

ACB News

The Association of Clinical Biochemists • Issue 423 • 20th July 1998



**IFCC
WorldLab
News**

**Action on
Membership
Now Please**

**Trainees
Committee
Found Alive
in Bristol**



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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Printed by Piggott Printers Ltd, Cambridge
ISSN 0141 8912
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Front cover:

Caroline Jagger receives her Euro/DPC Analytical Bursary Prize from Judy Jackson at Euro/DPC



**The ACB National Scientific
Meeting and Exhibition**

17 - 21 May 1999

Tel: 01280-860613

Fax: 01280-860487 for details

Guy's & St Thomas' are Robot Ready!

The Chemical Pathology and Microbiology departments at Guy's & St Thomas' have recently installed modular robotic sample handling systems and the robots were officially launched by Health Minister Baroness Jay on 5th June.

The system designed for Guy's & St Thomas' handles whole blood samples for chemistry, virology, immunology and haematology. Steps such as cap removal, secondary bar coding, aliquoting and sorting into test categories are all handled by the system. A key feature of the equipment, which was supplied by Beckman Coulter, is the ability for this modular system to be designed for different environments and also to be adapted to changing needs of the laboratory. ■



A Major Opportunity

The Scientific Committee is proposing to hold a meeting early in September (date yet to be arranged) to take forward vignettes for the next HTA. All members of the Association are encouraged to send vignettes for consideration. Any topic you feel justifies further work should be sent to the chairman of the Scientific Committee outlining your proposals in a paragraph or two. Some or all of these proposals will be taken forward and, in the first instance, this will be via a brief presentation by the proposer at the planned meeting in September. Junior members are encouraged to

offer proposals.

This is to be a major opportunity to having a say about what should be considered for funding. For your information, executive summaries have been published on the topics of antenatal screening for Down's syndrome and screening for ovarian cancer. Copies of the summaries are available free of charge to your local library. Your librarian should contact Philip Simons at the Wessex Institute for Health Research and Development, Mailpoint 728, Boldrewood, University of Southampton, Highfield, Southampton SO10 7PX. ■

Euro/DPC Analytical Bursary Prizes

The front cover this month shows Caroline Jagger being presented with one of two Euro/DPC analytical bursary prizes, with the prize presented by Judy Jackson, Sales and Marketing Manager for Euro/DPC. The other prize winner was Clare Blacklock of Dumfries and Galloway Hospital. ■



CPA EQA Development Funding

CPA (UK) Ltd has responsibility for promoting external quality assurance developments by funding EQA pilot schemes.

In the first year of operation CPA funded the following pilot schemes:

- EQA in Clinical Cytogenetics
- EQA in Clinical Molecular Genetics
- Data analysis for Histotechnology
- Quantitation of HIV1-RNA
- Markers for Myocardial damage – Troponin I and T
- Data analysis for Histopathology

CPA would now like to invite applications for the second round of pilot scheme funding with money to be released towards the end of the present financial year. The closing date for applications is 31st October 1998. Application forms are available from Mrs Cheryl Blair, CPA (UK) Ltd, 45 Rutland Park, Botanical Gardens, Sheffield S10 2PB. ■

Grade B HST Recommendation

The Education Committee has recently published a booklet, "Recommendations for Higher Specialist Training for Grade B Clinical Biochemists". This publication looks at approaches to training for grade B clinical biochemists up to scale point 17. It includes sections on approaches to training, programme recognition, assessment, exams, R&D, critical appraisal, clinical training, communications, management and audit.

If you are interested in receiving the booklet please contact the Association of Clinical Biochemists, 2 Carlton House Terrace, London SW1Y 5AF. ■

Images of Focus 98



Poster prize winners are congratulated on the Bio-Stat stand



Steve Goodall tries out his new camera on Yvonne Parker

British Thyroid Meeting 2nd Meeting

**St Thomas' Hospital
London SE1
Wednesday 25th November 1998**

Abstract deadline: 30th September 1998

Symposium

Thyroid disease in pregnancy

Lectures

- Graves' disease: genetics, stress and the environment
- What is the reference range for serum TSH?
- Diagnosis and management of thyroid disease in pregnancy

Plus clinical case presentations, oral presentations and posters

Registration fee £30.00 inclusive of lunch and refreshments

Conference Secretariat: Amanda Sherwood/Julie Cragg, BioScientifica Ltd,

The Courtyard, Woodlands, Bradley Stoke, Bristol BS32 4NQ

Tel: 01454-619036. Fax: 01454-616071

Email: info@endocrinology.org

Cholinesterase and Urinary Alkyl Phosphate Assays Sought

The Health & Safety Executive is in the process of reviewing its guidance on organophosphates. As part of this exercise, they wish to identify laboratories with experience in monitoring operator exposure to organophosphates. HSE would be grateful if any laboratory who is currently measuring or has done so in the past; erythrocyte cholinesterase, plasma cholinesterase or urinary alkyl phosphates could contact them at the following address: Mrs K. Murphy, Health & Safety Executive, 130 Magdalen House, Stanley Precinct, Bootle, Merseyside L20 3QZ. Tel: 0151-951-3472. Fax: 0151-951-3317. Email: kathleen.murphy@hse.gov.uk ■

