

ACB News

The Association of Clinical Biochemists • Issue 428 • 20th December 1998



**Oxford IT
Award**

**Debate on
Membership**

**Higher
Specialist
Training**

**Focus 99
Awards
Bursaries
and prizes**



About ACB News

The monthly magazine
for Clinical Science

The Editor is responsible for the final content. Views expressed are not necessarily those of the ACB.

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ACB News

Number 428 • December 1998

Editorial	4
General News	5
Disposable Laboratory Tips	9
Christmas Fun	10
Education	
Vineyards and Table Naans	11
ACB Training Course No 4	13
Council Matters	
Timely Debate on Membership	14
Trainees Committee	
Higher Specialist Training	16
Focus 99	
Awards, Bursaries and Prizes	19
Euro News	
European Register for Clinical Chemists	20
Letters	24
Forthcoming Meetings	25
Situations Vacant	26
New Members	28

The proof reader for this issue was Dr Rosanna Penn, Birmingham.

Front cover:

Delegates at the Birmingham ACB Training Course.



The ACB National Scientific Meeting and Exhibition

17 - 21 May 1999

Tel: 01223-516103

Fax: 01223-500978 for details

Scientific Bums on Seats

This year nothing has arrived that can be described as Christmas humour. There was a half-chance of something from South Wales, but the preliminary phone call was as far as it went. Even the crossword only just made it. Not to worry, there is plenty to read in this issue and I am sure some of it will make you laugh . . .

Scientific Meeting Market . . . No Room for Fools

Organising scientific meetings is increasingly an entrepreneurial activity with, by definition, an associated element of risk. Recent discussion in ACB News and a letter this month about problems with getting scientific “bums on seats” comes as no surprise. Gone are the days when one could expect a good attendance to a regional meeting simply by advertising it in the annual regional calendar and sending out a circular. Even with a more active marketing approach one can still get it badly wrong.

Staff numbers in our laboratories have declined. The busy people that are left are increasingly selective in the meetings they decide to attend during the working day. In the evenings many are part of a home partnership where family responsibilities are more likely to be equally shared than in the “old days”, and where free evenings for attending meetings can be few and far between.

Those with the task of organising scientific meetings need to appreciate the way that the potential meeting audience is changing. A successful entrepreneur foresees change in the market and alters the product appropriately. In our environment this should include asking regional members to express a view on the timing and style of meetings you, as a regional committee, intend to hold. Such basic market research is essential and it is certainly something that the Focus meeting has undertaken from time to time. We need to be open to suggestions for change, not defensive of current ways of doing things and ignoring the inevitable.

Recipe for Success

The recipe for a successful scientific meeting starts with content . . . that is relevant topics and speakers. I remember the emphasis that the XVI ICCG Congress Committee put on scientific content as the foundation to the success of that meeting. Of course good content still needs to be packaged in an attractive way. On occasions when preliminary programmes come to ACB News we have pointed to the dryness of lecture topics and meeting titles. Sometimes people have understood and have come back with something a little more “sexy”, but others seem to think that they can organise a meeting in the same old way and expect success.

All this may mean that on occasions you decide not to organise a meeting that will just add to competition for others. Knowing when not to take the risk is certainly another trait of the successful entrepreneur!

Even busier in 1999 . . .

Reviewing the Department of Health press releases each month for ACB News is fun. It appears that equality of access to NHS services is becoming an underlying theme. For us such emphasis will undoubtedly lead to even more acute increases in workload; there are many

new tests whose time has surely come, not to mention a renewed commercial emphasis starting to hit us on point-of-care testing.

There is talk that pathology will get some additional ring-fenced funding in 1999. Cash for equipment and reagents in itself is not the whole answer, as one problem we are grappling with is a manpower shortage. In part this can be explained by a lack of co-ordinated manpower planning with the advent of NHS Trusts. However, many laboratories are now suffering because they are unable to employ graduates for trainee MLSO/Biomedical Scientist posts because they have not done a degree at the "right" university. Conversion courses are available for those without a biomedical scientist degree, but many capable graduates are not prepared to accept the extended time on low pay required before they achieve state registration. I find it quite bizarre that graduates from some of our best university biochemistry courses are effectively excluded from becoming part of the technical workforce in our laboratories.

Thanks to Everyone

Thanks to everyone who has contributed to ACB News over the last year. In 1999 we hope to get out and meet a few of you with a series of reports looking at how different types of laboratory are facing up to the next millennium. If you think that your laboratory should be one of those included do give me a call; or else we will just have to see where the pin lands on the map. ■

Jonathan Berg

CPA and UKAS Working Together

Clinical Pathology Accreditation (UK) Ltd and The United Kingdom Accreditation Service (UKAS) have signed a statement expressing their intention to work together.

UKAS is the UK national accreditation body responsible for assessing and accrediting the competence of organisations in the fields of measurement, testing, inspection and certification of systems, products and personnel.

The statement of intent reads as follows:

“In recognition of their common aims of providing confidence in the services of medical laboratories and departments in the UK, seeking to improve the quality and standard of work carried out

by these organisations, a reduction in multiple assessments and harmonisation of approaches to accreditation in Europe, Clinical Pathology Accreditation (UK) Ltd and the United Kingdom Accreditation Service (UKAS) hereby express their intention to cooperate in areas of mutual interest and benefit.”

Key areas which have been identified for cooperation are:

- Determination of the criteria to be used in Europe for the operation of medical laboratories and departments.
- Alignment of accreditation body practices and procedures for the assessment and accreditation of medical laboratories

and departments to recognised European and International standards.

- Training and use of assessors.
- Combined visits, on request, to organisations which need both CPA and UKAS accreditation.

In order to achieve closer cooperation, CPA and UKAS will maintain a constructive dialogue, informing each other of developments in this field, both in the UK and Europe. Where feasible and desirable, joint ventures will be undertaken with respect to assessment practices and procedures. By working together, CPA and UKAS seek to promote and encourage best practice in the UK, and to influence the development of such practices both in Europe and internationally. ■

Registration News

By Howard G J Worth, Registrar

It is now time to report further progress of the Registration Council's bid to seek the formation of a Clinical Scientists' Board within the Council of Professions Supplementary to Medicine (CPSM). You will recall from our last report following the overwhelming ballot of registrants in March 1998 supporting the move towards CPSM, that the Registration Council had to lodge a petition with CPSM supporting its case for the formation of a new Board and mandatory registration.

