

COMHAIRLE NA NOSPIDÉAL

CONSULTANT CHEMICAL
PATHOLOGY/
TOP GRADE
BIOCHEMIST SERVICES

December 2005

COMHAIRLE NA NOSPIDÉAL

**CONSULTANT CHEMICAL PATHOLOGY
TOP GRADE BIOCHEMIST SERVICES**

December 2005

Comhairle na nOspidéal

Corrigan House, Fenian Street, Dublin 2.

TEL: 00 353 1 676 3474

FAX: 00 353 1 676 1432

WEBSITE: www.comh-n-osp.ie

Chairman: Dr. Cillian Twomey

Vice-Chairman: Dr. Donal Ormonde

Chief Officer: Mr. Tommie Martin

CONTENTS

SECTION 1	INTRODUCTION	1
	1.1 Context & Terms of Reference	1
	1.2 Membership of the Committee	1
	1.3 The Consultation Process	1
	1.4 Chemical Pathology/Clinical Biochemistry	1
SECTION 2	EXISTING SERVICES	3
	2.1 Distribution of Consultant Chemical Pathologist & Top Grade Biochemist Posts	3
	2.2 Distribution of NCHD posts in Chemical Pathology	4
SECTION 3	ISSUES FOR CONSIDERATION	5
	3.1 Introduction	5
	3.2 Views of Professional Bodies	5
	3.3 Outcome of Considerations	6
	3.4 Model of Staffing Adopted	7
	3.5 Key Issues	7
SECTION 4	RECOMMENDATIONS	8
	4.1 Recommendations	8
	4.2 Immediate Priorities	8
	4.3 Additional Recommendations	9
	4.4 Tabulated Summary of Recommendations	11
	4.5 Conclusion	12
	BIBLIOGRAPHY	13
	APPENDICES	14
	Appendix A Professional Qualifications for Consultant Posts	14

1.1 CONTEXT & TERMS OF REFERENCE

Following a request from the Faculty of Pathology, RCPI, Comhairle na nOspidéal established a committee at the beginning of its 9th term of office to examine consultant chemical pathology services. In the context that clinical biochemistry services are also managed and directed by top grade biochemists, the Committee adopted terms of reference which would allow for the parallel examination of these two groups of specialists i.e. medically trained consultant chemical pathologists and non-medically trained top grade biochemists. A top grade biochemist, is a grade of consultant status, and was prescribed by the Minister of Health in the Health (Hospital Bodies) Regulations 1972 as coming within the ambit of Comhairle na nOspidéal. It should be noted that top grade biochemists do not hold the Consultants' Contract. The terms of reference adopted by the Committee are given below:

“To examine existing consultant level chemical pathology and top grade biochemist services throughout the country and following consultation with the interests concerned, to make recommendations to Comhairle na nOspidéal on the future organisation and development of these services nationally.”

1.2 MEMBERSHIP OF THE COMMITTEE

The following members of Comhairle na nOspidéal were appointed to serve on the committee:

Dr. J. Daly, (Chair) Consultant General Adult Psychiatrist, St. Senan's Hospital, Wexford

Dr. E. Connolly, Deputy Chief Medical Officer, Department of Health & Children

Prof. M. Leader, Consultant Histopathologist, Beaumont Hospital

Mr. K. Moran, Consultant General Surgeon, Letterkenny General Hospital

Dr. M. Murray, Consultant Haematologist, University College Hospital, Galway

Mr. T. Martin, Chief Officer, Comhairle na nOspidéal

Ms. M.J. Biggs, Comhairle na nOspidéal, was appointed secretary to the committee and undertook the research for and drafting of this report.

1.3 THE CONSULTATION PROCESS

Each health board and relevant voluntary hospital was informed of the establishment of the committee, its membership, terms of reference and work programme. Parties were then invited to make submissions. Submissions were also sought and meeting held with representatives from the Chemical Pathologists Association, the Faculty of Pathology, RCPI and the Association of Clinical Biochemists. Comhairle na nOspidéal wishes to record its sincere appreciation to all those involved in the consultation process and in the compilation of submissions.

