard acted as webinar chair during this session.

We heard insights from the following panel of speakers:

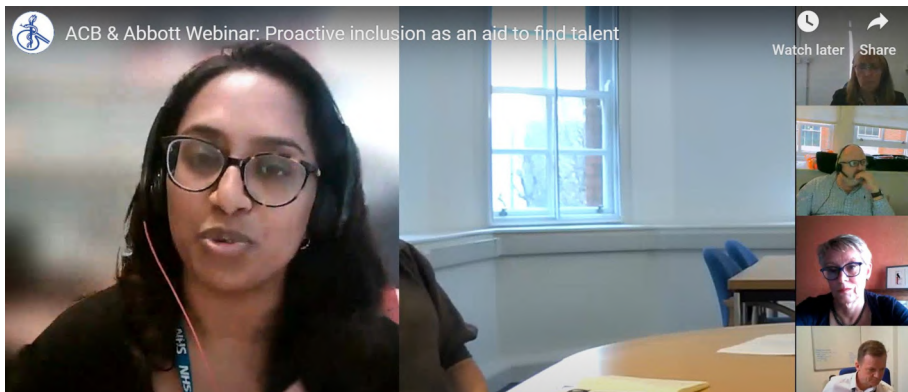
- ◆ **Dilini Peiris**, Senior Clinical Scientist, Clinical Biochemistry, University Hospital Southampton NHS Foundation Trust and ACB EDI Champion
- ◆ **Joe Teape**, COO, University Hospital Southampton NHS Foundation Trust
- ◆ **Rachel Wilmot**, ACB EDI Champion, Consultant Clinical Biochemist (retired), Hull
- ◆ **Jane Pritchard**, ACB Chief Executive

## Discussion summary

University Hospital Southampton is a large teaching hospital on the South coast of

England. While a staff survey pointed toward a good workplace culture, the Trust recognised it could go further with its efforts to create an inclusive and diverse workforce. For instance, while 25% of the population of Southampton is from an ethnic minority, the hospital's bands 7 and above only have 10% representation from ethnic minority backgrounds. Action was also being prompted by the correlation found between long-term illness and ethnicity during the COVID-19 pandemic. The fact that staff were asked to declare disability and illness during that time added to an improved understanding of diversity data. Thus, a landmark initiative was created – the Inclusive Leaders programme – as a platform for reciprocal mentorship between hospital staff members of different experience levels. Webinar speakers **Joe Teape** and **Dilini Peiris** were reciprocal mentors on the programme and reported a positive experience, with examples including shifts in mindset and leadership tactics.

**Dilini Peiris** also spoke about the sense of personal responsibility to create a change – such as learning from growing



movements including Black Lives Matter. One of the changes she has made personally was not using the acronym BAME (Black, Asian and minority ethnic) as it suggests an *us* and *them*, and pulls together people with differing characteristics. Dilini emphasised the benefits of giving a real voice to staff members if you want to really address issues pertaining to diversity. As well as this, she believes we should “say something when something doesn’t look right”.

**Rachel Wilmot’s** workplace before she retired was in Hull, where recruitment was predominantly local because of geographic positioning. Due to the impact of certain reputational hits and staff surveys, the leadership launched a study to understand what the staff wanted the environment to feel like. People were encouraged to think about individual responsibility through the use of ‘I will...’ and ‘I won’t...’ statements, thus tackling inappropriate behaviours and encouraging allyship. In addition, an outreach initiative was launched, coordinated by Rachel’s colleague Chris Chase, which involved science sessions and mentoring opportunities with pupils in deprived areas making A-level and university choices. In addition, engaging with local careers advisers to promote scientific pathways, like becoming a phlebotomist or medical consultant, helped widen the future recruitment pool for the hospital.

As for the ACB, we have seen improvements in diversity and inclusion thanks to continuous work done by the EDI working group, led by EDI Champions Rachel Wilmot and Dilini Peiris. The goal is for ACB leadership to reflect its membership, which has changed significantly over recent years. The ACB has been collecting data about the makeup of its membership. We know that, at the time of the webinar, 22% of

members identify as a minority ethnicity and 73% of Council members are women. Our EDI changes also span equal representation across event speakers, using blind assessments for awards and grants, using social enterprises as suppliers where possible and generally embedding these concepts into every area of our activity.

### **Question: How will you continue to measure success and have the resource to keep going?**

- ◆ Build a role in the trust with a focus on outreach in schools and universities, and liaising with careers counsellors
- ◆ Embed EDI values in the workplace induction process
- ◆ Build a kind, compassionate culture.
- ◆ Encourage new recruits to state their needs, such as neurodiversity ones
- ◆ Allow space for colleagues to share how they are feeling
- ◆ Continue to present the business case for good EDI policies: pressure on the NHS and the cost involved with recruiting new staff
- ◆ Metrics: reduced disparity at work between different demographic and identity categories, proportional representation (e.g. 20% band 7 and above from minority ethnic backgrounds), attendance to allyship training (e.g. at least 80%).

### **Recommended resources and further reading**

- ◆ [NHS Leadership Academy – Inspiration library](#)
- ◆ [NHS Leadership Academy – Inclusion, equality and diversity statement](#)
- ◆ [NHS England – NHS Equality and Diversity Council resources](#)
- ◆ [The Antisocial podcast on BBC Sounds](#)
- ◆ [The Science Council Declaration on Equity, Diversity and Inclusion – signed by the ACB](#) ■

# ACB welcomes new members

The ACB is proud to introduce the following new members who have joined us since the last edition of *ACB News*. Please extend a warm welcome to:

- ◆ Azzah Abubacar, Student, Queen Mary University of London
- ◆ Mariangela Aloj, Student, Queen Mary University of London
- ◆ Mahmoud Ismail Attalaa, Lecturer of Clinical and Chemical Pathology, Faculty of Medicine, Arish University
- ◆ Sara Azeem, Trainee Clinical Biochemist, Gateshead Health NHS Foundation Trust
- ◆ Kylie Beale, Specialist Registrar, Gloucestershire Hospitals NHS Foundation Trust
- ◆ Emma Bodenham, ST3, Southampton General Hospital
- ◆ Gregory Bulmer, Trainee Clinical Scientist, University Hospitals Birmingham NHS Foundation Trust
- ◆ Kathryn Challis, Senior Clinical Scientist, University Hospital Southampton NHS Foundation Trust
- ◆ Prabu Kumar Chokkalinga Mani, Specialist - Chemical Pathology, Salmaniya Medical Complex, Bahrain
- ◆ Gráinne Daly, Trainee Clinical Scientist, NHS Lanarkshire
- ◆ Pooja Dhiman, Assistant Professor, Indira Gandhi Medical College and Research Institute, India
- ◆ Kelly Foley, Principal Biochemist, Cork University Hospital
- ◆ Fenella Halstead, Clinical Scientist and HSST Trainee, Wye Valley NHS Trust (Hereford County Hospital)
- ◆ Samuel Johnson, Student, University of Northampton
- ◆ Stephen Peter Kidd, Principal Clinical Scientist, Hampshire Hospitals NHS Foundation Trust
- ◆ Clodagh Kivlehan, Senior Clinical Biochemist, St Vincent's University Hospital, Dublin
- ◆ Lanka Liyanage, Locum Consultant Chemical Pathologist, Leeds and York Partnership NHS Foundation Trust
- ◆ Hannah Lowe, Senior Clinical Scientist, East Kent Hospitals University NHS Foundation Trust
- ◆ Marina Minic-Novcic, SpR in Chemical Pathology and Metabolic Medicine, Addenbrooke's Hospital, Cambridge
- ◆ Rachel Norman, Trainee Clinical Scientist, The Newcastle Upon Tyne Hospitals NHS Foundation Trust
- ◆ Ekitumi Ofagbor, Specialty Doctor, Royal Free London NHS Foundation Trust
- ◆ Simon Pope, Senior Biomedical Scientist / Senior Research Fellow, University College London Hospitals NHS Foundation Trust
- ◆ Esther Purcell, Senior Medical Scientist, Beacon Hospital, Dublin
- ◆ Soundravally Rajendiran, Professor, Jawaharlal Institute of Postgraduate Medical Education & Research, India
- ◆ Elaine Shearer, Blood Science Quality Coordinator, NHS Lothian
- ◆ Shwe Win, ST3, Chemical Pathology, Glasgow Royal Infirmary
- ◆ Dalal Yehya, STP Trainee, Salford Royal NHS Foundation Trust

## Corporate Members

- ◆ Chromsystems Instruments and Chemical GmbH ■

# A warm invitation to meet at UKMedLab23

**Sarah Robinson, Director of Conferences and Events**



As UKMedLab23 bookings are now open, I look forward to welcoming you all to Leeds for what proves to be an exceptional programme, hosted in the perfect location that is the Royal Armouries.