The petition had to be presented to, and accepted by, all the present boards at CPSM. This has been done and was presented to the Council's meeting in June 1998. The petition was accepted unanimously at that meeting. Some points of detail were raised by the Radiographers Board and the Medical Laboratory

Technicians Board which could be dealt with by informal discussion with representatives of the Registration Council outside the CPSM Council meeting, but the petition was accepted unanimously.

The next stage is for CPSM to present the case to the Privy Council, which will happen during November. There has been a small delay in moving this forward after the CPSM June meeting, as the CPSM wished to make three presentations at the same time, the other two being for the Speech Therapists and Paramedics. These petitions were not quite ready for the June meeting. Again, the Registration Council and Clinical Scientists have proved that they can get their act together, move quickly and meet deadlines. As things progress ACB News will keep readers up-to-date with progress. ■

McInnes Wins Jura Whiskey

Readers will remember that Dr Colin Fletcher of Stobhill Hospital, Glasgow set a competition to identify the various scenes in the Focus 98 Invitation to Participate. ACB News is delighted to announce that the prize of a bottle of Jura malt whiskey went to Liz McInnes of North Manchester General Hospital. ■



Jeff Seneviratne, National Meetings Secretary, visited Liz especially to present her with the prize

Applications for the 1999 Professors' Prize Invited

The Professors of academic departments of clinical biochemistry established this prize as a prestigious award for research achievement within the field of clinical biochemistry. Applications are invited from clinical biochemists, or those in related disciplines, such as biochemistry, molecular biology or clinical medicine.

Applicants should be under 40 years of age on the 30th April 1999, and do not yet hold a professorial appointment. Applications should consist of a 500 word summary of research achievements, curriculum vitae and three best publications, together with a supporting statement from a senior scientist or clinician sponsoring the application.

The prize will consist of a piece of engraved cut glass and an honorarium which will be presented at the National Meeting of the Association of Clinical Biochemists in Manchester on 19th May 1999. The prize lecture will be delivered as a plenary session at that meeting.

Applications (five copies) should be submitted by 31st January 1999 to:

Professor Tim Peters
 Department of Clinical Biochemistry
 Kings College School of Medicine & Dentistry
 Bessemer Road
 London SE5 9RS ■

Top IT Award Oh-Kay for Oxford

The Oxford Radcliffe Hospitals Medical Informatics Group led by Dave Nurse and Jonathan Kay won the top award for best information management project in 1998 at the Information Management Awards held at the National Motorcycle Museum on Wednesday 14th October.

The Deloitte & Touche Consulting Group Award was given for the team's work on the development of the Oxford Clinical Intranet, which uses the technology of the world wide web to improve doctors', nurses' and midwives' access to clinical information. The project includes giving doctors immediate access to results of patients' blood tests, and guidelines on the types of tests available, so helping them in the diagnosis and treatment of patients in the hospitals.

Computers providing these services are available across the hospitals and surfing the intranet is now a regular part of the doctor's work. The approach cuts down paperwork and phone calls for busy hospital staff. In addition to providing access to more hospital computers, the team now intends to improve access to evidence-based medicine knowledge bases. They are also looking at handheld computers to bring clinical information even closer to the patient, which could revolutionise the practice of medicine.

The importance of intranet technology is emphasised in the new NHS Information Strategy, published a few

weeks ago, see: <http://www.imt4nhs.exec.nhs.uk/strategy/index.htm> (note correct address – Ed).

The work involved many collaborators and departments within the Oxford Radcliffe Hospitals and the University of Oxford including: David Sackett, Sharon Straus, Brian McDonald and Douglas Badenoch of the NHS Centre for Evidence-Based Medicine; John McVittie, Kevin Paddon, James Penn-Dunnett, Ian Bowler, Kieron White and Ken Nicholls of the Laboratory Medicine Clinical Centre, Oxford Radcliffe Hospital; Paddy Phillips, Chris Bunch, Ian Mackenzie, Nick Atkins, Sonja Decker and Herb Parker of the Oxford Radcliffe Hospital; the users of the systems, especially those who evaluated the components during their development; Thomas Lamandais and Anne Ecobichon of the University of Lannion, Brittany.

This is the fifth award to the team in the Medical Informatics Unit. Reports of previous work and current projects can be found at: <http://oxmedinfo.jr2.ox.ac.uk>

For further information about this project contact: Dr Jonathan Kay on Tel: 01865-220470, Fax: 01865-220348 or Email: jonathan.kay@clinical-biochemistry.jr2.ox.ac.uk; or David Nurse on Tel: 01865-222914, Fax: 01865-220348 or Hyperlink: david.nurse@clinical-biochemistry.jr2.ox.ac.uk ■

*Merry Christmas &
Happy New Year*

to all ACB News Readers and especially to everyone at

Piggott Printers, PRC Associates and Black Bear Press

An extra special thank you to Dr Rosanna Penn for assisting the editor with the proof reading whilst recovering from her recent illness

CPD for Non-College Members

The Royal College of Pathologists continuing professional development scheme is of course open to members and non-members of the college. Non-members pay an annual administration charge which from January 1999 will be £25 per annum.

If you would like to receive further details of the Royal College of Pathologists' CPD scheme please contact Stella Macaskill, CPD Co-ordinator at:

The Royal College of Pathologists
2 Carlton House Terrace
London SW1Y 5AF
Tel: 0171-930-5862
Fax: 0171-321-0523
Email: cpd@rcpath.org ■

Canadian Society of Clinical Chemists

**Winnipeg Convention Centre
Crowne Plaza Hotel
Winnipeg, Manitoba
43rd Annual Scientific Congress
May 8th-13th 1999**

For further details please contact:
CSCC 43rd Annual Conference
Canadian Society
of Clinical Chemists
PO Box 1570
Kingston
ON K7L 5C8
Canada
Tel: 613-531-8899
Fax: 613-531-0626
Email: csccl@kingston.net
Web: www.csccl.ca

Clinical Chemistry Available On-Line

AACC, in conjunction with Stanford University has now placed Clinical Chemistry on-line at the following address:

<http://www.clinchem.org/>

The on-line version of Clinical Chemistry contains the full content of each issue, starting with the January 1998 issue. The site has a keyword search facility and also has hyperlinks to Medline and the full text of many other on-line journals.

Clinical Chemistry on-line is free and available to everyone on the Internet until 28th February 1998. After this date the full content of the site will only be available to full members and subscribers with the table of contents and abstracts only being available to other Internet users. ■

Congratulations to Kricka and Price

Two ACB members were honoured in the 1998 American Association of Clinical Chemistry awards.

Professor Larry Kricka received the award for outstanding contributions to clinical chemistry in a selected area of research. Larry, who used to work at the Wolfson Laboratories in Birmingham, is professor of pathology and laboratory medicine and director of the University of Pennsylvania Hospital's general clinical chemistry laboratory.

