

ACEM Newsletter May 2014



Dear ACEM members

Welcome to the first of the new Newsletters and I hope this will be the first of a regular series of communications. I'd like to encourage everyone to send articles to Anton Page to help in establishing the Newsletters. ACEM

(Anton) would also welcome comments and suggestions about the Newsletter and its content.

2013 was another busy year with further changes in the delivery of pathology services and pathology workforce which are going to have a lasting effect on those of us working in the UK system. The Academy and School of Healthcare Science are becoming more established and influential in the delivery of training. There are opportunities in these programmes to promote Clinical Electron Microscopy, however, the opportunities are not always obvious or easy to exploit. It would be helpful if members of ACEM who are able to engage with the Modernising Scientific Careers curriculum were able to share their experiences through the Newsletter.

Positive news for 2014; The Royal College of Pathologists have agreed to develop an advanced curriculum in Ultrastructural Pathology (the data collected from last years questionnaire was extremely helpful in allowing ACEM to present our case). This is the first step to having a route to FRCPath by examination and will help promote the role of EM in pathology and the level of skill and knowledge required to perform clinical electron microscopy. We have a preliminary meeting in the diary to start the process of writing the curriculum. This is going to take time and will require considerable effort from those involved. We also have two new Clinical Scientist grade members who successfully completed their Route 2 assessment with the Association of Clinical Scientists (ACS). Congratulations to Linda Moran and Amelia Schoemark.

After the disappointment, last year, of being largely airbrushed out of the review of succession planning in the NHS undertaken by the Centre for Workforce Intelligence (CfWI), I can report that the Royal College of Pathologists has taken the initiative and is going to collate and report on succession planning and workforce need. There will be a questionnaire circulated, probably later this year, to departments and individuals providing pathology services. I'd like to encourage everyone to participate.

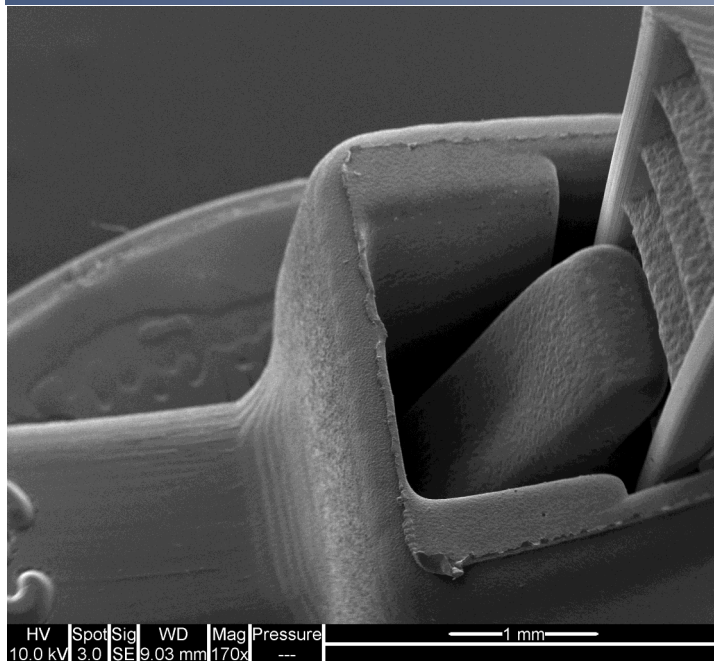
I hope this short "communication" has proven helpful. I'd appreciate any feedback. Many thanks for continuing to support the aims of ACEM, the professional body for diagnostic electron microscopy.

Yours

Roland Fleck, Chairman

Roland.Fleck@kcl.ac.uk

Everyday objects under the microscope - can you identify it?



Tell us what it is to win a mini microscope! The first correct answer to a.page@soton.ac.uk will win.