This year, we celebrate 70 years of the ACB. With this in mind, and to celebrate the work and contribution of all our members, each region was invited to host a parallel session at the National Meeting.

I am pleased that all nine ACB regions have accepted the invitation with enthusiasm and vigour and have planned sessions showcasing the varied specialisms across the UK and RoI. We're also excited to offer a brand-new session focussed on the current challenges in POCT, on top of the highly popular interactive case session, the Medal Award presentations and the Impact, Foundation and International plenary lectures.

Currently, many of us are spending an increasing amount of time sitting at our computers in the virtual world, making it a rare occasion for us to meet up in person. UKMedLab provides a platform for us all to connect with our peers, absorb the science without distraction and discuss and debate the pertinent challenges and innovations that we currently face. I can't wait to see many of you in Leeds this June.

## Ticket information

Ticket type	Full price	ACB Member price
Biochemistry Training Day, 12 June	£150	£100
Microbiology Training Day, 12 June	£150	£100
Conference – two-day ticket, 13-14 June	£550	£399
Conference – day ticket, 13 June	£450	£230
Conference – day ticket, 14 June	£450	£230

You can purchase tickets for one or both days of the conference alongside a Training Day ticket. If you are an ACB Member at the time of booking, the ACB Member price will be applied to your tickets automatically.

If you are struggling to finance the cost of attending UKMedLab23 and are unable to secure financial assistance from your employer, there are a number of bursaries and grants available.

If you would like to pay for your UKMedLab23 ticket via Purchase Order (PO), **please do not book through the website**. Instead, email our team at [enquiries@acb.org.uk](mailto:enquiries@acb.org.uk) with your full name and a copy of your PO.

**Find out more about bursaries and grants, PO instructions and other ticket information on the ACB website.**

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## The venue

All UKMedLab23 conference and training day sessions will be held at the Royal Armouries, Leeds, between Monday 12 and Wednesday 14 June 2023. For suggested travel options, including by car, train and local transport, [visit our website](#).

### Accessibility at the Royal Armouries

Hearing loops are available in the Bury Theatre, Royal Armouries Hall and the Wellington Suite. If you require a hearing loop, please let us know in the Access requirements section of your booking. All spaces are step-free and there is lift access to the first floor of Royal Armouries. Disabled toilets are located on the ground, first, second and fourth floors. A prayer room, breastfeeding room and quiet spaces are available upon request – just let a member of our team know.

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## Social events

### Welcome evening – Canary Bar

Conference and Training Day delegates are warmly invited to attend the optional welcome evening on Monday 12 June at 5pm. Have a complimentary drink, chat with fellow delegates and relax before the exciting conference ahead.

### Conference reception – Aspire

UKMedLab23 conference delegates are welcome to attend the Conference reception on Tuesday 13 June from 7pm. This will be held at Aspire, an award-winning premier events space in the heart of Leeds. The evening will begin with a welcome speech and drinks in the Mezzanine space from 7pm. Guests are then invited to move into the Banking Hall for a hot buffet supper followed by music and dancing until midnight.



Image credit: Alastair Fyfe

# Spotlight on UKMedLab23 speakers

## The Leeds experience (Trent, Northern & Yorkshire)

### SPOTLIGHT: Robert Barski

#### The metabolic effects of nitrous oxide abuse – “no laughing matter!”

Robert Barski trained as a Clinical Scientist before moving to Leeds to specialise in Biochemical Genetics in 2008. He has worked at Leeds Teaching Hospitals NHS Trust for nearly 15 years becoming the lead for the Biochemical Genetics and Screening Laboratories in 2020. He has a particular interest in disorders of creatine biosynthesis and amino acid metabolism.



## Neuroendocrine tumours (Northern Ireland)

### SPOTLIGHT: Joy Ardill

#### A lifetime experience in peptides and neuroendocrine tumours

Professor Joy Ardill has over 50 years' experience in the field of NETs. She has played a key role in the service since its inception, researching into and developing some of the early radioimmunoassays used to measure gut hormones in Belfast.



## Specialist interest updates in heavy metals, drugs of abuse and bile acid malabsorption (West Midlands)

### SPOTLIGHT: Alex Lawson

#### From the laboratory to the headlines, the emergence of nitazene opioids in the UK

Dr Alex Lawson is a Consultant Clinical Biochemist and Toxicologist in Birmingham. He graduated from the University of Birmingham with a BSc in Biochemistry and a PhD in hormonal metabolism. He has worked at University Hospitals Birmingham since 2010. His special interests include the use of mass spectrometry for the measurement of drugs and hormones in biological fluids, clinical / post mortem toxicology and lab-based assessment of medication adherence.



## Diagnosis and treatment of diabetes in Scotland: The past, present and future (Scotland)

### SPOTLIGHT: Mark Strachan

#### C-peptide measurement in diabetes

Mark Strachan is a Consultant in Endocrinology, Diabetes and Acute Medicine at the Western General Hospital, Edinburgh and an Honorary Professor of the University of Edinburgh. He has a long interest in diagnostic accuracy in diabetes and runs a monogenic forms of diabetes clinic. He is Secretary of the Royal College of Physicians of Edinburgh and a former RD Lawrence Lecturer of Diabetes UK.



## The pre- and post-analytical phases (South West and Wessex)

### SPOTLIGHT: Timothy McDonald

#### Capillary blood collection to facilitate home testing

Professor Timothy McDonald is a Consultant Clinical Biochemist and Director of the Blood Sciences Department at the Royal Devon and Exeter Hospital. He is also an NIHR Senior Clinical Lecturer in the Diabetes Unit at the University of Exeter Medical School. His research focusses on the use of biochemical and immunological tests to improve classification and treatment of patients with diabetes.





### **Point-of-Care Testing: Wriggly worms out of the can**

#### **SPOTLIGHT: Jonathan Kay**

#### **POCT IT: Nailing down the great unknown**

Jonathan Kay spent most of his career as a Chemical Pathologist in Oxford. He has also been Clinical Informatics Director at NHS England, Professor of Health Informatics at University College London and City University London, and Chair of the Faculty of Clinical Informatics. His research interests include the process of clinical investigation, medical knowledge management and everyday technology at the point of care.



### **A selection of topics from the Republic of Ireland**

#### **SPOTLIGHT: M J Duffy**

#### **Circulating tumor DNA: The next major blood-based cancer biomarker?**

Professor Duffy is based at St Vincent's University Hospital, Dublin and University College, Dublin. He received his BSc (Hons) from the University of Galway and his PhD from the University of Manchester. He served as a member of the National Academy of Clinical Biochemistry (NACB) (USA) and the European Group on Tumor Markers (EGTM) for establishing guidelines on the clinical use of tumour markers.