Professor Chris Price won the AACC award for outstanding contribution to education. The citation pointed to the founding of relevant training programmes and initiation of the highly

successful ACB educational CD-ROMs during the time that Chris was ACB Chairman. ■



Professor Larry Kricka

Situations Vacant on ACB Home Page

If you are actively looking for a job in clinical biochemistry then please be aware that the ACB News is usually available on the ACB Internet site a week or so before you get the printed version by post.

To view the Situations Vacant column you simply download the ACB News PDF file by clicking the image of the front page on the ACB web site. You will need the Adobe Acrobat reader installed on your computer, but this software is available free from the Adobe site, and there is a link to this on the ACB home page.

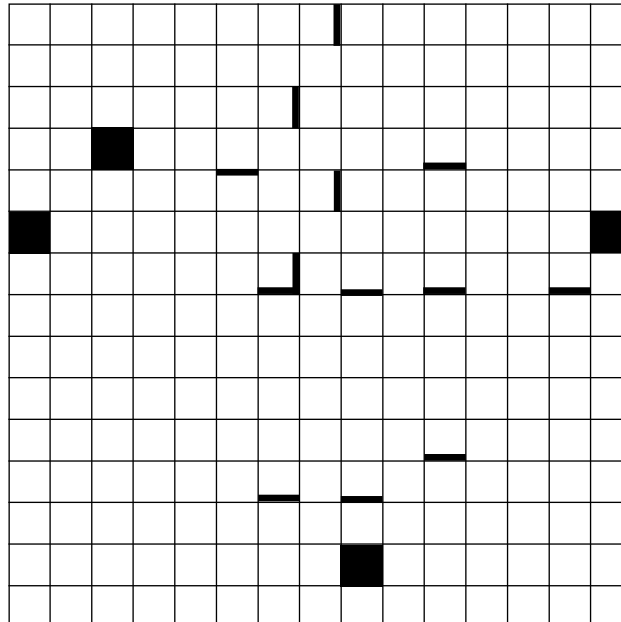
ACB Home Page
<http://www.acb.org.uk>



**Ho, ho, ho ... if I give you some staff for your lab
can you get me some of those new diet pills,
'cos my belt is on the last hole!**

Townsend Crossword Won't Die!

Amazing, but true, John Townsend is still prepared to produce the ACB News Christmas Crossword. John, who retired from Guy's Hospital a few years ago tells ACB News that he has had a good year motoring his narrowboat Gazebo around England. Last year some of you complained that the crossword was rather easy, so let us see how you get on with this one! Entries to the Editor by Friday 8th January 1999 please, either by fax or in the post.



The clues are arranged in alphabetical order of their solutions. The grid is symmetrical except for the grid blocking lines and the squares shown. Solve the clues and insert the solutions into the grid.

- | | |
|---|---|
| <p>1 Glue stick (5)
 2 Spriest altering produces awareness (8)
 3 Tessa comes back for benefit (5)
 4 Ruthless fridity (15)
 5 Action denoted lost heart (4)
 6 Sir Donald's vacuum flask (5)
 7 'Ark to the listener (3)
 8 Note tendencies to gather remnants of harvest (9)
 9 Endless (8)
 10 In charged particle at back of head (5)
 11 Spriest altering produces whole number (8)
 12 Radio-labelled antibody assay (4)
 13 Potter's first name (6)
 14 Devillish arrangement of metal on H-hippies (15)</p> | <p>15 Snuggles in netless arrangement (7)
 16 English <i>laisse faire</i> (15)
 17 Overcast (2, 3)
 18 Vistic, far-ranging, general overall (9)
 19 Altering spriest produces struggle (7)
 20 Altering spriest produces men of God (7)
 21 Explain away invention (15)
 22 Spriest altering produces corresponding relation (8)
 23 Ostrich in greater heat (4)
 24 Limited antibody radiolabelled assay (3)
 25 Infinitives shouldn't be (5)
 26 Altering spriest produces gremlins (7)
 27 Secondary stipule found in plant's tip element (6)
 28 Altering spriest produces chevrons (7)
 29 Nervous jump (7)
 30 Meal with bohea (3)
 31 End of the line for buffers (7)
 32 Spriest altering produces threesome relation (8)
 33 Face cast (4)</p> |
|---|---|

Vineyards and Table Naans!

Kim Tebbutt, Ninewells Hospital, Dundee

The 1998 Autumn ACB Training Course was held in the Business Centre of Aston University in Birmingham. A total of 45 participants arrived from all over the UK and from as far afield as Turkey and Qatar.

The standard of accommodation and catering facilities within the Business Centre were second to none, far superior to the intended Victorian halls of residence, which were fortuitously closed down before the beginning of the course.

Hectic Lecture Schedule

The scientific programme covered clinical topics such as the investigation of malabsorption, pancreatic and liver disease. A comprehensive tour of the immune response, complement cascade and cytokine action was followed by the diagnosis and management of monoclonal gammopathies and the basics of nutritional support. The clinical programme was completed by lectures on vitamin deficiency states, trace element analysis, homocysteine and vascular disease and the systemic response to trauma.

As an adjunct to the clinical biochemistry topics, a most informative lecture entitled 'An appreciation of Histopathology' was given by Dr Joe Newman, Consultant Histopathologist at Birmingham Heartlands Hospital.

Analytical topics covered the relatively recent technique of Tandem Mass Spectrometry. The potential of this powerful technique for neonatal screening programmes was discussed with reference to the ethical and moral issues involved. The final morning of the course concluded with lectures on DNA analysis and the principles of Mutation Analysis. The latter covered a plethora of techniques for the detection of known and unknown mutations, including a new technology using DNA Chips, not yet widely available but with the potential to revolutionise the field.

Workshops on accreditation, health and safety, quality control/assurance and results interpretation were extremely helpful and gave rise to some lively debate! Similarly, the clinical case histories were very worthwhile, especially with regard to the MRCPATH examination.

Varied Social Scene

The social schedule was equally full and varied, commencing with the welcoming trivia quiz, hosted by professional question masters with prizes for nearly all teams brave enough to take part.

According to tradition, the second evening of the course was set aside for a topical discussion on a relevant training issue. Dr Eddie Legg, one of the course organisers, addressed an interested audience of trainees to

*A report of the
Birmingham ACB
Training Course*





A “surfboard” naan being prepared for the delegates

discuss the Higher Specialist Training (HST) programme. The available training record for HST clinical biochemists was displayed and all HST trainees without a copy were urged to obtain one. The main topic of discussion centered around how this document should be used by all biochemists (scale points 8-16) in training, to ensure they obtain the necessary experience in all fields including clinical liaison, service commitment, research and development, laboratory management, critical appraisal, communication, clinical audit and specialist training. They should also make sure they receive regular formal reviews and annual appraisals as an integral part of their training.

