

The case for laboratory aides in district clinical chemistry departments

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SUMMARY A case of need is made out for the general introduction into district clinical chemistry departments of the existing experimental grade of laboratory aide or assistant. Subject to direct supervision by qualified personnel the aide has a useful role to fulfil. Important advantages to staff and patients accrue from the employment of this semiskilled laboratory worker.

The capability and efficiency of a clinical chemistry department is obviously dependent both on its facilities and on the staff establishment and the morale of the team of laboratory workers. But while the need for additional and improved equipment produces more or less informed debate at Regional Pathology Advisory Committee meetings and at lower levels, possible change in the laboratory staff composition and establishment—to suit changes in the nature of the work—is a subject which has been largely ignored by department heads and others. Exceptionally a professional working party has recommended (Association of Clinical Biochemists, 1977) that nationally agreed norms for clinical chemistry staff establishment based on the volume and type of a district's workload should be settled as a matter of urgency.

The services include advisory and interpretative functions, research and development, and continuing education and training facilities and were listed in 1970 in the Department of Health and Social Security (DHSS) circular HM(70)50. With the proviso that control must be exercised on demands which, according to a recent claim (Office of Health Economics, 1975) may sometimes be unnecessary, the full range of services (Department of Health and Social Security, 1970) that has to be provided today is of a much greater volume and complexity than in 1970. Since the Zuckerman report a great deal has been said about the need to distinguish different types of function within the department, for example, the medical-scientific (consultative) and the technical functions that require staff with different

backgrounds, training, and limits of responsibility (Association of Clinical Biochemists, 1977). However, classes other than those of scientific and technical officers, that is, clerical officers, phlebotomists, laboratory aides, and washers-up, fulfil a valued and necessary role in many clinical chemistry departments.

Experimental scheme

In 1967, a Ministry of Health report advocated the use of portering staff for assisting technicians to programme their work and for help with stores, etc. A year later the DHSS proposed to the Staff Side of the Professional and Technical Council 'B' of the Whitley Council that the experimental grade of laboratory aide should be introduced. Some 70 assistants were appointed between 1968 and 1969 to 15 selected laboratories. A small number of *ad hoc* phlebotomist appointments were also authorised at about the same time. Although the duties of these early laboratory aides (assistants) varied greatly from hospital to hospital they were usually intradepartmental and included such work as assisting in the preparation of stains, media-making, simple urine analysis, the care of simple equipment, and the disposal of infected material. By 1972 the value of these assistants was generally appreciated by those involved in the scheme as a useful addition to laboratory staff, and they certainly facilitated the progress of work through the laboratory. Nevertheless the DHSS agreed after pressure from Staff Side representatives of the PTD Whitley Council not to extend recruitment of the experimental grade of laboratory aide until further discussions had taken place. The authorisation of phlebotomist posts has also been restricted.

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Present need for laboratory aides

In my opinion, the time has come to make the grade of laboratory aide generally available to clinical chemistry (chemical pathology) departments.

During the last decade sophisticated changes in analytical aspects of work have taken place, for example, more advanced instrumentation, automation, and automatic data processing—advances that stretch the capacities and capabilities of skilled laboratory personnel. At the same time the amount of what may be termed lower grade work has not decreased. Jobs associated with the preparation of patient specimens, for example, labelling and separation of sera, take up more time solely because of the large numbers analysed. Automatic devices require feeding with specimens and reagents. Even the increased amount of work referred to other laboratories itself generates work, eg, preparation, labelling, documentation, deep-freezing, and packaging of specimens for transportation.

The Table shows that the total number of qualified technical staff in hospital laboratories has been steadily rising since laboratory aides were introduced as an experimental grade in 1968, whereas the proportion of junior technicians to qualified staff has been gradually decreasing. Since the amount of lower grade work in clinical chemistry laboratories has not fallen—and in many cases will have increased—this can only mean that more lower grade work is being undertaken by qualified staff, surely not a desirable trend. Jobs which in the past have been the work of junior technical staff in training can now be readily accepted as being the suitable province of the aide. Chosen phases of techniques, specifically those which require neither decisions nor precise quantitative manipulation, may safely be performed by aides provided their work is adequately supervised by qualified personnel.