### **The Southern Region response to challenges in laboratory medicine**

#### **SPOTLIGHT: Penny Cliff**

#### **Performance evaluation of the Viasure PCR assay for the diagnosis of mpox: A multicentre study**

Dr Penny Cliff is the Lead Scientist for the Synnovis Infection Sciences Laboratory based at Guy's and St Thomas' Hospital, London. Areas of interest are respiratory infections, sexually transmitted infections and the use of next generation sequencing technologies in the advancement of infectious disease diagnosis.



### **Myths, legends and WLIMS (Wales)**

#### **SPOTLIGHT: Joanne Rogers**

#### **WEDINOS (Welsh Emerging Drugs and Identification of Novel Substances)**

Joanne Rogers is a Consultant Clinical Scientist based at Cardiff Toxicology Laboratory, University Hospital of Llandough, Cardiff and Vale University Health Board. Having an interest in specialist services and analytical techniques, she specialised first in Trace Elements and then in Toxicology. Joanne is secretary for the Clinical Toxicology Network UK, an RCPATH representative on the Wales National Implementation Board for Drug Poisoning and a member of the WEDINOS programme board.



### **Innovation and specialist biochemistry in the North West**

#### **SPOTLIGHT: Phillip Monaghan**

#### **The VALTIVE1 trial: Validation of plasma Tie2 as the first tumour vascular response biomarker for VE**

Phillip Monaghan graduated from the University of Manchester Institute of Science and Technology in Biochemistry with Applied Molecular Biology and has a PhD in Molecular Enzymology from the University of Leicester. He has been a Clinical Scientist at the Christie NHS Foundation Trust and the Christie Pathology Partnership in Manchester for 13 years and is Clinical Director of Pathology. Special research interests include evidence-based laboratory medicine (test evaluation), biochemical endocrinology and translational biomarker development.

*Speaker photos courtesy of each individual speaker*



# UKMedLab23 Programme

## Biochemistry Training Day (12 June)

- 9.00am **Registration**
- 9.30am **Abbott Diagnostics presents: Procurement options – managed service contracts, reagent rental, capital purchase. The pros and cons**  
(shared with Microbiology Training Day)  
*Jacob Stokes*
- 10.30am **Procurement in the real world: Challenges you will face, and how to overcome them**  
(shared with Microbiology Training Day)  
**Collaborative procurement – one big happy family?**  
*Hazel Borthwick*
- 11.00am **Coffee break**
- 11.15am **Management scenarios: An interactive session**  
(shared with Microbiology Training Day)  
*Allison Chipchase*
- 12.30pm **Lunch break**
- 1.30pm **Real world statistics**  
*Craig Webster*
- 2.45pm **Coffee break**
- 3.00pm **An overview of liver metabolism: Clinical case series**  
*Katherine Bates*
- 3.45pm **Advances in the laboratory diagnosis of liver disease**  
*Stuart McPherson*
- 4.30pm **Discussion**



Image credit: Alastair Fyfe

# Microbiology Training Day (12 June)

- 9.00am **Registration**
- 9.30am **Abbott Diagnostics presents: Procurement options – managed service contracts, reagent rental, capital purchase. The pros and cons**  
(shared with Biochemistry Training Day)  
*Jacob Stokes*
- 10.30am **Procurement in the real world: Challenges you will face, and how to overcome them**  
(shared with Biochemistry Training Day)  
**Collaborative procurement – one big happy family?**  
*Hazel Borthwick*
- 11.00am **Coffee break**
- 11.15am **Management scenarios: An interactive session**  
(shared with Biochemistry Training Day)  
*Allison Chipchase*
- 12.30pm **Lunch break**
- 1.30pm **Properties of antimicrobial drugs**  
*Andrew Stone*
- 2.15pm **Infection control for clinical scientists**  
*Jessica Martin*
- 2.45pm **Coffee break**
- 3.00pm **Interactive case discussions**  
*Session chair: Naomi Gadsby*
- 3.00pm **Diagnosis and management of infection in genitourinary medicine**  
*Anna Hartley*
- 3.30pm **Tuberculosis, drug resistant tuberculosis and HIV**  
*Penny Lewthwaite*
- 4.00pm **Diagnosis and treatment of infections in marginalised patient groups**  
*Helen Phelan*



Image credit: Alastair Fyfe

# Conference: Day 1 (13 June)

- 9.00am **Welcome from the ACB President**  
*Bernie Croal*
- 9.20am **The International Award Lecture**  
*Speaker to be confirmed*
- 10.15am **The Leeds experience (Trent, Northern & Yorkshire)**  
*Session Chair: Jennifer Spencer*
- 10.15am **Essential blood testing in the patient abusing androgenic anabolic steroids**  
*Stephen Gibbons*
- 10.45am **Lead toxicity in children**  
*Carys Lippiatt*
- 11.15am **The metabolic effects of nitrous oxide abuse – “no laughing matter!”**  
*Robert Barski*
- 10.15am **Neuroendocrine tumours (Northern Ireland)**  
*Session Chair: Kirsty Spence*
- 10.15am **A lifetime experience in peptides and neuroendocrine tumours**  
*Joy Ardill*
- 10.45am **Carcinoid syndrome**  
*Una Graham*
- 11.15am **MEN1**  
*Claire McHenry*
- 11.45am **Lunch and poster rounds**
- 12.00pm **Industry sponsored workshops**
- 1.45pm **The Impact Award Lecture**  
*Speaker(s) to be confirmed*
- 2.15pm **Specialist interest updates in heavy metals, drugs of abuse and bile acid malabsorption (West Midlands)**  
*Session Chair: Alexandra Yates*
- 2.15pm **Diagnosis and monitoring of heavy metal poisoning: interactive case illustrations**  
*Nicola Barlow*
- 2.45pm **From the laboratory to the headlines, the emergence of nitazene opioids in the UK**  
*Alex Lawson*
- 3.15pm **Diagnostic difficulties in bile acid diarrhoea**  
*Lauren Starbrook*
- 2.15pm **Diagnosis and treatment of diabetes in Scotland: The past, present and future (Scotland)**  
*Session Chair: Melissa McNaughton*
- 2.15pm **Past, present and future of specialist endocrine testing**  
*Karen Smith*

- 2.35pm **C-peptide measurement in diabetes**  
*Mark Strachan*
- 3.00pm **Islet cell transplant**  
*Kirsty Duncan*
- 3.20pm **Diabetes in adolescence**  
*Ian Hunter*
- 4.00pm **The pre- and post-analytical phases (South West and Wessex)**  
*Session Chair: George Allen*
- 4.00pm **Capillary blood collection to facilitate home testing**  
*Tim McDonald*
- 4.30pm **Use of clinical decision support in patient test pathways**  
*Anna Barton*
- 5.00pm **Demand management of ANA and specific IgEs**  
*Kristen Lilly*
- 4.00pm **The Medal Award Finalists Presentations**  
*Speakers to be confirmed*



*Image credit: Alastair Fyfe*

# Conference: Day 2 (14 June)

- 9.00am **Point-of-Care Testing: Wriggly worms out of the can**  
*Session Chair: Katy Heaney*
- 9.00am **Neonatal jaundice assessment: Banana skins and snake pits**  
*Fiona Riddoch, Bethan Phillips*
- 9.30am **POCT IT: Nailing down the great unknown**  
*Jonathan Kay*
- 10.00am **Hs-cTnl implementation: The POCT obstacle course**  
*Lisa Vipond, Anthea Patterson*
- 9.00am **A selection of topics from the Republic of Ireland**  
*Session Chair: Brendan Byrne*
- 9.00am **Biochemical testing of atypical fluids – a personal perspective**  
*Peadar McGing*
- 9.30am **Circulating tumor DNA (ctDNA): The next major blood-based cancer biomarker?**  
*M J Duffy*
- 10.00am **Prolactin/Macroprolactin screening**  
*Graham Lee*
- 11.00am **The Southern region response to challenges in laboratory medicine**  
*Session Chair: Alex Read*
- 11.00am **Performance evaluation of the Viasure PCR assay for the diagnosis of mpox: A multicentre study**  
*Penny Cliff*
- 11.30am **Measurement of free light chains – technical challenges and clinical utility**  
*Joanne Morris*
- 12.00pm **Measuring FGF23 in patients treated with Burosumab**  
*Isabelle Piec*
- 11.00am **Myths, legends and WLIMS (Wales)**  
*Session Chair: Anthony Jackson-Crawford*
- 11.00am **A whistle stop tour of the porphyrias and Cardiff Porphyria Centre**  
*Danja Schulenburg-Brand*
- 11.30am **Blood science standardisation – why bother?**  
*Catherine Bailey, Rachel Still*
- 12.00pm **WEDINOS (Welsh Emerging Drugs and Identification of Novel Substances)**  
*Joanne Rogers*
- 12.30pm **Lunch and poster rounds**
- 1.00pm **Industry sponsored workshops**
- 1.30pm **ACB Annual General Meeting (AGM)**
- 2.30pm **President's Address**