On Tuesday evening, all willing participants were introduced to the delights of Balti cuisine, with the mandatory ‘table Naan bread’, which doubles as a table cloth. Later that same night, a group of lucky trainees were invited to sample an impromptu evening of magic, from a member of another professional body. This included turning £20 notes into napkins and the mystery of the disappearing smoking cigarette.

The following evening, a long and winding coach-trip in the search for the most northerly vineyard in the country proved fruitful – it was discovered on the outskirts of Dudley! A rather chilly tour of the vines was quickly followed by a wine tasting ceremony, accompanied by a commentary as to the benefits of six glasses of wine a day. This obviously had the desired effect, judging by the sales of wine at the end of the evening.

The beautiful Botanical Gardens in Birmingham was the destination for the final evening of the course. A welcoming wine reception and leisurely wander through the gardens and hot-houses preceded a delicious five-course banquet, after which the course organisers were presented with tokens of our appreciation.

I am sure that I speak for all participants attending this training course, in saying that it was both beneficial and enjoyable from a scientific and social point of view. Thank you to all the organisers for a memorable and for my myself, final, training course. ■

ACB Training Course No. 4: Brighton

Sunday 11th April to Friday 16th April 1999

The next ACB training course will be held at the University of Sussex in Brighton. Lectures will be held on site. This course is primarily aimed at those intending to take the MRCPATH but the course is also registered for CME and will welcome everyone who wishes to update and refresh their current knowledge.

- **Porphyrias**
- **Iron**
- **Haematology**
- **Genetics**
- **Clinical Cases**
- **Medical Informatics**
- **Management Topics**



For further information please contact:
Dr Bernard Rocks or Elizabeth Hall on

Tel: 01273-696955 at the Royal Sussex County Hospital.

Application forms are available from the Association of Clinical Biochemists Office,
2 Carlton House Terrace, London SW1Y 5AF. Tel: 0171-930-3333. Fax: 0171-930-3553

Timely Debate on Membership

Dr Sandra Rainbow, Assistant Secretary

The autumn meeting of the Association Council took place on the 8th October. The hot topic of the day was a debate on expanding the membership of the Association. This was conducted in response to topics raised under any other business at the AGM together with the recent article and resultant correspondence in ACB News. National Member of Council, Dr James Hooper, had ensured that this topic was given priority billing by putting a formal proposal to Council that the name of the Association should be changed to The Association of Clinical Biochemistry. This change in identity would thus allow expansion of the membership by creation of a new grade of membership. Members of Council expressed their views on the threats to the Association in staying as we are and also on all the options for expanding the membership. The general opinion of Council was that the Association should be a focused group representing the subject of clinical biochemistry. After much discussion it was felt to be a logical time to introduce a change to association membership, but the expansion of the membership needed to be fully assessed and evaluated. The Association Chairman on behalf of the Executive agreed to prepare a briefing paper for Regions to discuss and enable full consultation with the membership. It is hoped that a formal proposal can be presented to the February council meeting. Any changes to the articles and bye laws would have to be approved at the AGM in May.

The Science 'Think-Tank'

The restructuring and revised remit of the Scientific Committee had been an on-going agenda item for Council for the past year. At this council meeting the final revised committee structure, interactions and cross-representation on ACB committees and proposed role in communicating with external bodies was finally endorsed. The new Scientific Committee will be the scientific 'think-tank' of the Association and will be pro-active in initiating scientific ideas at all levels. It is hoped to prepare a

database of members' expertise so that the Association can call on members for expert comment on topical issues. The new Scientific Committee will be writing a more detailed article for ACB News introducing the new members of the Committee and outlining their individual areas of responsibility.

Registration Update

Council was updated by Professor Chris Price on the progress on Statutory Registration for clinical scientists. The CPSM main board had considered and unanimously accepted the petition for the creation of a clinical scientist board. Two other groups had also petitioned the main board and had been accepted, so it was planned that the three petitions would be submitted to the Privy Council in October. It was anticipated that a clinical scientists' board would be created in early 1999. This was timely, as the dissolution of CPSM and the creation of the Council of Healthcare Professions was to be included in the Queen's Speech for the opening of this session of Parliament, with the resultant effect that this would be dealt with in the 1998/9 parliamentary session.

Upcoming Scientific Meetings

Jeff Seneviratne, the National Meetings Secretary, gave a review of the plans for Focus 99. The scientific programme had been expanded to include related disciplines as in previous years with day and half day symposia devoted to microbiology and haematology. It is hoped that the exhibition will also reflect a wider range of pathology areas. Other aspects of the Focus 99 organisation are in place and the team from the North West have been enthusiastically planning for the new venue of Manchester. Council was also updated on the progress with the arrangements for Pathology 2000. Eighteen other UK professional organisations have indicated that they will take part in Pathology 2000 in some capacity. Several Corporate Members and the Department of Health have indicated their participation in the event by becoming Principal or Official sponsors.

Under financial matters, the association Treasurer reported that he was undertaking a financial review of the Association. A formal presentation should be available for the next council meeting. Members' subscriptions were discussed with benchmarking to other professional organisations and relative value for money in what members received for their subscriptions. Council felt that members of the association received more value for money in terms of services, publications and educational material than from other comparable organisations. The Association Treasurer highlighted an area of increased expenditure for 1999 with the ACB's contribution to the underwriting of Pathology 2000.

More CD-ROMs

Reports from standing committees of Council included a proposal and business case from the Publications Committee to complete the CAL Project. This is to be managed by Dr David Burnett and a new team has been identified with a tight time schedule to prepare new CD-ROMs. The IT side of the project is to be put into the hands of a new company who had demonstrated that they could handle the project in simpler way. Council approved the well-constructed business case for this project and looked forward to the team producing the new discs.

Change to PR Organisation

The Association Chairman reported that he had had discussions with Dr Sherry Faye, the Associations part time PR advisor for the past 2 years, and that she would in future be contracted on an *ad hoc* basis to perform any PR tasks as required. The Chairman on behalf of council, expressed his thanks to Dr Sherry Faye for all her work. The administrative office will now take on the day-to-day management of PR for the association, building on the work and contacts that Dr Faye has identified.