Dates for your diary

Microscience Microscopy Congress	30th June - 3rd July 2014
More details	
ACEM meeting (London)	3rd Sept 2014
More details	
Society for Electron Microscope Technology meeting (London)	17th Dec 2014
More details	

ACEM membership

For those of you who wish to renew your membership or are not current members and would be interested in joining ACEM, please note that the current membership fee is £25. Unfortunately, membership payment can no longer be made through the website but for convenience we would encourage members who use personal online banking to set up fee payment to ACEM at the Royal Bank of Scotland as detailed below. Alternatively, cheque payment (made payable to ACEM) can be sent to Glenn Anderson, ACEM Treasurer, Histopathology Department, Great Ormond Street Hospital, London WC1N 3JH.

Account details:
Royal Bank of Scotland
467 Wimslow Road

Withington
Manchester M20 4AP

Sort code: 16 34 28
Account: 10020944
IBAN: GB15 RBOS1634 2810 0209 44

Glenn Anderson
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The Academy for Healthcare Science (AHCS)

AHCS is a UK wide organisation which brings together the scientific workforce working within the NHS and other associated organisations (Health Protection Agency, NHS Blood and Transplant) and the academic and independent healthcare sector.

The AHCS is made up of a Council (which sets the strategic direction for the organisation, a Management Board (manages the organisation on a day-to-day basis) and Professional Groups (which provide professional input into AHCS decision-making). ACEM, IBMS and the Royal College of Pathologists have seats on the Council.

As part of its initial terms of reference AHCS endeavour to achieve three main ambitions:

- Speak with a strong, coherent and influential voice that contributes to the development of the healthcare science workforce.
- Provide the healthcare science profession with a higher profile, influencing and informing a range of stakeholders.
- Provide input to and support for wider strategic initiatives requiring a health sciences perspective.

Clinical scientist: route to registration

In August this year I registered as a clinical scientist with the HPC. Since I know other ACEM members are considering registration we thought it may be useful to others to share my experiences.

Route to registration

As electron microscopists we can register under the category 'cellular science – ultrastructure and immunogenetics'. There is not yet an official exam and therefore we enter into the system via what is known as 'route 2'. This requires 3 years post graduate training related to cellular science (this can be a PhD) and a further 3 years full time experience practicing as a pre-registered trainee clinical scientist.

You do not need to inform the school that you have started your training, but you do need your job title to reflect that you are a trainee clinical scientist and you need a supervisor with whom you meet regularly over the course of the training. The supervisor

should be a registered clinical scientist or medically qualified, for example a pathologist. My supervisor was my line manager who is a consultant respiratory clinician.

Portfolio

At the end of your training you supply the association of clinical scientists with a portfolio of evidence of your competencies. This should be about 120 pages and is limited to not more than 160. It should cover all that is in the syllabus. The major skill topics include:

Scientific, Technical, Clinical, Research and development, Communication, Problem solving and Professional accountability.

The syllabus for cellular science was set by members of ACEM and can be downloaded [here](#).

Examples of things I included were; degree certificates, lists of courses I had attended, CPD certificates from ACEM meetings, case studies and reflections of learning, letters of support from fellow electron microscopists, clinicians and other members of the multidisciplinary team and abstracts I had authored.

This, for me, was the most time consuming part, and I'd recommend doing it as you go along rather than leaving it all to the end. I didn't get this part quite right and once I had submitted I had a letter asking for more evidence for some competencies and lots more case studies.

Examination

The purpose of the examination is, like a PhD viva, to ensure you completed the competencies set out in the portfolio. It took nearly 18 months from submission to exam date, so I was becoming increasingly anxious. I understand that this was because I was the first to register under the new system, and so the administration took some time. It should now take no more than 12 weeks.

You don't know who the examiners are until the day of the exam. When I was told I turned quickly to google on my phone 'nobel laureate, deceased 1976' I was then even more anxious for many reasons! However, the examiners, as it turned out were both alive, knowledgeable and very fair. They put me at ease and asked a series of questions which seemed to graduate in their difficulty starting out simple and slowly drawing out detailed information. The questions covered a whole range of topics across all competencies in the portfolio and by the end it was enjoyable being able to discuss difficult cases, trouble shooting and new technology with peers. I also received some useful careers advice.