- 3pm **The Foundation Award Lecture**  
*Speaker to be confirmed*
- 3.45pm **Interactive Clinical Case Presentations**  
*Session Chair: Danielle Freedman*  
*Speakers to be confirmed*
- Innovation and specialist biochemistry in the North West**  
*Session Chair: Niamh Horton*
- 3.45pm **The Liverpool Neuroscience Biobank and The Walton Centre:  
Our journey so far**  
*Carrie Chadwick, Khaja Syed*
- 4.15pm **The VALTIVE1 trial: Validation of plasma Tie2 as the first tumour vascular  
response biomarker for VE**  
*Phillip Monaghan*
- 4.30pm **Validation of high-sensitive thyroglobulin and autoantibodies assays**  
*Sally Thirkettle*
- 4.45pm **Fetal thyroid function**  
*Beverly Hird*
- 5.15pm **Closing Ceremony and Awards**



Image credit: Royal Armouries, Leeds

# Deacon's Challenge Revisited

## No 25 - Answer

A laboratory performs sweat tests by collecting sweat for 20 minutes using 5.5 cm filter paper discs. In order to comply with the Sweat Test Guidelines that the sweat secretion rate should not be less than 1 g/m<sup>2</sup>/min, what is the minimum weight of sweat that should be collected?

$$\text{Sweat rate (g/m}^2\text{/min)} = \frac{\text{Wt sweat (g) collected in 20 min}}{\text{Area of filter paper (m}^2\text{)} \times 20}$$

$$\text{Area of filter paper} = \pi r^2$$

$$\text{Diameter} = 5.5 \text{ cm, therefore radius} = 5.5/2 = 2.75 \text{ cm} = 0.0275 \text{ m}$$

$$\text{And area} = 3.142 \times 0.0275 \times 0.0275 \text{ m}^2$$

Therefore to obtain a sweat rate of 1 g/m<sup>2</sup>/min using filter paper of 5.5 cm diameter:

$$1 = \frac{\text{Wt sweat (g) collected in 20 min}}{3.142 \times 0.0275 \times 0.0275 \times 20}$$

Rearranging:

$$\begin{aligned} \text{Wt sweat (g) collected in 20 min} &= 3.142 \times 0.0275 \times 0.0275 \times 20 \\ &= \mathbf{0.048 \text{ g}} \end{aligned}$$

## Question 26

An assay mixture for the measurement of lactate dehydrogenase constituted 2.7 mL of buffered NADH and 100  $\mu$ L of serum. The reaction was started by adding 100  $\mu$ L of sodium pyruvate. The absorbance change over 5 minutes was 0.150 when measured in a 0.5 cm light path at 340 nm. Assuming the molar absorptivity of NADH at 340 nm is  $6.30 \times 10^3 \text{ Lmol}^{-1}\text{cm}^{-1}$ , calculate the enzyme activity.

## The Diggle Microbiology Challenge

These multiple-choice questions, set by Dr Mathew Diggle, are designed with Trainees in mind and will help with preparation for the Microbiology Part 1 FRCPath exam.

### Question 35 from February's ACB News

The following are true or false statements about group A (beta-hemolytic) *Streptococci* (GAS):

- A. *Streptococcus pyogenes* are non-motile, non-sporing gram-positive, aerotolerant cocci that tend to link in chains.
- B. GAS is a rare cause of acute bacterial pharyngitis.
- C. The definition of invasive group A *Streptococci* (iGAS) is an individual who has an iGAS infection, which is defined as the detection of group A streptococcus (GAS), by culture or accredited molecular methods (such as PCR), from a normally sterile body site.
- D. Invasive group A *streptococcus* (iGAS) infection is not a statutorily notifiable disease in England, Scotland and Wales.
- E. Currently, *emm* typing remains the molecular gold standard for typing GAS and more than 200 *emm* types have been described globally.
- F. Chickenpox and Influenza are both considered risks factor for development of iGAS infection.

### Answers

**True – A.** True. **C.** It can also include severe GAS infections, where GAS has been isolated from a normally non-sterile site in combination with a severe clinical presentation.

**E.** Although, further sub-typing or single-nucleotide polymorphism from whole genome sequencing (WGS) may be required to identify, or more clearly define, a potential outbreak as well as for monitoring during the management and investigation of an outbreak. **F.** Both chickenpox and influenza are both considered risks factor for development of iGAS infection in children, with chickenpox related the highest risk 4 to 5 days after onset of rash (range 2 to 14 days).

**False – B.** GAS is the most common bacterial cause of acute pharyngitis, responsible for 5%-15% of sore throat visits in adults and 20%-30% in children. **D.** Invasive group A streptococcus (iGAS) infection was introduced as a statutorily notifiable disease in England and Wales in 2010. All iGAS cases diagnosed from sterile sites are classified as urgent and should be notified by telephone within 24 hours. In Scotland both necrotising fasciitis and iGAS have been notifiable since 2008. In Northern Ireland iGAS is not currently notifiable, suspected or confirmed iGAS is reported by microbiologists and clinicians on a voluntary basis.

### Question 36

The following are true or false statements regarding viral infection of the central nervous system (CNS):

- A. Meningitis may occur together with encephalitis.
- B. Enteroviruses are one of the commonest causes of CNS infections in childhood.
- C. Electron microscopy of the cerebrospinal fluid (CSF) is a useful diagnostic test.
- D. PCR has no role in the diagnosis of CNS infections.
- E. The detection of antibody in the CSF is a useful diagnostic marker.

The answer to Question 36 will appear in the next issue of ACB News – enjoy! ■



# H5N1 Avian flu

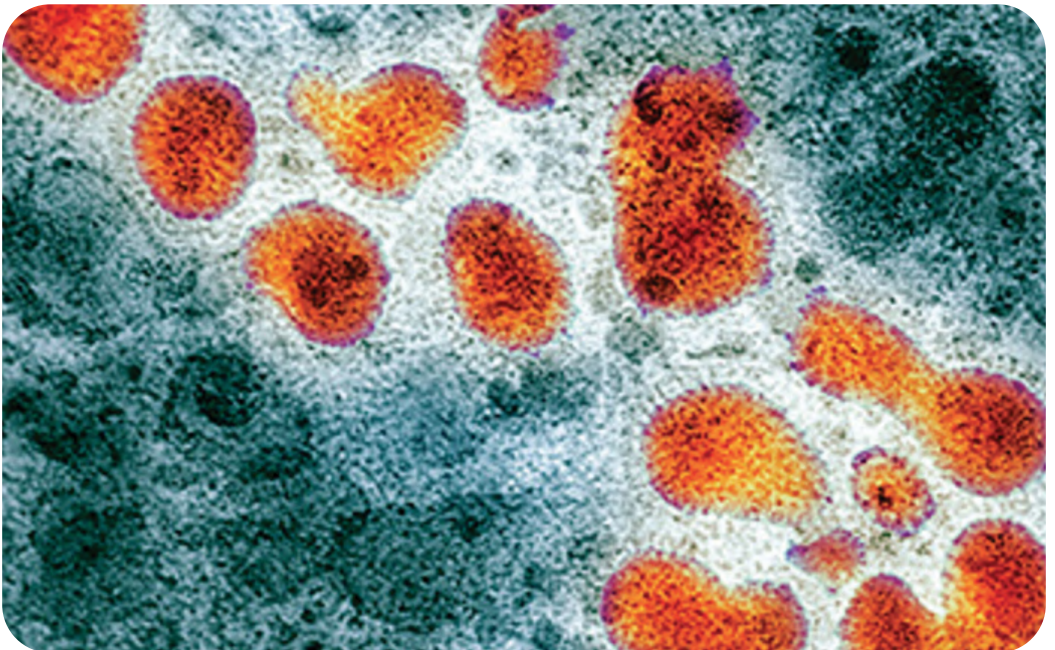
**Rushana A Hussain, Clinical Scientist, Department of Microbiology, Royal Bolton Hospital**