The Association had been well represented in Chicago for the 50th Anniversary celebrations of the AACC. In addition to the ACB running a well attended 'Eduttract' session on evidence-based clinical biochemistry, Ian Barnes had presented the President of the AACC with a blue glass retort to mark this prestigious milestone in the history of the AACC. Ian reported that good international links with the AACC, IFCC and other bodies had been progressed during the week in Chicago.

Mike Thomas, the Honorary Secretary reminded regional council members that they should consider nominations for Emeritus and Honorary Members of the Association at their regional committee meetings, as the February Council was the time when the 1999 Awards would be considered. ■

Troponin I and T External QA

The Scottish EQA Scheme is starting a quality control pilot study for Troponins I and T

Anyone interested please contact either:

Dr Helen Eaton or Alan Reid
Department of Clinical Biochemistry,
Victoria Infirmary NHS Trust, Glasgow G42 9TY
Tel: 0141-201-5621 or 5631
Fax: 0141-649-5583
Email: alan_mr@email.msn.com

Higher Specialist Training . . . On the Record

Judith Burrows, New Cross Hospital, Wolverhampton

The subject for discussion at the Trainees meeting held in September, at the ACB National Training Course, Birmingham, was the Training Record for Higher Specialist Training for Grade B Clinical Biochemists. The meeting started slightly later than scheduled, but the delay appeared to go unnoticed as everyone was far too busy enjoying the excellent food and facilities at the Aston Business School. Eventually, (over an hour later than planned!), the trainees made their way to the meeting room to hear Eddie Legg, ACB Regional Tutor for the West Midlands, and co-author of the Training Record, present a review of the documentation and lead the discussion on Recommendations for Higher Specialist Training for Grade B Clinical Biochemists.

The Need for Higher Specialist Training

Eddie Legg stated that there was a need for Higher Specialist Training (HST) because of the lack of continuity in formal training and education between Grade A and lower Grade B positions. In most cases the MRCPATH part I examination is not obtained during Grade A training and further experience is often required before the examination is attempted.

Grade B HST posts have been proposed so as to enable the continuation of training and education from Grade A, with the proviso that parts I and II of the MRCPATH examination are achieved during the HST programme. The Training Record was produced as an aid to ensure that an appropriate training programme is followed.

The Role of Grade A and Grade B Training Programmes: A Reminder!

To underline the need for progression in training from Grade A to Grade B, Eddie proceeded to describe the evolution in the role of the training from Grade A to Grade B, emphasising an increase in responsibility and commitment to service.

The Grade A training programme was then outlined and trainees were reminded that the programme should encompass training in areas of clinical liaison; research and development; critical scientific appraisal and evaluation; analytical competence; laboratory management, and communication (publications, presentations, journal clubs, research).

The role of the Grade B training programme was then outlined as follows:

- To focus on extending knowledge and understanding.
- To develop appropriate skills.
- To provide an opportunity to develop skills within a framework of peer support.
- To provide increased responsibility and regular performance appraisal.
- To enable the trainee to follow a clear training programme so as to reach the standard of MRCPATH.

The Training Record

Eddie then described the Training Record in detail. He re-emphasised the need to ensure that HST is a natural progression from Grade A training and discussed the need to 'take-stock' upon appointment to a lower Grade B position. A review of previous training (with the aid of the Grade A training logbook and discussions of the Grade A training schedule with the HST supervisor), would enable any gaps present in the knowledge/experience base to be highlighted.

The Job Plan: 'Continuing education and life-long learning'

A weekly job plan recommended in the Training Record was then discussed. The HST programme recommends that each week the trainee should be involved as part of the laboratory service in three sessions of clinical validation, specialist technical work, quality assurance, accreditation and extra-laboratory services; in three sessions of research and development; in one session of clinical liaison; in half a session of clinical audit; and half a session involving management and administration. The trainee should also be involved in two sessions of higher training.

It was also reported that the recommendations for HST state that the trainee should present a scientific communication at one scientific meeting each year, attend regional scientific meetings and at least one international meeting in 3 years, and attend 'Grand Rounds' and ward rounds. It is also recommended that management courses are attended.

The trainee should have a nominated supervisor, the recommendation being that the supervisor is a senior member of staff at consultant level with at least ten years experience. The trainee should arrange for at least two tutorial sessions per month with their supervisor.

It was also stated that training should be assessed at six-monthly intervals so as to review the progress of the trainee, assess facilities, to allow formalisation of future training and needs, to discuss career plans, and to allow for feedback.

Training Record Welcomed

During the discussions following the presentation of the Training Record for Higher Specialist Training for Grade B clinical biochemists

it was noted that the Training Record sets out to allow the Recommendations for Higher Specialist Training for Grade B Clinical Biochemists to be met.

Comments were made that due to increasing demands and increasing workloads within the laboratory, training and continuing education was often difficult for Grade B Biochemists studying for the MRCPATH examinations. There was general agreement that the Training Record, (available to every Grade B Clinical Biochemist in training for the MRCPATH examination), could be used to obtain support from within the department in which they were training, and that in some cases the Training Record could be used to help improve training facilities. It was also pointed out during the discussion that in extreme cases where sub-standard training was being offered, the Training Record could be used to ensure that the recommendations set out for HST for Grade B Clinical Biochemists were indeed met.

The Training Record was welcomed not only by Grade B trainees but also by Grade A trainees who look forward to continuing their education (and life-long learning!) in Grade B posts. ■

Awards, Bursaries and Prizes

Mike Diver, Liverpool

Focus 98 saw the introduction of substantial bursaries donated by Diagnostic Products Ltd for the best two posters presented under the 'analytical' category. Thanks to the generosity of DPC these bursaries will be continued at Focus 99.

Each of these two winners will receive a cheque for £500 to either support further research on their poster topic or help to defray the costs incurred in travel to present the work at other conferences. The winners will be required to submit short reports to the Analytical Investigations Standing Committee (AISC) on their further research or on the conference attended, with a view to publication in the *ACB News*.

Abstract forms submitted and ticked in the appropriate box will be short-listed by the Scientific Organising Committee for further judgement by the AISC, who will select an appropriate number of the best abstracts for examination at the poster session on each of the three days of Focus.

Authors of abstracts selected for oral presentations who wish to be considered for the DPC bursaries will also be required to display a poster of their work in order to be eligible.

The posters will be judged for original technological innovation, addressing current and future requirements, improvement over existing techniques, clarity and quality of presentation and understanding of the technology by the presenting author. Winners will be announced at the banquet on the Thursday evening of Focus.