Table Staffing returns for NHS medical laboratory technicians (England and Wales only)

Year (30 Sept)	Technicians			Unqualified (% total)
	Qualified	Unqualified	Total	
1965	2941	4428	7369	60.1
1967	3334	4760	8094	58.8
1969	3764	5179	8943	57.9
1971	4953	5575	10528	52.9
1973	5696	5892	11588	50.9
1975	6795	6162	12957	47.6

Without exception 10 hospital chemical pathology departments in the UK known to be employing laboratory aides have expressed complete satisfaction

with the operation of the experimental scheme. Aides are welcomed by medical laboratory technicians not only to assist them in their work but also to allow them to concentrate on fully professional tasks. Outside the UK, especially in Australian and Canadian hospital laboratories equally well known to me, medical scientists and technologists have for many years been assisted by sub-professional staff. It seems incredible, therefore, that there should be any opposition to the employment of assistants or aides in this country.

What are the objections put to the DHSS which have led to a freezing of assistant recruiting? These are: (a) The introduction of aides would lead to a lowering of standards and dilution of the service. In 1974 the Institute of Medical Laboratory Technology (IMLT) stated (Gazette of the Institute of Medical Laboratory Technology, 1974) in a staff policy document with special reference to graduates and laboratory aides, that it is the alternative that is true, namely, that professional status will eventually be lowered by using professional staff rather than assistants to do sub-professional work; (b) They would be introduced as cheap labour when and where there are difficulties in recruiting staff. New obligatory clauses in the regulations to be agreed by staff and management can surely prevent this from happening; (c) They would somewhat ease the pressure upon management to resolve problems of inadequate working conditions for National Health Service (NHS) laboratory staff (Association of Scientific, Technical and Managerial Staffs, 1973). This cannot seriously be taken as an objection to improving the service in other ways. The view of the IMLT in 1974 was (Gazette of the Institute of Medical Laboratory Technology, 1974) that this and similar suggested undesirable consequences are based more on emotion than on reason.

More desirable consequences might equally be argued—for example, that aides would save trainee (junior) technicians from having to spend longer on simple repetitive work that is not strictly necessary for training purposes. The employment of aides reduces the proportion of junior technicians and technicians to senior technicians and above. Hence the career prospects of technicians are greatly improved. Another advantage is that aides work a full week without absences for training at technical college.

Suggested role and duties of laboratory aides

ROLE

The role of the laboratory aide in the clinical chemistry department is to facilitate the service of laboratory medicine in any way appropriate to

relatively unskilled staff. Qualified personnel must supervise and be directly responsible for *all* phases of their work. A mature and understanding aide can better offer assurance and confidence to an anxious patient attending the laboratory.

DUTIES

Booking-in of patient attendances. Booking-in of specimens. Checking against request forms. Sorting and filing of requests and records. Answering the telephone.

Collection of venous and/or finger-pricking blood specimens, including assistance at diabetic and other clinics.

Assistance with and assurance of patients, eg, preparation for GTT, obtaining urine specimens.

Handling, centrifugation, and separation of blood and sorting of other biological specimens. Redistribution of specimens to appropriate sectional laboratory.

Disposal of pathological materials. Disinfecting of bench and similar areas.

Maintenance of distilled water equipment supplies. Topping up of expendable materials and labelling of items. Replenishing of the contents of wash bottles, water baths, etc.

Preparation of special containers. Assistance in preparing equipment and reagents subject to appropriate checks and controls before use in routine testing. The care of equipment used. Refrigerator defrosting and checking temperatures.

The carrying out, under supervision, of any reasonable request in connection with the work of the department in which the laboratory assistant is employed.

There may be an overlap of these duties with those performed by other Whitley Council grades, and this list may need to be the subject of consultation with the representatives of the staffs concerned.

Recruitment and training of laboratory aides

We are considering limited-career staff performing semiskilled work among a team of specialist workers in the NHS. There is no question of simply creating a poorly paid grade of unqualified staff with no prospects (Association of Scientific, Technical and

Managerial Staffs, 1973). Since there is an element of technical work to be covered by a laboratory aide, recruitment must be from a higher grade than the unskilled, unqualified domestic and general group. It is suggested that salaries and conditions should bear a constant relationship to those of junior (trainee) medical laboratory technicians. There would need to be some limited career prospects and a salary scale. Provision should be made for aides to become junior (trainee) medical laboratory technicians if they obtain the necessary basic qualifications.

As supervision of laboratory aides cannot be constant, training in safety precautions, in blood collection (finger prick and/or venepuncture) procedures, and in the handling of specimens, etc. will be required. This training would normally be completed by the end of the first of the three months' probationary period in the NHS. Finally, it might be necessary to limit the numbers of unqualified assistant staff so as not to exceed a proportion (say one-fifth) of the qualified laboratory staff.

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