Avian influenza is a subtype of Influenza A virus. It occurs mainly in birds. Commonly known as Bird Flu, it is highly pathogenic and contagious among birds. It circulates and is maintained in many bird populations, especially in Southeast Asia.

## Infection in birds

One strain of avian influenza of particular concern is the highly pathogenic avian influenza (HPAI) A(H5N1), which first appeared in Asia. Spreading globally to more than 60 countries spanning three continents, it poses a major challenge to animal and human health due to its panzootic nature. The highly contagious nature of the virus has led to the culling of tens of millions of birds across the globe in the hope of stemming its spread. Evidence suggests that migratory birds are the reason behind the incredibly fast

spread of HPAI A(H5N1). There is evidence of the virus in healthy migratory bird populations. In conjunction with carriage in migratory birds, global industrialisation of the poultry industry is likely to be also contributing to movement of the virus. The commercial poultry industry in the United Kingdom (UK) is worth an estimated £3.4 billion at retail value, producing over 174 million birds for consumption per year. Driven by the growing demand for poultry food products, farmers have industrialised poultry farming, resulting in thousands of birds living in close quarters. Birds may also be moved between sites nationally and internationally to be processed, creating the ideal opportunity for a highly contagious virus, such as HPAI A(H5N1), to spread like wildfire through flocks.



*Photo courtesy of European Centre for Disease Prevention and Control*

## Infections in humans

Although HPAI A(H5N1) is primarily an avian disease, there have been cases and outbreak-associated zoonotic transmission to humans from infected birds, primarily poultry.<sup>1,2</sup> The virus is capable of replicating in humans, causing a serious, and in many cases, highly fatal infection. The World Health Organisation (WHO) data suggest a fatality rate of approximately 60%. The spectrum of clinical features of HPAI A(H5N1) in humans range from mild illness, subclinical infection and atypical presentations of infection. Most notably, in contrast to the human influenza H1N1, HPAI A(H5N1) causes severe infection in previously healthy young children and adults. Most HPAI A(H5N1)-infected patients have initial symptoms of high fever (>38°C) and an influenza-like illness and lower respiratory tract symptoms.<sup>5</sup> The typical conjunctivitis associated with human influenza is absent. Diarrhoea, vomiting, abdominal pain, pleuritic pain and bleeding from the nose and gums may be present. Respiratory distress associated with clinical pneumonia is present, including tachypnea and inspiratory crackles. Sputum production is variable. This all progresses to respiratory failure and the manifestations of the acute respiratory distress syndrome (ARDS). This, more often than not, leads to the inevitable multi-organ failure. Despite the high mortality rate of HPAI A(H5N1) it remains inefficient in its ability to transmit from human to human;<sup>4</sup> this however does nothing to alleviate the fears of a global pandemic of HPAI A(H5N1).

### Re-assortment

The WHO, Governments and Pharmaceutical industry have made huge investments in animal and *in vitro* research and modelling to gain understanding

of the pathogenesis of the infection. A number of genetic components and mechanisms have been identified as key determinants of increased pathogenicity and tropism. The main concern around pathogenicity and tropism is the ability of the virus to undergo re-assortment.

Re-assortment is the genetic exchange that can occur in segmented viruses, enabling the ability to exchange genetic material between viruses of the same species, resulting in a new virus type. Re-assortment only occurs when multiple viruses co-infect the same cells and replicate their progeny segments in the same cytoplasm. Possible re-assortment of the HPAI A(H5N1) with a human influenza is of significant concern.

### Global Pandemic

HPAI A(H5N1) is a pathogen of global high concern as defined by the World Health Organisation (WHO). The concern is about re-assortment of HPAI A(H5N1) and circulating human influenza. This may result in a highly pathogenic and contagious virus that is able to efficiently infect humans. The ineffectiveness of vaccines and antivirals, and the highly contagious nature of the new virus type could lead to another deadly global pandemic. The high fatality rate in humans, especially in healthy individuals, would have a detrimental effect on populations, resulting in a global pandemic with significantly worse outcomes than those of the COVID-19 virus.

### Surveillance

Bird flu is a notifiable disease in poultry and other captive birds, as well as in humans, and must be reported immediately. The aim of surveillance and early notification is to detect and halt the spread of the virus.

## Summary

HPAI A(H5N1) is a pathogen of global high concern. The global industrialisation of poultry farming brings this deadly virus closer to humans, increasing the possibility of re-assortment, which could result in a highly pathogenic and contagious virus with effective human transmission capabilities in a highly susceptible population. A global pandemic would be inevitable. Lessons from the not-so-distant past must be learned. Sufficient investment to enable effective surveillance and vaccination programs is required for both poultry and human populations. However, the need to review industrialisation processes in the food and poultry industry needs to also be prioritised.

## References

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5. World Health Organization. WHO interim guidelines on clinical management of humans infected by influenza A(H5N1). February 20, 2004. (Accessed September 2, 2005, at <https://www.who.int/publications/m/item/recommended-composition-of-influenza-virus-vaccines-for-use-in-the-2022-2023-northern-hemisphere-influenza-season>) ■

# HCPC consultation on fees outcome

Emma Lewis, Director of Regulatory Affairs

## Background

In September last year the Health and Care Professions Council (HCPC) released a consultation on increasing fees from the current £98.12 by £19.62 a year to £117.74. The consultation closed in December 2022 with the decision being released in February. During the consultation period the HCPC ran a series of stakeholder events and public focus groups to explain the reason behind the fees increase and the mitigations that would be put in place to try and help registrants with the increase. The HCPC has been operating at a loss for the past 5 years and this has led to a decrease in their reserves which is unsustainable. Despite efficiency savings, it has been projected that without an increase in fees they would not be able to fund essential improvements and meet their regulatory requirements.

## Outcome of the consultation

The consultation received 9509 complete responses of which about 98% were from registrants, representing just under 3% of the register. There were responses from all 4 countries of the UK and professions as well as professional bodies and Trade Unions. Despite 88% of those who responded saying that fees should not be increased, the Council took this decision to increase the fees to combat the combination of increasing costs and the decline in reserves.

## Mitigations

To try and help with the increase in fees the HCPC has put in place the following mitigations:

- ◆ Increasing the frequency of direct debits from the current twice yearly to four times yearly. It is hoped to introduce this by October 2023
- ◆ Pushing for protected CPD time with employers
- ◆ Promoting availability of tax relief through information on the HCPC website with links to HMRC guidance and on-line portal
- ◆ Promoting better communication with registrants
- ◆ Retaining the 50% graduate discount.

## Timing of fees increase

As the increase must go through the legislative process, it is estimated that the increase in fees would start in July 2023. As the HCPC propose to maintain the two-yearly cycle of renewal, the first professions to pay the increased fees would be clinical scientists, prosthetists and orthotists, speech and language therapists, occupational therapists and biomedical scientists.

