



Simon Eccles,
Medical Director

This quarter is proving a rich one for clinical engagement. The 5th annual clinicians' conference was a great success with large volumes of feedback and input received. The 2nd annual health practitioners and professionals conference is oversubscribed and how has a waiting list for places. There is a real buzz in the clinical community and a desire to be involved.

This month saw the introduction of 'licence to practice' for doctors. As a result clinicians working in all areas of the programme will be asking for clarity about what is expected of them, with respect to their professional registration. This issue affects all clinicians, not just doctors. There are potentially three different types of clinicians helping take forward health informatics:

- Currently practicing (so professionally registered/licensed)
- Still professionally registered though no longer clinically active
- Ex-clinical and no longer required to be registered.

NHS CFH has all three types working within it though clustered in different areas. For most roles the type of clinician input needed is obvious. Where this is not that apparent, I am happy to provide specific guidance for individual cases. If clinicians are required to stay current/licensed then sufficient time needs to be allowed for them to do so. This should be built in to secondment arrangements or employment contracts. Human resources have very good experience at approaches to this and are happy to provide advice.

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Developing national standards

What can be learnt from the experience of pathology?

At the Fifth Annual Clinicians Conference in November, Gifford Batstone, National Clinical Lead for Pathology demonstrated how differences in names of laboratory tests, the units in which they are measured and the reference ranges for deciding normality or abnormality varied considerably across the NHS. This demonstrated the development of pathology IT to meet local needs but by the same token made apparent the problems when pathology results from different laboratories are combined through programmes such as GP2GP.

To overcome this NHS CFH with DH Pathology, the Royal College of Pathologists, Institute of Biomedical Science and the Association for Clinical Biology are working together developing a national catalogue of laboratory investigations based on a single common name – called SNOMED-CT code and default units of measurement. This together, with work on harmonisation of reference ranges and creation of rules around what sort of results may be combined, creates a level of interoperability that unambiguously allows data from different sources to be combined not only for direct clinical purposes but also secondary uses including service planning and clinical research. Simon Eccles asked all clinical groups to learn from

this combined approach, using a range of routes and involving key professionals at all stages.

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