Delegates displaying posters not covered by the 'analytical' category will be eligible for two prizes of £70 for the best daily posters. These prizes are kindly sponsored by Biostat, the posters being judged each day by members of the Scientific Organising Committee. So, if your posters are really outstanding and if you present six outstanding posters, two on each day and one of them is in the 'analytical' category you could win yourself 'loads-a-money' – £920 in all!

Furthermore, those members of the ACB under the age of 35 years may wish to be considered for entry to the competition for the prestigious Bayer Award Silver Medal and a cheque for £500. The successful applicants are invited to deliver a 15-minute oral presentation of their work at Focus, followed by a 5-minute audience question period. Presentation of the Bayer Award is made at the conference banquet.

More details of these and other awards made at Focus, such as the ACB Foundation Award, the Kone Lecture, the Roche Diagnostics Award and the Professors' Prize are given in the *ACB Members Handbook* and on the Focus 99 page of the ACB website:

<http://www.acb.org.uk>

European Register for Clinical Chemists

Janet McMurray, Hope Hospital, Manchester

The European Communities Confederation of Clinical Chemistry Register Commission (EC4RC) has recently launched the European Register for Clinical Chemists and application forms are being sent to eligible ACB members in the UK. The purpose of the Register is mutual recognition of the education and training of clinical chemists within the EC countries by agreeing common standards, thereby giving recognition throughout the EC of competence to practice. Details of the background to the Register and its operation are given below in an extract from a paper prepared by the EC4 Working Group on Registration.^{1,2}

The European Register is supported by the Association of Clinical Biochemists and the Registration Council for Scientists in Health Care which are represented on the EC4 Register Commission. The main benefits resulting from the Register are protection of patient care, mutual recognition of competence to practice within the EC, ensuring high standards of education and training, and raising the profile of clinical chemistry within the EC. The Register is open to both scientifically and medically trained clinical biochemists although the latter are already able to work throughout the European Community by virtue of a Sectoral Directive (see below). Registration with the European Register is voluntary and non-registration will not affect a UK clinical biochemist's employment rights. However realisation of the benefits will require support of the Register by clinical chemists throughout the EC including the UK, and it is hoped that there will be a positive response from a significant number of ACB members.

The initial processing of applications will be handled by the Registration Council for Scientists in Health Care. The cost of five years registration is 50 Euros (approximately £35) plus £5 RCSHC handling charge.

Background

The Treaty of Rome allowed freedom of movement within the European Union (EU) but in practice did not ensure employment as national diplomas were not recognised throughout the EU. In health care the public must be safeguarded by ensuring that practitioners are competent to practice. However employers and job-seekers have difficulties in proving competence if the applicant has been trained in another Member State.

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- 1 Sanders GT, Kelly AM, Breuer J, Kohse KP, Mocarelli P, Sachs C. The European Register for Clinical Chemists. *Eur J Clin Chem Clin Biochem* 1997; 35 (10): 795-796.
 - 2 Sanders GT, Kelly AM, Breuer J, Kohse KP, Mocarelli P, Sachs C. European Communities Confederation of Clinical Chemistry Guide to the EC4 Register: European Clinical Chemist. *Eur J Clin Chem Clin Biochem* 1997; 35 (10): 797-803.

The EU has attempted to overcome such difficulties by various means.

- Sectoral Directives. The minimum standards of education, training and experience are agreed at EU level. National diplomas which meet the criteria are agreed and published. They are automatically and mutually recognised, e.g. for medical doctors, general nurses, midwives, pharmacists, dentists, veterinary surgeons and architects.
- General Directives. Member States retain the right to regulate a profession and to determine the level of education, training and experience required to practice. National diplomas are not automatically recognised throughout the EU and a Member State may require a period of adaptation or demonstration of aptitude before recognising the competence of a professional from another EU Country e.g. physiotherapists, occupational therapists.
- European Register. A profession agrees common standards of competence at EU level and national diplomas which meet these criteria. Registration is voluntary e.g. engineers (EurIng), chemist (EurChem).

Clinical chemists have always recognised the benefits of automatic mutual recognition of national diplomas which meet agreed standards and applied for recognition of the profession by a Sectoral Directive in 1978 and 1990. However there was no political support as the Commission's efforts were concentrated on the larger professions. The General Directive did not benefit the profession at EU level as regulation of the profession depends on each Member State. The European Communities Confederation of Clinical Chemistry (EC4) therefore agreed to progress recognition of the profession by establishing a European Register.

The European Register for Clinical Chemists ensures common standards of education, training, experience and compliance with continuing professional development of all registrants. The standards have been agreed by the relevant national societies of clinical chemistry including the ACB.

Four important benefits result from the Register:

- Public health is safeguarded.
- A registrant is automatically recognised as competent to practice within the EU.
- High standards of education and training prevail throughout the EU.
- The profile of clinical chemistry is raised within the EU.

For the individual clinical chemist registration as a European Clinical Chemist means:

- That he or she can prove to be a qualified clinical chemist since a guarantee of professional qualifications is given.
- Facilitation of free movement within the European Union.
- Support for recognition in those Member States where no protection of the profession exists under local law.
- Use of the title European Clinical Chemist and the designated abbreviation EurClinChem.

The European Register for Clinical Chemists is the responsibility of the European Communities Confederation of Clinical Chemistry (EC4) via its Register Commission (EC4RC). The European Communities Confederation of Clinical Chemistry is the organisation linking all clinical chemistry associations which are recognised by the International Federation of Clinical Chemistry (IFCC) within the different member states of the European Union. It was founded in 1973 and its constitution formalised in 1993.

The EC4 Register

In each Member State laboratory medicine is organised within its own national health care system. EC4 respects these different structures and has created a Register based on a syllabus for post-graduate training in order to:

- Guarantee that the minimum requirements for the education and training of the individual clinical chemist have been fulfilled.
- Facilitate the comparability of professional training of clinical chemists inside the EU, and to establish a framework of mutual recognition of qualifications in order to provide clinical chemists who wish to practice outside their country with a guarantee of ability.
- Encourage continuous improvement in the quality of clinical chemistry and its practitioners by setting, monitoring and reviewing standards.
- Provide a source of information about the different systems of education and training in the Member States.

Professional training

EC4 has considered the relative merits of the educational and professional systems in Europe and has developed a comprehensive Syllabus covering all aspects necessary to achieve a high level of professional competence.

This European Syllabus for Post-Graduate Training in Clinical Chemistry (latest version: November 1991, revision in preparation) describes the minimum scientific content of professional knowledge and training. Although significant differences exist in the practice of clinical chemistry throughout the EU, there is a large number of core elements and these are considered to be the minimum scientific requirements for those who want to be registered as a specialist. Individuals trained as Clinical Chemists in the UK will comply with the core elements of the European Syllabus.