For more information see the HCPC website at [HCPC Council agrees fee rise proposals](#). ■

# NHS Pay offer

Emma Lewis, Director of Regulatory Affairs



Last week, after negotiations with the NHS Trade Unions, the Government in England announced a new pay offer for this year, as well as an offer for pay for the year 2023-2024. The deal is in several parts:

## For 2022-2023

- ◆ A non-consolidated pay offer of 2% of salary
- ◆ A one-off tiered 'NHS backlogs' bonus. The tiers differ and are based on experience and basic pay.

For band 5-8a this is a payment of £1350, for band 8b and 8c it is £1450, for band 8d it is £1550 and for band 9 it is £1600

- ◆ Both of these payments are one-off payments and non-consolidated i.e. do not count towards pension contributions or for the calculation of additional earnings.

## For 2023-2024

- ◆ A consolidated payment to all staff of 5% of earnings.

The deal also includes several non-pay measures to support NHS staff. Several Unions will be putting this offer to their members so we wait to see if this offer will be accepted by the Trade Unions.

During this period the Agenda for Change (AfC) Trade Unions have agreed to suspend their strike action.

Further details can be found on the NHS employers website [at Government and Agenda for Change Trade Unions 'offer in principle' | NHS Employer.](#) ■

# The Leeds training experience

**Eloise Haynes, STP in Biochemistry and Keir Bailey, Senior Clinical Scientist (Biochemistry), Leeds Teaching Hospitals NHS Trust**

## Why did you want to train to be a Clinical Scientist?

**Eloise:** During my time as an undergraduate I studied Medical Sciences but I found myself at a bit of a loss on how I could use my degree to work within the NHS and in a clinical capacity. I went to a careers fair to get some inspiration and that's when I learnt about the STP. It was ideal really; it allowed me to stay within science and research whilst also applying my clinical knowledge. Also, whilst applying I found out how the career progression can include doing a PhD which is something I've always considered doing.

**Keir:** Having an academic background in analytical chemistry and biochemistry, I was interested in using my skills in a job that could make a difference and help improve lives. I had worked doing a lot of different jobs, but when I heard about the Clinical Scientist role, I knew that was what I wanted to do. I applied for the STP in 2019 and was lucky enough to be able to train at my top choice hospital – Leeds!

## How many Biochemistry Trainees are there at Leeds Teaching Hospitals NHS Trust (LTHT)?

**Eloise:** For my cohort of STPs I am the only biochemistry STP based in Leeds. However, for my first-year rotations I have worked closely with two of the first-year haematology STPs during three of our four rotations. Here at Leeds the training officers for each specialism aim to align our rotations with other STPs of similar specialisms so that we have peer support



*Eloise Haynes and Keir Bailey*

during our first year. I found this really helpful as it can feel daunting starting the STP, but it was made all the easier by having a group who were in the same boat as myself. I was also lucky enough to have Keir nearby who I could chat to and talk through anything that was on my mind and get any advice she could give as a recently graduated Trainee.

**Keir:** As an STP who trained at Leeds I was very keen to stay at Leeds after my training, so I felt very lucky when I was successful at interview for a Band 7 position in Specialist Laboratory Medicine. There are now three of us revising for our FRCPath exams, two medics and myself. It works really well as they can share their clinical knowledge and I can help with the lab side of things.

## What makes training at LTHT special?

**Eloise:** Leeds Teaching Hospitals NHS Trust is comprised of two large sites which provide a range of routine and specialised

services in biochemistry and haematology. I am fortunate to be training here at Leeds as I have access to routine biochemistry labs and specialist lab medicine as well as various other pathology departments such as immunology and genetics.

Consequently, gaining a variety of experiences and broad knowledge in several key specialisms is made easy here at Leeds. Also, having contacts across several departments has allowed me to gain experience in clinical departments. Recently I have had the opportunity to shadow cardiac perfusionists and surgeons during a coronary artery bypass surgery and attend kidney donor clinics. This was a fascinating experience and an interesting way to find out exactly how squeamish I am!

**Keir:** Currently a new purpose-built Pathology lab is in construction which will unite most of Pathology under one roof and consolidate testing across the West Yorkshire region. It will be exciting to see how this progresses and be involved in the opportunities that arise.

We are also part of an excellent training network: the Trent, North and Yorkshire Region Trainee Reps do an amazing job organising regular regional FRCPATH tutorials on MS Teams which are great for FRCPATH revision.

### **What are you looking forward to most at the Leeds UKMedLab23?**

**Eloise:** I am yet to go to a UKMedLab conference, but I have heard how interesting and useful the events are for Trainees and Clinical Scientists alike. I am looking forward to experiencing one of these events for the first time and gaining insight into what other regions are researching and working towards.

**Keir:** Rolling out of bed and making it to the conference on time! At last year's UKMedLab I really enjoyed the Interactive Clinical Case Presentations, so I am looking forward to more weird and wonderful cases this year. I also like how each UK region is represented on the programme; it will be nice to see what everyone is proud to share and an excellent opportunity to pinch good ideas.

### **What shouldn't be missed for visitors to Leeds?**

**Keir:** If you aren't science and medicated out by UKMedLab23, the Thackray Medical Museum is great if you have a spare morning. If you prefer something more relaxing though, the Corn Exchange and Arcades have lots of cute independent shops and are open late on a Thursday. To eat, one of my favourite places is Bundobust – Indian street food and tasty beers on tap, plus it's near the station if you're travelling home.

**Eloise:** If you like hiking, country walks and more importantly country pubs then Leeds is ideal. It has easy access to public transport to various little villages, towns and nature trails around the Yorkshire moors. I love travelling just outside the main city and going for a long walk and then rewarding myself with a much-needed pub lunch.

If country walks aren't for you, then I would recommend either attempting or just observing the Otley run. The Otley run occurs every Saturday and is essentially the most challenging pub crawl I've ever witnessed. The idea is to go as a group and dress in fancy dress and then attempt a 15 (I think) pub crawl down Otley Road. I can't say I've ever managed to complete the Otley run but it is definitely something of a Leeds tradition. ■

# ACB Republic of Ireland Region Scientific Meeting

Janice Reeve and Clodagh Kivlehan, St Vincent's University Hospital, Dublin, Ireland

**The Annual ACB Republic of Ireland Regional Scientific Meeting was held virtually by MS Teams on 3 February.**

Given our small ACB membership in the Republic of Ireland and the geographical spread, the virtual element, while a hangover from the COVID-19 pandemic, worked well for the audience and made attendance more accessible. The meeting had exceptionally strong speakers and the schedule was diverse and thought provoking.

The first session was chaired by Carl Talbot, Senior Biochemist in the Mater Misericordiae University Hospital, Dublin, who introduced a line up of prestigious professors in their fields.

## Paediatric GH deficiency

Professor Colin Hawkes, Consultant Endocrinologist in Paediatrics at Cork University Hospital, spoke on the complex topic of the diagnosis, or sometimes misdiagnosis, of paediatric growth hormone (GH) deficiency. He discussed the clinical challenges encountered and normal variations in growth – is taller stature really linked to better success? We never appreciated that children grow most in summer! Firstly, correct measurement must be undertaken with appropriate techniques and equipment. Clues to pathological growth delay can be provided by pubertal status, growth trajectory, weight and proportionality. The differential diagnosis is wide and varied. Screening typically includes FBC, ESR, bone profile, renal profile, coeliac screen, TSH, IGF-1, IGFBP-3, bone age determination, karyotype and a skeletal



survey, amongst others. Serum IGF-1 is considered a reasonable proxy for GH production from the pituitary. As IGF-1 is nutrition dependent, a high GH may be useful to rule out a deficiency in undernourished patients. Testosterone and oestradiol, increased in puberty, will increase IGF-1 levels, therefore appropriate, and preferably Tanner stage-specific, reference intervals should be used. If IGF-1 is low, a GH stimulation test will be considered. However, there are 20 different stimulants, including arginine, clonidine, glucagon and insulin and none are good. Stress in itself is a GH stimulus and the GH peak can occur in some instances before the actual stimulus is administered at all. Similarly, GH production is increased during puberty, yet the GH peak required to determine sufficiency is not adjusted to allow for this. Obesity and calorific intake can also affect



the stimulation test. As GH undergoes post-translational modifications, the various GH assays will have different sensitivities. This may lead to the misinterpretation of results. To overcome some of these confounders, Professor Hawkes indicated that 40% of Paediatric Endocrinologists will perform two GH stimulation tests on separate days. Nonetheless, the protocols in place lend to the over diagnosis of GH deficiency. However, when GH is started, it is difficult to withdraw the treatment.