1.4 CHEMICAL PATHOLOGY/CLINICAL BIOCHEMISTRY

Chemical pathology/clinical biochemistry is concerned with the diagnosis and prognosis of disease and with patient management through the analyses of body fluids and tissues for specific constituents. The key role of a consultant providing chemical pathology/clinical biochemistry services is to direct laboratories which use a variety of appropriate and tested chemical and physical techniques to analyse body fluids and tissues from patients with a view to assisting other hospital clinicians and general practitioners. As well as core biochemistry, the discipline encompasses sub-specialty areas

such as endocrinology, therapeutic drug monitoring, tumour marker measurements, specific protein measurements and aspects of immunology and DNA analysis. Virtually every hospital patient attending a specialist in any clinical discipline will require a biochemical investigation.

A top grade biochemist is a trained scientist who is qualified to take ultimate responsibility for the services provided by a hospital's biochemistry laboratory.

A chemical pathologist is a medically qualified individual who also has scientific training and can take ultimate responsibility for the services provided by a hospital's biochemistry laboratory. Increasingly, for diseases where the main problem is chemical in nature, for example metabolic diseases such as diabetes, osteoporosis and nutritional disorders, a consultant chemical pathologist may take direct clinical responsibility for patients in out-patients clinics or on the wards or may share care with a consultant medical colleague e.g. a consultant endocrinologist.

2

EXISTING SERVICES

2.1 DISTRIBUTION OF CONSULTANT CHEMICAL PATHOLOGIST AND TOP GRADE BIOCHEMIST POSTS

There are five Health Service Executive (HSE) approved permanent consultant chemical pathologist posts and six HSE approved permanent top grade biochemist posts in the public health care service in the Republic of Ireland as of 1st December 2005.¹ All eleven posts are filled in a permanent capacity. The distribution of these eleven posts is tabulated below.

Table 2.1 Distribution of consultant chemical pathologist and top grade biochemist posts

Administrative Area (Population) Base Hospital	Consultant Chemical Pathologist Posts	Top Grade Biochemist Posts
Dublin / North East (831,000)		
Beaumont	1*	–
Mater	–	1
Temple Street	1**	–
Total Dublin / North East	2	1
Dublin / Mid Leinster (1,140,000)		
St. Vincent's	–	1
Tallaght	1	–
St. James's	1	–
Crumlin	–	1
Total Dublin / Mid Leinster	2	2
Western (942,000)		
Galway Regional Hospitals	1	1
MWRH, Limerick	–	1
Total Western	1	2
Southern (1,004,000)		
Cork University Hospital	–	1
Total Southern	–	1
Total (3,917,000)	5	6

* The consultant chemical pathologist post based at Beaumont Hospital has one session per week to Connolly Hospital.

** The consultant chemical pathologist post based at Temple Street has two sessions per week to the Rotunda Hospital and two sessions per week to Crumlin Hospital.

¹There is one unprocessed post of consultant biochemist in St. James's Hospital which has been vacant since the retirement of the last postholder in 1999. Due to the length of time involved, this post has not been included in the staffing statistics presented in this section.

As can be seen from the table only ten hospitals in the country currently have the services of a consultant chemical pathologists and/or top grade biochemist. A significant number of hospitals throughout the country for example Waterford Regional Hospital, Our Lady of Lourdes, Drogheda and the Midland Regional Hospital, Tullamore are without the input of these key personnel.

2.2 DISTRIBUTION OF NCHD POSTS IN CHEMICAL PATHOLOGY

Hospital	SHOs	Registrars	Specialist Registers	Total NCHDs	Ratio NCHD: Consultant
Beaumont			1	1	1 : 1
Temple St			1	1	1 : 0.6
Crumlin		1		1	1 : 1*
St. James's	1	1		2	1 : 0.5
Tallaght			1	1	1 : 1
Connolly Hospital			1.5	1.5	1 : 0.06
Waterford	1			1	1 : 0
Total	2	2	4.5	8.5	1 : 0.6

Source: The Postgraduate Medical and Dental Board – Survey of NCHD Staffing at 1st October 2004

* Trainer is a consultant biochemist

The HSE has approved five specialist register posts in chemical pathology following requests for approval from the Irish Committee on Higher Medical Training of the RCPI.

With respect to individuals training to become top grade biochemists, these individuals acquire the necessary experience and training via a scientific based career pathway and are not included in the above table.