Minimum standards for registration as a European Clinical Chemist

The minimum standard for registration as a European Clinical Chemist is a total of eight years of university and postgraduate study. A minimum of four years of postgraduate study after gaining a university degree must be spent on specialist training in an approved laboratory. Individuals on the register of the Registration Council of Scientists in Health Care holding the MRCPATH by examination are immediately eligible as are those on the General Medical Council's Specialist Register.

Title

Registration as "European Clinical Chemist" gives the right to be called European Clinical Chemist.

National registers

EC4 recognises the national registers of Member States provided that they are in accordance with the minimum requirements and based on appropriate curricula. The relevant registers in the UK are those held by the Registration Council for Scientists in Health Care and the General Medical Council.

Operation of the Register

The EC4 Register Commission, EC4RC

The Register Commission is composed of one delegate from each Member State and two members of the Board of EC4 as chairman and secretary. National delegates are members of the national society recognised by IFCC.

Procedures

Application

Application is open only to individuals who have the required qualifications, i.e. they must be trained and/or registered in an EU country.

Validation of applications

As a general rule an EU citizen registered in an EU country is automatically eligible for EU registration by the EC4RC. It is the responsibility of the National Clinical Chemistry Register Committee (NCCRC) of the country of registration to check the validity of his university education and professional training and that these meet the minimum EC4 requirement. (The Registration Council of Scientists in Health Care has agreed to act as the UK NCCRC.)

An EU citizen who is not registered in an EU country, but was trained within the EU can apply for EU registration to the EC4RC. It is the responsibility of the EC4RC to check the validity of his university education and professional training.

All applications must be made via the NCCRC who will then pass them on to EC4RC.

Registration as a European Clinical Chemist

The EC4RC decides the eligibility of the candidate for registration. Successful candidates will be included in the Register centrally maintained by the Secretariat General.

Persons registered as European clinical chemists must abide by the EC4 Code of Conduct.

Any application not approved will be returned to the NCCRC and reasons for failure will be given.

In cases where the decision of the EC4RC is contested the EC4 Committee of Appeal may be engaged.

Registration as a European clinical chemist is attested by a certificate prepared by the Secretariat General and signed by the President and one Board Member of EC4.

Renewal of registration

Continuing registration as a European clinical chemist is dependent on the registrant remaining in practice and observing the EC4 Code of Conduct. Registration should be renewed every five years through the NCCRC.

Finances

EC4 and each national Clinical Chemistry association bear the costs of the administrative work involved in operating the Register and are entitled to recover this cost by charging a fee to applicants. ■



Letters

Readers speak out

Risk and Scientific Meetings

I read with interest Dr Williams' letter in the October ACB News on 'The importance of booking early for meetings'. As one of the organisers of the first Joint North West and Wales ACB Regions autumn meeting which was held on October 14th and 15th at the Moat House Hotel in Chichester, I fully sympathise with the problems he encountered.

Our meeting was to follow a similar format with delegates able to register for a full two-day scientific meeting with accommodation, or for individual days. Fortunately, in our case, we managed to negotiate a deadline for accommodation with the hotel that was two-and-a-half weeks prior to the meeting. However, having agreed to this, the hotel became extremely anxious as the date approached and I had to endure twice daily telephone calls for an update on numbers as did our registration secretary. This came to a head when only three days before the closing date we had attracted only 41 delegates and of these, only 12 required overnight accommodation at the hotel. Similarly to Dr Williams, at this point we had to make the decision to pull out of the meeting or take the risk.

Having chosen the latter, and following some frantic telephone calls to remind people to register, we ended up with a total of 141 delegates for the meeting with 61 members requiring accommodation. The meeting was a success and the hotel managed to re-sell the vacant rooms without penalty.

From our experience I would say that it may have been premature to cancel the Northern and Scottish regional meeting when the organisers did, but, having taken the risk we did, we could very easily have been left with a large debt if the numbers of delegates had not improved as it did, so who is to say who made the right decision? It would be very useful if members who are planning to attend a meeting but are waiting for confirmation from their Trusts, could at least send a registration form noting

an intention to participate and confirm later. This would at least give organisers some idea of the numbers, they can hope to expect.

Finally, I would reiterate what Dr Williams said that the only way to ensure the viability of meetings in future is to book early.

Katharine Hayden MRCPath
Meetings Secretary, North West ACB Region
 Department of Clinical Biochemistry
 Fazakerley Hospital
 Lower Lane
 Liverpool L9 7AL

Sweat-Testing Fears in Leeds

When I wrote to ACB News (issue 406, pp 29-30) about my concern for the quality of sweat-testing in the UK I was told, in no uncertain terms, that my concerns were ill-founded (ACB News, issue 408, pp 38-39).

I passed on this reassurance to some friends who, for reasons I have already given, are active in the cystic fibrosis field.

When, however, I now read the report by Dr Jean Kirk (ACB News, issue 427, pp 18-19) the first sentence of which repeats almost word-for-word what I said 18 months ago, I realise that my fears were far from being ill-founded and that the quality of this testing is totally unacceptable and likely to remain so for some time to come.

Whilst I have only to amend the reassurance I gave to our friends, the profession must decide if there is any future for sweat-testing.

C. Sanderson
 5 The Sycamores
 Bramhope
 Leeds LS16 9JR

Intensive Course on Screening for Down's Syndrome

**Wolfson Institute of Preventive Medicine
London**

17th-19th May 1999

An intensive theoretical and practical course for staff directly involved in screening programmes. The core teaching staff will be from the screening team at the Wolfson Institute of Preventive Medicine. Course fee of £480 includes course materials and lunch each day. Suitable for the CME programme.

For further information please contact: Joan Noble, Course Organiser, Wolfson Institute of Preventive Medicine, St Bartholomews and the Royal London School of Medicine & Dentistry, Charterhouse Square, London EC1M 6BQ. Tel: 0171-982-6263. Fax: 0171-982-6270. Email: j.m.noble@mds.qmw.ac.uk

Isala Conference on Genetic Testing in the Clinical Laboratory

**Zwolle, The Netherlands
19th-20th April 1999**

The field of clinical chemistry is rapidly expanding with an increasing number of tests based on DNA technology (PCR, etc). In some countries these tests are conducted in routine clinical chemistry laboratories. In other countries testing is confined to universities. Due to restrictive local policies on genetic testing a number of European countries are currently lagging behind in these developments.