Registered

I would encourage anyone thinking of applying to do so. I feel I have gained: Future career direction, professional accreditation and accountability, a professional body, another reason to make sure I am supported by the Trust in maintaining my professional

development and most of all a renewed sense of confidence.

On the flip side I have lost: A weekend writing supplementary information and a little bit of sleep the night before the exam! I think both of these things could have been avoided with a little more information. Consequently I would be happy to discuss portfolio contents or the exam with any other ACEM members thinking about applying.

I hope this is helpful and Good Luck.

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This years ACEM meeting

The ACEM meeting this year is happening at the EXCEL Centre in London Docklands. The nearest dockland station to it is the Prince Regent. The nearest hotels are the IBIS hotels, the Novotel and the Crowne Plaza. At the opposite end of the EXCEL Centre is the Premier Inn. There is a Travelodge in the area but you would need to take a taxi to reach the venue.

The Tuesday night before the ACEM meeting is the Group meal at a venue near EXCEL at 8.00pm. On the Wednesday night after the conference we might take the cable car to the O2, which will cost about £10 for a round trip.

Please book into the conference and the hotel as early as you can.

The programme is at the end of this newsletter. Look forward to seeing you in September.

ACEM meetings – an organiser's perspective.

I've been organising an EM meeting every year since 1998. The first two were in Sheffield and then at the Charing Cross Hospital in London. The Charing Cross Hospital gathering was the occasion when ACEM was formally set up, and, following the suggestion made by Jill Moss, we held our scientific meeting plus AGM as a satellite meeting to the summer Pathsoc meeting. The venue of the Pathsoc summer meeting moves around the UK, Ireland and the Low Countries. Jill's suggestion has had many merits - the most important one being the amount of administration involved in organising a meeting is minimised. The other benefits are: it's nice to have a reason to travel to different places, pathologists have occasionally attended where they wouldn't have otherwise, it has given us a higher profile vis a vis the pathologists than we would have had otherwise, and there is no stress worrying about delegate numbers and covering venue costs. Pathsoc officers and administrators have been very supportive of us, and, a pleasure to work with.

My job as the ACEM meeting secretary has been primarily to think of topics to cover and finding appropriate speakers, (once volunteers have finished coming forward). I try to always include a renal pathology topic - as that is the mainstay of most diagnostic EM units. Interestingly, I have noticed differing responses to being asked to speak - based on gender. Men often say 'yes' but then find it impossible to do anything other than leave the preparation to the last minute and, unless it is a talk they have given before, it can look a little sparse. Women either say 'no', because they don't like speaking in public, or if they do accept, often put a lot of time and effort into its preparation.

The programme is important because it is that which will determine if a person will want to attend, and yet, after the lectures have taken place the number of facts one can recall is often disappointingly small. What is remembered, however, are conversations with speakers and delegates. For that reason the social, or networking, side of attending meetings is very important. Networking takes place at the two drink breaks, at lunch and at the evening meal out - the one the evening before the meeting is usually slightly better attended than the one after.

I started organising the meetings because no-one was, I didn't like working in professional isolation, and because I thought it would be the easiest way to pick the brains of experts. After many years now of organising meetings I still don't mind doing it because it gives me the chance to meet up with and get to know like-minded people with a shared professional interest. It is a pleasure to have someone to talk to or email who knows what one is going through. Some of the more senior people we have had to speak at our meetings get such a lot of emails asking for assistance that they end up being selective as to which ones they answer. If they have met you in person they are slightly more likely to respond; ie friends are willing to put themselves out to help, whilst strangers are less likely to. When you have a practical or interpretative problem it is helpful to share it with someone, and more so with someone you already know. And, on the other hand, when you receive a request for assistance it is an honour to be asked and a pleasure to help where possible.

Once you have decided that you either should or just want to attend a meeting, but management won't support you financially, there are a number of options: be selective as to which meetings you go to, seek part funding from multiple sources, go for the cheapest travel and accommodation options, offer to speak and ask for your costs to be covered, offer to pay part yourself. Funding can come from many sources: your department, a departmental slush fund supplied by private work, hospital charitable trusts, clinical departments you do work for, or you could offer to do some overtime at work.