3

ISSUES FOR CONSIDERATION

3.1 INTRODUCTION

Currently chemical pathology/ clinical biochemistry are provided by both medically trained chemical pathologists and non-medically trained top grade biochemists of consultant status. This current organisation of services has developed as historically there was a shortage of medically qualified scientists to run biochemistry labs in hospitals. Therefore top grade biochemists had been employed to fulfil this role, with the result that they play a key part in the delivery of medical biochemical services. Since then chemical pathology has developed as a separate medical specialty within pathology and as a growing specialty is providing a more clinical aspect to biochemical services in hospitals. The model of biochemical services in hospitals being provided by both medically qualified and non-medically qualified specialists is also seen in the United Kingdom.

3.2 VIEWS OF PROFESSIONAL BODIES

As part of the consultation process Comhairle na nOspidéal met with representatives and received written submissions from the Chemical Pathologist Association and The Association of Clinical Biochemistry. Different views were expressed by the two Associations regarding current and future organisation of services.

Chemical Pathologist Association (CPA)

The CPA expressed the view that consultant chemical pathologists, as registered specialist medical practitioners, are not equivalent to top grade biochemists. It was indicated that the focus of chemical pathology as a specialty is now clearly directed towards improving patient care by providing direct outpatient care services – either in partnership with other specialists or in specialist metabolic clinics – and liaising with clinical colleagues at ward rounds, case conferences and for consultations. The CPA considered that there was limited scope for cross cover between chemical pathologists and clinical biochemists and with a view to the greater clinical emphasis in chemical pathology, the specialty should be moving towards a medical and scientific staffing structure similar to the other pathology specialties. The minimum recommendation by the CPA was one consultant chemical pathologist per former health board region, with it being noted that additional posts will be needed in some regions due to geographical and service factors.

The Association of Clinical Biochemistry (ACB)

The ACB felt that the roles of medical consultant and consultant clinical scientists are complementary, with overlapping functions in areas such as the reporting of biochemical data, ensuring the quality of laboratory analyses and the management of labs. They proposed that either could be head of department or that the two may share the task in rotation. With respect to the two types of post providing cross cover for each other, the ACB expected that cross cover would be provided on the work of clinical liaison, interpretation of results, lab management and maintenance of service quality. It was acknowledged that clinical scientists cannot take responsibility for the management of individual patients since they do not have a medical qualification. However it was proposed by the ACB that where a consultant chemical pathologist has direct responsibility for patients, cover arrangements could be made for these patients either from a consultant medical colleague within the hospital or from a neighbouring hospital. Using the model of departments being staffed by one consultant chemical pathologist and one top grade biochemist, the ACB recommended two posts per former health board region and two posts in the major teaching hospitals. The ACB further recommended that both chemical pathologists and clinical scientists should hold the same qualification i.e. membership of the Royal College of Pathologists, MRCPATH.

The Royal College of Pathologist, UK

In their 1992 report, *Medical and Scientific Staffing of National Health Service Pathology Departments*, the Royal College of Pathologists, UK, considered the transition of chemical pathology from a largely technological to a predominantly clinical service, noting that chemical pathologists, as clinically and scientifically trained professionals, "*often accept sole or shared responsibility for the investigation and increasingly the treatment of patients with primarily metabolic diseases such as the hyperlipidaemias and the nephrocalcinoses*".

In considering the future staffing of biochemical laboratories in hospitals, the report goes on to note that there "*is an increasing need for non-medical scientists of high calibre as further developments of new techniques using more sophisticated equipment, requiring deeper scientific knowledge, are introduced*".

The 1992 report recommended that an average general hospital should have at least two staff of consultant status, which would "*usually consist of one consultant chemical pathologist and one top grade (Grade C) biochemist*". It is noted that these staff "*have complementary and overlapping role, and can, to a limited extent, cover for each other... either could be head of department*". In its more recent report of 1999, *Medical and Scientific Staffing of National Health Service Pathology Departments*, the College continues to support this staffing model.

3.3 OUTCOME OF CONSIDERATIONS

Comhairle na nOspidéal considered the views and submissions of both Associations and gave due cognisance to the recommendations of the Royal College of Pathologists, UK. It is the belief of Comhairle na nOspidéal that the two roles of consultant chemical pathologist and top grade biochemist are not identical or interchangeable, and there are important distinctions. It is acknowledged that consultant chemical pathologists will normally undertake some aspects of direct clinical care, and may frequently manage individual patients by for example being directly involved in diabetes services, endocrinology services and metabolic disease services. These roles will often be carried out jointly with other hospital consultants, and the requirement for them will depend on the numbers and interests of the other medical consultants based in the hospital.