In our opinion, discussions about this subject, both ethically and scientifically remain absolutely necessary amongst professionals, both from the field of clinical chemistry and related medical testing facilities. We have therefore taken the initiative to organise our first Isala DNA conference, which will be totally dedicated to DNA technology and genetic testing in the clinical laboratory. The well known, US-based, Beaumont Conference concept serves as a model and several American colleagues have already committed themselves to give an oral presentation.

The Isala DNA conference will celebrate the founda-

tion of the Isala Clinics. The merger of Hospitals De Weezenlanden and Sophia into Isala Clinics has created the largest tertiary non-university based (1150 beds) hospital in the country and provides healthcare for in excess of 400,000 citizens.

As well as Dutch clinical chemists, interested colleagues from all over Europe are invited to attend.

Further details from: Dr Kor Miedema, Clinical Chemist, Director of Laboratories, Isala Clinics, Location Weezenlanden, Groot Wezenland 20, 8011 JW Zwolle. Tel: +31-38-42-42-474. Fax: +31-38-42-42-676. Email: K.Miedema@Isala.nl

Recent Advances in Protein Analysis

**St James's Hospital, Leeds
20th January 1999**

- 10.00-10.30 Registration and Coffee
Morning Chair: Dr Ian Barnes, Leeds
- 10.30-11.10 Advances in the Electrophoresis of Proteins
Professor David Perrett, London
- 11.10-11.50 Benefits of Standardisation
Professor John Whicher, Leeds
- 11.50-12.30 Chemical Pathology – Immunology Overlap Syndrome
Mr Keith Taylor, Leeds
- 12.30-13.30 Lunch
Afternoon Chair: Dr Mick Henderson, Leeds
- 13.30-14.00 Presentation by sponsor
- 14.00-14.40 Prions
Professor Jim Lowe, Nottingham
- 14.40-15.00 Tea
- 15.00-15.40 Glycated Proteins: What Next?
Dr Robert Hill, Sutton in Ashfield
- 15.40-16.20 Immunoglobulins in Clinical Haematology: Disease and Treatment
Dr Anne Cuthbert, Keighly

Accredited by the Royal College of Pathologists.

The meeting is free for ACB members. Non-members pay £10 (includes lunch). Please make cheques payable to Yorkshire-Trent ACB.

To register for what looks to be a fantastic meeting please contact: Dr Nigel Lawson, Clinical Chemistry Department, City Hospital, Nottingham NG5 1PB. Tel: 0115-969-1169 ext 45079. Fax: 0115-9627606. Email: 101550.1560@compuserve.com

UK NEQAS (Birmingham) 30th Anniversary Symposium

Birmingham Botanical Gardens
Birmingham
23rd-24th June 1999

The symposium will not just look back at the scientific work of the schemes over the years but will highlight present developments in new areas of analysis, and discuss how UK NEQAS must respond to the changing scene in laboratory medicine. The programme will

include time for interactive debate on the role of EQA in clinical governance, audit and vigilance.

There will be a display of posters from UK NEQAS centres in other branches of laboratory medicine, highlighting their present scientific work, and the first public demonstration of the re-designed UK NEQAS interactive website.

Application is being made for CPD (IBMS & RCPATH) credits. The symposium will be complemented by a reception and gala dinner. For a registration form and further information please contact Jonathan Middle at UK NEQAS. Tel: 0121-414-7300. Fax: 0121-414-1179. Email: j.g.middle@bham.ac.uk

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THE ROYAL FREE HAMPSTEAD
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GRADE B (SCALE 08-10) £20,142 TO £21,603 PA INC

Applications are invited for this post within this leading London teaching hospital. You will be expected to undertake duties which will include experience of all aspects of the department's service provision and in particular a shared responsibility for support and development of Point of Care Testing and Quality Audit procedures.

You should have recently completed an approved Grade A training scheme in clinical biochemistry and will be expected to actively pursue a programme of Higher Specialist Training in preparation for MRCPATH Part 1 examination. Appropriate opportunities will be given to attend recognised training courses and to pursue research and development projects appropriate to the service demand.

For further information/informal visits please contact Dr Michael Thomas, Top Grade (Consultant) Clinical Biochemist on 0171 830 2991 or Dr Gwyn McCreanor, Principal Biochemist on 0171 830 2932.

For an application pack, contact the Human Resources Department, Royal Free Hospital, Pond Street, Hampstead, London NW3 2QG.

**Telephone: 0171 830 2064.
Please quote Ref: OP/PL/495.**

Closing date: 15th January 1999.



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DEPARTMENT OF BIOCHEMICAL MEDICINE**

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Have you recently completed Grade A training? Are you looking for a Higher Specialist Training post in a tertiary care teaching hospital? Are you already in the lower Grade B and wanting advancement or to broaden your experience? You are then encouraged to apply for this post in this exciting and challenging time in the National Health Service in Scotland. You will be expected to take supervised responsibility for the scientific aspects of one of our specialist services, participate in the duty biochemist team on a rotational basis, assist in the teaching of medical, dental and science students and the training of all types of laboratory staff, participate in research and/or development and/or clinical audit, play a role in the administration and management of the directorate and, very importantly, continue your professional development.

You will have finished Grade A training and hold the ACB Certificate of Completion. You will likely have a Higher Degree (MSc in Clinical Biochemistry) and will certainly be working towards gaining the MRCPath professional qualification. You will have some experience in the provision of a first class clinical biochemistry laboratory service, probably in a teaching hospital environment. You will see this post as an opportunity to gain considerable experience and complete the MRCPath – with a view to rapidly gaining a career grade post.

For further information and/or an informal visit, please contact Dr Callum Fraser, Clinical Director (Top Grade Biochemist) on 01382-660111 (ext 32512).

Application form and job description available from the Personnel Department, Level 9, Ninewells Hospital, Dundee. Tel: 01382-660111 ext 32064. Please quote reference BL/33/98.

Closing date for completed applications Friday 15th January 1999

To advertise your vacancy contact:

**Dr Simon Olpin, Neonatal Screening Laboratory, Pathology Block,
Sheffield Children's Hospital, Western Bank, Sheffield S10 2TH
Tel: 0114-271-7267**

Deadline: 26th of the month prior to the month of publication

The editor reserves the right to amend or reject advertisements deemed unacceptable to the Association. Advertising rates are available on request

The following new members of the Association have been approved by ACB Council. Welcome to you all!

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Clinical Audit for Trainees

- **The Royal College of Pathologists is currently organising audit methodology workshops**
- **Upcoming dates are 25th January and 30th March 1999**
- **These workshops are being financially supported by the College and there is no charge for attendance, though you do of course have to register to attend**

*For further details please contact:
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