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<http://www.pathsoc.org/index.php/meetings/society-scientific-meetings>

Society of Electron Microscope Technology meeting 2014

This year's Society of Electron Microscope Technology (SEMT) meeting will take place at the UCL School of Pharmacy (Brunswick Sq., London, WC1N 1AX) on 17th December 2014. As in previous years, the meeting will cover a diversity of electron microscopy techniques and applications, complemented by a full trade exhibition of 15 stands. There will be seven invited speakers, at least two of which will be of a diagnostic theme and we will also once again be hosting the prestigious RMS beginner's competition. As usual, we will offer 'Certificates of Attendance' as well as being accredited by both the Institute of Biomedical Sciences (7 credits) and the Royal College of Pathologists (5 credits). The meeting is expected to attract well over a hundred attendees from all over the UK and Europe from all disciplines of science, from pathology labs, cancer research, neuroscience, planetary science and general health care. The day is rounded off with an excellent conference dinner in-house, for more details of programmes and photos, past and future, please check our web-site.

David McCarthy

Honorary Secretary, SEMT.

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www.semt.org.uk

Remember the ACEM website....

The website is undergoing a makeover and the updated version will be in the care of ACEM's new Webmaster Alison Lupton. The site will be the place to find information on the role of Clinical Electron Microscopy in today's health care environment. The site currently at www.acem.org.uk is two-fold with a public access area in addition to the ACEM members' section but the format and functionality are now under review by the Committee. Provisionally the new site will include a forum, news and events pages, an image bank and an online facility for payment of membership fees. However, any further suggestions from the membership are welcome.

Alison Lupton

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www.acem.org.uk

ACEM/Pathsoc/ESP meeting. Electron Microscopy Working group
Wednesday 3rd September 2014, London.

8.00am Registration

Symposium: 8.30 to 12.00

Multidisciplinary Approach to the Diagnosis of Mesothelioma and Non-Small Cell Lung Carcinoma in the Era of Targeted Therapy

Chairs: Josep Lloreta-Trull and Paola Dal Cin

8.30am Histopathological Diagnosis of NSCLC: Clues and Pitfalls,
Cesar Moran, USA

9.00am Insights in NSCLC Electron Microscopy - From the Seventies Till Now with IHC Updating.
Lina Carvalho, Portugal

9.30am Tea Break

10.30am Histopathological Diagnosis of Mesothelioma: Clues and Pitfalls.
Cesar Moran, USA

11.00am Contribution of Electron Microscopy to the Diagnosis of Mesothelioma.
Josep Lloreta-Trull, Spain

11.30am Cytogenetic and Molecular Therapeutic Targets of Lung and Pleural Tumours: An Update.
Paola Dal Cin, USA

12.00am ACEM AGM

1.00pm Lunch

Slide seminar: 2.00 to 4.00

EM in the Diagnosis of Non-Neoplastic Diseases: A Resident's Slide Seminar

Chairs: Bart Wagner and Alessandro Franchi

2.00pm Primary Ciliary Dyskinesia case presentation
Patricia Goggin, UK

2.20pm Renal Biopsy case presentation
Elizabeth Angus, UK

2.40pm Neuro case presentation
Oluwayomi Adegaju, UK

3.00pm Skin & Muscle preparation for LM and TEM: stained semithin and thin sections - technical matters
Wolfgang Muss, Austria

3.20pm Pronounced hystrich-like keratinization disorder in a child
Ingrid Hausser, Germany

3.40pm Renal case - conventional and latest technology in EM
Andrew Yarwood, UK

4.00pm Coffee break

Plenary Session: 4.30 to 7.00pm

4.30pm PathSoc Oakley Lecture
Susanne Burdak-Rothkamm

5.00pm Plenary oral free papers

6.15pm Public lecture
Chris Fletcher

7.00pm Closing ceremony