However, top grade biochemists can have a greater role within the laboratory, where they can provide effective service management and clinical liaison with hospital staff and practitioners. This has been borne out by an NHS survey which showed that NHS consultant chemical pathologists spent significantly more time in direct patient care, while NHS consultant clinical scientists spent more time in validating and reporting results, providing scientific insight, addressing quality issues and managing within the department. The ACB highlighted the point that scientists can "*have particular strengths in selection of equipment and appropriate tests and methods, as they are trained to understand both the analytical procedures and the clinical requirements for appropriate lab testing*".

In the context of the above Comhairle na nOspidéal strongly believes that though the two types of postholders do have different roles, these roles are complementary. Comhairle na nOspidéal therefore supports the concept that clinical biochemical departments in hospitals can and should be staffed by both consultant chemical pathologists and top grade biochemists working alongside each other and that cross cover in a significant number of areas can be provided. With respect to cover for direct patient care the Comhairle recommends that this would be arranged so as to be provided by other suitably qualified medical colleagues within a hospital.

3.4 MODEL OF STAFFING ADOPTED

In recommending additional posts Comhairle na nOspidéal has adopted the model of clinical biochemical departments being staffed by one consultant chemical pathologist and one top grade biochemist working alongside each other.

In hospitals that currently have no consultant posts in this area and where a recommendation is made that such posts are needed, it was decided by Comhairle na nOspidéal that the decision as to whether a consultant chemical pathologist or top grade biochemist should be appointed first, should be taken locally, based on the local priorities and needs and the detailed duties to be undertaken. The existing staff in post (both laboratory and clinical) would also need to be taken into account. If, for example, there is a need for a person to undertake direct patient care in an aspect of metabolic medicine (e.g. diabetes, lipid disorders) as well as take responsibility for the lab service, this may create an initial preference for a consultant chemical pathologist. If such a need does not exist, as for instance in a hospital in which metabolic medicine is adequately covered by existing physicians with appropriate training and qualifications, there may be an initial preference for a top grade biochemist who can have a full time commitment to the clinical biochemistry lab service and will not require access to beds or outpatient clinics.

3.5 KEY ISSUES

In making its detailed recommendations, Comhairle na nOspidéal took into consideration the following key issues

- the current distribution of consultant chemical pathologist posts and top grade biochemist posts;
- the important contribution that consultant chemical pathologists and top grade biochemists make to ensuring a safe, high quality health care service with clinical biochemistry being an integral part of the care that all patients receive;
- the importance of regional equity;
- the recommendations of the CPA, the CBA and the Royal College of Pathologists;
- the organisation of consultant staffing of biochemical departments as considered above;
- the role of each hospital within their hospital network;
- the need to avoid professional isolation of consultants and
- the proposals of various health authorities and hospital authorities.

4

RECOMMENDATIONS

4.1 RECOMMENDATIONS

In the context of the issues outlined in Section 3, Comhairle na nOspidéal has outlined its recommendations for the future staffing of clinical biochemistry departments. In making these recommendations Comhairle has focused on large general acute hospitals with no consultant chemical pathologist/top grade biochemist input and large general acute hospitals with single-handed posts at present.

In line with the model of staffing outlined in the previous section, Comhairle na nOspidéal is recommending that clinical biochemical departments would be staffed by one consultant chemical pathologist and one top grade biochemist working alongside each other. Where a second post is recommended for a hospital, this model of staffing is adopted. With respect to hospitals which may not have any consultant level posts at present in their biochemical laboratory, the decision as to whether a consultant chemical pathologist or top grade biochemist should be appointed first should be taken locally, based on the local priorities and needs and the detailed duties to be undertaken.

Comhairle na nOspidéal is further recommending that outreach services would be provided from the local regional hospital to hospitals which will not have either a consultant chemical pathologist or top grade biochemist. The outreach service should include consultation services and advice on clinical biochemical matters being made available.

Sixteen additional posts of consultant chemical pathologist/top grade biochemist are recommended by Comhairle na nOspidéal. It is expected that for many of these additional posts the associated cost with them will be relatively low as the infrastructure of the laboratory and scientific staff will be already present in the hospitals and that the deficiency relates to the absence of or insufficient consultant input. Five of the sixteen posts have been identified as immediate priorities and it is recommended by Comhairle na nOspidéal that these would be implemented as soon as possible by the Health Service Executive.