### **New therapies for the treatment of obesity**

For our listening pleasure, the next speaker, Professor Carel le Roux, Consultant Chemical Pathologist, St Vincent's Hospital Group, Dublin and Professor in Experimental Pathology at University College Dublin, pre-recorded a talk entitled "New Therapies for the Treatment of Obesity". Professor le Roux indicated that while we cannot make patients thin and happy, we can make patients healthier and more functional. The World Health Organization defines obesity as an abnormal or excessive fat accumulation that may impair health. The goal needs to change from the cultural desire for thinness to focusing on the treatment of the disease of obesity. He invited us to revise our perception of obesity from overeating as the cause, to obesity causing overeating. Professor le Roux used the example of the "Biggest Loser" reality TV show to remind us to "do no harm". While the humiliation inflicted in the show did cause weight loss, these people had a disease. Six years on, participants had regained weight and their basal metabolic rate had not recovered – harm was inflicted. Self-directed lifestyle changes are usually the first step in the typical obesity treatment plan. This may progress to professionally-directed lifestyle change with medications, surgery or

combination therapies commencing where clinically indicated. Weight loss will trigger hunger and decreased satiety. Liraglutide and semaglutide, both GLP-1 agonists, deliver a biological treatment for a biological disease; responders will lose weight, feel less hungry and be more satisfied after eating. Non-responders will require alternative medications. Unfortunately, we cannot predict who will respond to this treatment in advance. Responders will report the process as easy, where they are no longer thinking about food all the time. Finally, Professor le Roux suggested checking out [the website](#).

### **Future of pharmacogenomics**

Next to speak on the "Future of Pharmacogenomics" was Professor Sir Munir Pirmohamed, NHS Chair of Pharmacogenetics at the University of Liverpool. Professor Pirmohamed reminded us that pharmacogenomics is the study of the variation in DNA and RNA characteristics related to drug response and that the field is not a new one! He indicated that drug efficacy is variable, with the vast majority of drugs effective in only 30-50% of patients. Adverse drug reactions account for approximately 6.5% of hospital admissions, 15% of patients and 8,000 NHS beds, at a cost of >£1billion/year. Most of us will carry at least four pharmacogenomic variants. Taking warfarin as an example, the effective daily dose can vary in a patient from 0.5-20 mg. Professor Pirmohamed referred to his 2013 NEJM paper describing an RCT of genotype-guided dosing versus standard dosing on anticoagulation control in patients starting warfarin. This study demonstrated that pharmacogenetics-based dosing was associated with a higher percentage of time in the therapeutic INR range than standard dosing during warfarin treatment initiation. Professor Pirmohamed discussed the PREPARE

(Pre-emptive Pharmacogenomic Testing for Preventing Adverse Drug Reactions) study, on which he is the UK lead investigator. This study looks at the power of pre-emptive pharmacogenomics before the prescription of common drugs. The study demonstrated a reduction in adverse drug reactions using a 12-gene pharmacogenetic panel. With this as evidence, large-scale ubiquitous pharmacogenomic screening has the potential to make prescribing drugs safer. Professor Pirmohamed highlighted a recent joint report from the Royal College of Physicians and the British Pharmacological Society recommending the clinical implementation of pharmacogenomics in primary care, secondary care and specialised centres. Pharmacogenomics should become mainstream in the UK, but needs to be accompanied by appropriate education, training and clinician support.

### **Organisational change**

The afternoon session, all about organisational change, was chaired by Dr Heloise Tarrant, Acting Principal Biochemist in St Vincent's University Hospital, Dublin. Dr Bernie Croal, Consultant Chemical Pathologist at NHS Grampian, and current ACB President, gave his talk entitled "Build Back with Labs". While we work in a different public healthcare system in the Republic of Ireland (the Health Service Executive or HSE), many parallels can be drawn with the NHS experience. Dr Croal articulated well the stark times we face. COVID-19 has had detrimental effects on a strained healthcare service in the UK. Post-COVID, waiting lists are in the millions for services such as Oncology and Endoscopy, potentially taking years to clear. Emergency rooms, primary care and social care are all feeling the impact. Service demands are further exacerbated by long Covid, supply chain shortages, the war in

Ukraine, economic recession, the ageing population, staff shortages and NHS strike action. While all sounded bleak, Dr Croal assured us that laboratory medicine is the powerhouse driving healthcare. An estimated 95% of clinical interactions involve lab tests, so we are well-positioned to make a difference. Appropriate test requests enhance efficiency, cost-effectiveness and the impact of laboratories in optimising healthcare pathways. To progress such initiatives and feed into national projects we need to be able to collect and share data. Standardisation of test nomenclature would allow data collation, even if generated in different locations. LIMS and order communications systems need better functionality. Dr Croal showed us interactive dashboards from The Laboratory Atlas of Variation generated by the Scottish Government and NHS Scotland's National Demand Optimisation Group. Within these dashboards, pathology requests can be extrapolated into health boards, GP practices, or even sample types. GP-specific dashboards could be utilised to educate GP practices on their test over or underuse.

New tests are essential in addition to new applications for existing tests. The examples highlighted were FIT use on endoscopy waiting lists to triage patients, or utilising low troponins to discharge patients while those at higher risk progress to CCU. POCT is expanding and diagnostic treatment centres are emerging on the high street. Artificial intelligence can provide intelligent LFT, anaemia and cardiac projects. We're seeing more results directed to the patient with direct-to-consumer testing. Laboratory reports traditionally set up for healthcare professionals are now accessible to patients. Lab Tests Online will be of benefit here. Ultimately, laboratory staff

are the crucial factor for service optimisation and we need to invest in them to retain them. Allowing flexible working arrangements and post-retirement employment would also help address staff shortages.

Tina Joyce, Programme Director from the School of Healthcare Management at the Royal College of Surgeons in Ireland, and based in Dublin, spoke about "Effective change in the Laboratory and beyond". It was an apt follow-on talk from Dr Croal and a practical guide to implementing organisational change. Tina reminded us that "when the winds of change blow, some people build walls and others build windmills". She illustrated the three types of change: developmental change to improve an existing situation, transitional change to implement a known new state and transformational change to produce a new state as yet unknown. Ms Joyce presented the "change map" of the steps involved. Change commences with determining the need and readiness for the change, describing the present state alongside the desired future state, the requirements to get there, how to manage the transition period and how to embed the future state into the culture. Rational, political and emotional strategies are needed. Rational thinking includes

mapping the change, the tools and management techniques required and cost-benefit analysis. The political strategy encompasses stakeholder management, dealing with power balance and assessing the readiness for change.

Finally, the emotional end deals with people's fears and concerns and provides good communication and appropriate support. Ms Joyce informed us that effective leadership requires understanding of people's core needs and motivations at work. People want to feel that they belong, can contribute, feel valued and have control over their work life. Emphatic communication is key in leading organisational change, people should be informed of what to expect at each stage and they should be involved in the process.