4.2 IMMEDIATE PRIORITIES**4.2.1 Dublin/ North East**

- The appointment of a consultant chemical pathologist or top grade biochemist to Our Lady of Lourdes Hospital, Drogheda. It is recommended that this post would provide outreach services to Dundalk and Navan.

4.2.2 Dublin/ Mid Leinster

- The appointment of a consultant chemical pathologist or top grade biochemist to the Midland Regional Hospital, Tullamore. It is recommended that this post would provide outreach services to the Midland Regional Hospital, Portlaoise and the Midland Regional Hospital, Mullingar.

4.2.3 Western

- The appointment of a consultant chemical pathologist or top grade biochemist to either Sligo General or Letterkenny General with the post providing an outreach service to the other acute general hospital.

4.2.4 Southern

- The appointment of a consultant chemical pathologist or top grade biochemist to Waterford Regional Hospital.
- The appointment of a consultant chemical pathologist to Cork University Hospital with a sessional commitment to the Mercy Hospital. It is recommended that in conjunction with the top grade biochemist post based full time in CUH, outreach services would be provided to the other acute general hospitals in the former Southern Health Board region

Total = 5 posts

4.3 ADDITIONAL RECOMMENDATIONS

4.3.1 Dublin/ North East

- The appointment of a second permanent consultant level post to Our Lady of Lourdes Hospital, Drogheda. It is recommended that this second post would provide outreach services to Cavan and Monaghan.
- The appointment of a top grade biochemist post to Beaumont Hospital with a sessional commitment to Connolly Hospital. This post will address the issue of a single handed consultant chemical pathologist at Beaumont Hospital and will provide additional designated input to Connolly Hospital.
- The appointment of a consultant chemical pathologist to the Mater Hospital with linkages to the Rotunda. This post will address the issue of a single handed top grade biochemist at the Mater Hospital whilst provided additional designated input to the Rotunda Hospital.

4.3.2 Dublin/ Mid Leinster

- The appointment of a consultant chemical pathologist post to St. Vincent's Hospital with designated sessions to the National Maternity Hospital. It is recommended that this post, in conjunction with the existing top grade biochemist post based at St. Vincent's Hospital, would provide outreach services to St. Michael's Hospital and St. Columcille's Hospital.
- The appointment of a top grade biochemist post to St. James's Hospital with designated sessions to the Coombe Women's Hospital. This post will address the issue of a single handed consultant chemical pathologists at St. James's Hospital and provide designated input to the Coombe Women's Hospital.
- The appointment of a top grade biochemists post to Tallaght Hospital with linkages to Naas General Hospital. This post will address the issue of a single handed consultant chemical pathologist at Tallaght Hospital and will provide designated input to Naas General.
- The appointment of a second permanent consultant level post to the Midland Regional Hospital, Tullamore. It is recommended that at this point the consultant chemical pathologist and the top grade biochemist based in the Midland Regional Hospital, Tullamore would each have a commitment to provide outreach services to the Midland Regional Hospital, Mullingar and Midland Regional Hospital, Portlaoise.

4.3.3 Western

- The appointment of a consultant chemical pathologist or top grade biochemist to either Sligo General Hospital or Letterkenny General Hospital. This post should be based in the acute general hospital i.e. Sligo General or Letterkenny General, which does not yet have a permanent consultant level post based there. It is expected that the two postholders based in these two acute general hospitals will work closely with each other and will provide cross cover for each other.
- The appointment of a consultant chemical pathologist post to Limerick Regional Hospital. It is recommended that this post, in conjunction with the existing top grade biochemist, would have a commitment to provide outreach services to St John's Hospital, Ennis General Hospital and Nenagh General Hospital.

4.3.4 Southern

- The appointment of a second permanent consultant level post to Waterford Regional Hospital. It is recommended that at this point the consultant chemical pathologist and top grade biochemist based in Waterford Regional would each have a commitment to provide out reach services to the other surrounding acute general hospitals i.e. Kilkenny General Hospital, Wexford General Hospital and Clonmel General Hospital.
- The appointment of a third permanent consultant level post to Cork University Hospital with a sessional commitment to the South Infirmary Victoria Hospital. It is recommended that in conjunction with the existing top grade biochemist and consultant chemical pathologist posts, the three posts would have a commitment to provide out reach services to Tralee General Hospital, Bantry General Hospital and Mallow General Hospital.