With that we wrapped up a wonderfully informative half-day meeting. While we may have been physically alone in individual offices or homes, we were "virtually" together as an online community, opportunistic and eager to absorb all we could from the speakers. Perhaps for our next meeting we could produce a hybrid affair, allowing us to gather together and network whilst still enabling us to tap into world-renowned speakers and leaders. ■

# Industry Insights

Doris-Ann Williams, Chief Executive, BIVDA



The first quarter of 2023 has been incredibly busy for industry activity and life, for me, seems to be very much back to how it was pre-pandemic. The most exciting thing was having the first diagnostic test through the new Early Value Assessment process from NICE –

an exciting new test using genomic technology at point of need, the GeneDrive MT-RNR1, which can detect the babies with the genetic variant who can be at high risk of hearing loss if treated with aminoglycoside antibiotics such as gentamicin. Using a cheek swab, this is the first test which can give results in the timeframe required to allow treatment decisions to be made in very unwell babies where time is critical. It's estimated that this test could save 200 babies a year from unnecessary hearing loss.

Rather less exciting is the continued lack of clarity and uncertainty about the regulatory system in Great Britain. The new regulations were originally timetabled to be in place from 1 July 2023, and this date has been delayed to 1 July 2024. However, to meet this deadline there are three pieces of legislation, Statutory Instruments (SIs), which must go through Parliament with the second two also needing to go through WHO procedures. The first SI is already late so even the delayed date is at

## What is the MedTech Directorate?

Established by DHSC in 2021 after significant supply chain disruption, caused by COVID-19 in 2020, highlighted a need for sustainable and effective procurement processes and strategies for medical devices. Its role covers how medical devices are regulated, commissioned and used on an ongoing basis with six critical priorities: ensuring resilient supply chains; delivering value for money; maintaining regulation of safe, high-quality products; meeting sustainability goals; adopting innovation for better clinical outcomes; and promoting UK interests in overseas markets.

David Lawson, a seasoned senior procurement executive, leads the Directorate.

David has over 20 years of experience working for Guy's and St Thomas' NHS Foundation Trust as its Chief Procurement Officer. David has a wealth of experience in supply chain innovation and has also won the Supply Chain Excellence Award twice.

risk. BIVDA is trying to ensure everyone concerned is aware of the position regarding regulation of IVDs, which clearly includes all the professional users. It is likely that our regulation for IVDs will not vary too far from the EU IVD Regulation (which came into force in May 2022 for all new products) but until the SIs are law this cannot be certain.

Meanwhile, back at the Department of Health and Social Care, a new MedTech Strategy has been published, under the head of the MedTech Directorate, David Lawson, which includes a diagnostic strategy. This is building on all the activity to try to reduce the waiting times and tackle opportunities to prevent disease and improve early diagnosis. Following the pandemic, the political will has increased to keep people out of hospital unnecessarily using initiatives like Hospital at Home and Virtual Wards as well as some

PCNs using local activities to reach their populations such as working with The Fishermen's Mission to provide health checks, at the Quayside, for the convenience of local fishermen who work long and unpredictable hours. We also hope to see more testing done in Community Diagnostic Centres, but key principles remain; successful testing needs support from the local NHS Pathology Service and ideally there will be biomedical scientists working in the community to support testing.

Lastly, at the end of March, the Infection Management Coalition (IMC), a partnership of diagnostics and Pharma industry with patient charities, won an award for the best use of public affairs in a healthcare campaign at the PR Week awards. BIVDA is proud to be a member of the IMC, helping to improve the way infection is managed in the UK. ■

# ACB News Crossword

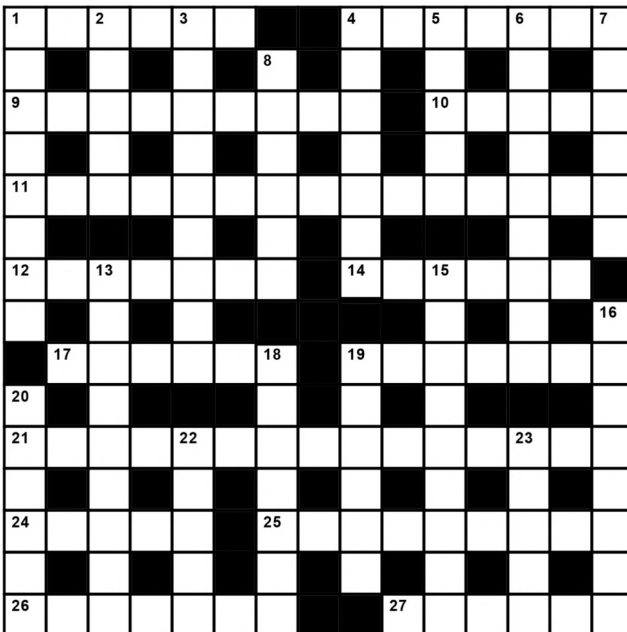
Set by Rugosa

**Across**

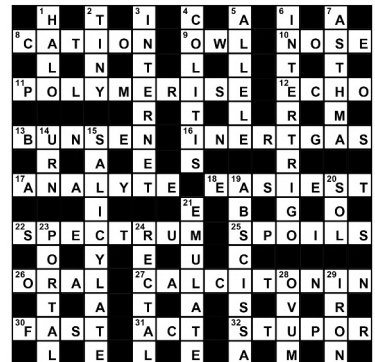
- 1 Some simple asepsis could suit (6)
- 4 Settles as clinically diagnostic observations (7)
- 9 Serbo-Croatian problem: sort out description of a bacterial class (9)
- 10 Credit is returned after admitting lie about antiquity (5)
- 11 The round ceramic cell work describes many energy-producing devices (15)
- 12 Worked out, ran, took varied diet (7)
- 14 Single circuit, superlative data processor (6)
- 17 Lister's antiseptic unhappily no help (6)
- 19 Some clientele mention a preferred environment (7)
- 21 Hormone precursor seen in deodorant ingredients (15)
- 24 A most unusual surgical opening (5)
- 25 Motive to discard sera from intensive care confusion (9)
- 26 Doctor turns out bad medicine (7)
- 27 Ring alarm about missing principles (6)

**Down**

- 1 Post bearing thanks for shared organ (8)
- 2 Steer clear of unorthodox sedative – it's banned (5)
- 3 Re notions about this multifunctional molecule – is it a hormone? (9)
- 4 One can cause inebriation: school-leaver is tipsy – serve no more! (7)
- 5 No gain in measuring incorrectly this kind of sample (5)
- 6 Carbohydrate catalogue's editing not top-drawer (9)
- 7 Fed up, the French corn cutter (6)
- 8 A second-class way in foreign parts (6)
- 13 Dry? Order our shandy! (9)
- 15 Identity cover made money – pounds, no less (9)
- 16 Fine, subtle and elegant kind of solution (8)
- 18 Psychiatric treatment of exceptional humility not unknown (7)
- 19 Leave to correct uncouth bearing for hypogonad male (6)
- 20 Rising numbers rap minister (6)
- 22 Elated way to walk (2,3)
- 23 Leading outside source that is right for willow basket material (5)



## Solution for February's Crossword





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**Clinical Biochemistry &  
Laboratory Medicine**

*Better Science, Better Testing, Better Care*



# Develop your career and support your profession

ACB welcomes applications for membership from health professionals and corporate bodies from the whole spectrum of laboratory medicine and healthcare science around the world. We are the representative voice for laboratory medicine and an established scientific authority.

To find out more about the benefits and eligibility for membership please contact Mike Lester: [mike@acb.org.uk](mailto:mike@acb.org.uk) or +44(0)20 4542 6044

## ACB members have access to:

- A unified community platform to share best practice in laboratory medicine
- Support from the recognised trade union for laboratory medicine health professionals in the UK
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- News and updates on current issues and development opportunities in laboratory medicine through a regular newsletter and digital communications
- A programme of CPD-accredited national and regional education, and training events at free or discounted rates
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