Total = 11 posts

4.4 TABULATED SUMMARY OF RECOMMENDATIONS

Administrative Area Population	Current Post Numbers	Immediate Priorities	Additional Posts	Total Posts Recommended
Base Hospital				
Dublin / North East (831,899)				
Beaumont	1	–	+1	2
Mater	1	–	+1	2
Temple Street	1	–	–	1
OLOLH, Drogheda	0	+1	+1	2
Total Dublin / North East	3	+1	+3	7
Dublin / Mid Leinster (1,139,870)				
St. Vincent's / St. Columcille's	1	–	+1	2
Tallaght	1	–	+1	2
St. James's	1	–	+1	2
Crumlin	1	–	–	1
MRH, Tullamore	0	+1	+1	2
Total Dublin / Mid Leinster	4	+1	+4	9
Western (942,000)				
Galway Regional Hospitals	2	–	–	2
MWRH, Limerick	1	–	+1	2
Sligo/Letterkenny General	0	+1	+1	2
Total Western	3	+1	+2	6
Southern (1,003,972)				
Waterford Regional Hospital	0	+1	+1	2
Cork University Hospital	1	+1	+1	3
Total Southern	1	+2	+2	5
Total 3,917,203	11	+5	+11	27

4.5 CONCLUSION

The recommendations of this report entail a 145% increase in consultant chemical pathology/top grade biochemistry staffing at national level, with the number of posts rising from 11 to 27.

In drawing up these recommendations, Comhairle na nOspidéal was guided by its aims to focus on large general hospitals with no consultant level input, large general acute hospitals with single-handed consultants and the desire to ensure that all acute hospitals in the state would have access to the consultation services and advice of a consultant chemical pathologist or top grade biochemist. These recommendations were also compiled in the context of regional equity, finite resources and the need to prioritise posts at national level. In making these recommendations, Comhairle na nOspidéal recommend that consideration be given, particular in the east of the country, to the development of cross cover arrangements between hospitals thereby facilitating less onerous on-call duties for the individuals involved.

It is envisaged that the implementation of the above 16 posts will have a significant beneficial impact on the current organisation and delivery of consultant chemical pathology/top grade biochemistry services at local and regional levels.

It is recommended by Comhairle na nOspidéal that a further review would be undertaken by the Health Service Executive of clinical biochemistry services at national level when the above 16 posts have been implemented with the aim of reviewing the impact of the additional posts and identifying any further need for additional posts.

**Comhairle na nOspidéal
December 2005**

BIBLIOGRAPHY

- *Good medical practice in pathology*
The Royal College of Pathologists, 2002
- *Medical and Scientific Staffing of National Health Service Pathology Departments*
The Royal College of Pathologists, 1992
- *Medical and Scientific Staffing of National Health Service Pathology Departments*
The Royal College of Pathologists, 1999
- *NHS clinical biochemistry "A profession under siege"*
The Association of Clinical Biochemists / The Royal College of Pathologists, 2002
- *Pathology services in the Mid-West region*
Mid-Western Health Board, 1996
- *Report of the Committee on Pathology Services*
Midland Health Board, 1998
- *Survey of NCHD staffing at 1st October 2004*
The Postgraduate Medical and Dental Board, 2004
- *Towards a regional pathology service*
Report of Working Group, Western Health Board, 2000

APPENDIX A: PROFESSIONAL QUALIFICATIONS

Consultant Chemical Pathologist

The Health Service Executive has specified that the following qualifications shall apply to posts of consultant chemical pathologist in the public health service

Full registration in the General Register of Medical Practitioners maintained by the Medical Council in Ireland or entitlement to be so registered

and

- (b) The possession of the MRC Path. or a qualification equivalent thereto

and

- (c) (i) Inclusion on the division of chemical pathology of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

- (ii) Six years satisfactory postgraduate training and experience in the medical profession including five years in chemical pathology.

Biochemist – Top Grade

The Health Service Executive has specified that the following qualifications shall apply to posts of consultant chemical pathologist in the public health service

- (a) The possession of a PhD Degree (in biochemistry) of a recognised university or the MRC Path. or a qualification in clinical biochemistry equivalent to either of these

and

- (b) Eight years post-graduate experience / training including five years in clinical biochemistry.