Focus 98 Prizewinners

The following are the official results of the various prizes awarded at Focus 98, as far as ACB News can establish them:

Golf

Olympus Trophy Ken Cunningham
ACB Trophy Ken Cunningham

Bowling

Team Rainbow colours
Gents Nigel Manning
Ladies Susan White

Squash

Menarini Trophy J. K. Iqbal
Plate Winner Alistair McBain

DPC Analytical Bursary

Caroline Jagger and Clare Blacock

Poster Prizes

Sponsored by Bio-Stat Diagnostics

Tuesday G. Higgins, T. Barrow, T. Drew
Wednesday J. McIlroy, R. Fisher, P. O'Loughlin
Thursday I. Phillips, A. Brain, R. Goodall

Go-Karting

1st Mike Giury
2nd Tony Everitt
3rd Clive Stephens
Fastest Woman Susan White ■



“If only we’d changed course in time!”

Action on Membership Now Please . . .

By Dr David Burnett

Affiliate Membership Won't Go Away!

Dr David Burnett re-opens the issue of ACB membership to fellow laboratory professionals. ACB News urges those with views on this to respond to the article by David to try and get ACB Council to seriously consider a proposal for next year's AGM.

May I, through the ACB News, say a big thank you to all those who helped with the ACB stand at Focus 98 in Glasgow. In particular, thanks to all the chairs and secretaries of committees and groups, and in particular to the Trainees Committee and the Federation of Clinical Scientists for providing people to man the stand. The stand demonstrated the wide range of the Association's activities and also extended hospitality to the American Association of Clinical Chemistry (AACC) and to CPA.

MLSOs Want to Join Us

As in previous years the stand attracted a lot of interest from our MLSO colleagues, but this year was particularly marked by the number of enquiries as to whether they could become members and it was a great sadness to say no. At the AGM the issue of extending the membership was once again raised and I have since discussed it with a number of members, none of whom find it a problem, but I am sure there are other views to be heard.

The Association clearly exists to promote the interests of clinical biochemists. In recent years their interests have been increasingly well looked after through the work of the Federation of Clinical Scientists and the Conference of Clinical Scientists' Organisations, through the Registration Council for Scientists in Healthcare and the pursuit of statutory registration for clinical scientists under the umbrella

of CPSM. The grade A training schemes and higher specialist training for grade B clinical scientists are not only excellent in content and execution but are being independently assessed through the EVETSIN project.

Affiliate Membership Needed Now

However, another objective of the Association is 'the advancement of clinical biochemistry'. Would the achievement of that objective not be enhanced by creating an Affiliate or Associate membership category which would be able to benefit from and participate in the advancement of clinical biochemistry? The Association has a proud record of the synergism between its members from medical and scientific backgrounds so would it be detrimental to have membership from other colleagues with a common interest in our subject? It would be both timely and helpful for the Council and our Executive to re-open the debate on membership through the columns of the ACB News using the following proposals as a basis:

- Consider an Affiliate or Associate Membership category open to all those interested in the advancement of clinical biochemistry, which can be voted on at the 1999 AGM in Manchester.
- The new membership would be encouraged to participate in all activities associated with the 'advancement of clinical biochemistry'.
- If felt appropriate, the name of the Association should change to 'The Association of Clinical Biochemistry' (the AACC is a useful precedent and members of that Association who are also members of the ACB may wish to comment).

I look forward to being on an ACB Stand in the year 2000 which welcomes new Affiliate or Associate members. Please can we make a decision before we enter the millenium as one thing is certain, none of us will be around to debate the issue in the year 3000! ■

IFCC-WorldLab

Preliminary Programme

The preliminary programme for IFCC-WorldLab should now be available. If you would like to receive a copy then contact the organisers office as follows:
IFCC-WorldLab, Via C. Farini 70, 20159 Milano, Italy.
Tel: +39-2-66802323. Fax: +39-2-6686699.
Internet Site: www.Worldlab99.it

*Florence, Italy
6th-11th June
1999*

Selected Speakers in Florence

During each symposium there is a space for two "selected speakers" to present a 10 minute talk that fits in with the session. The selected speakers will be chosen from abstract submissions. You need to ensure that the abstract fits in with the symposium topic of your choice and to indicate on the abstract form that you want it considered for oral presentation. When you compile the list of authors for your abstract remember that the first named author will be expected to make the oral presentation. Selected speakers will be offered a choice of free registration for the congress of a fixed sum of 400,000 lire, payable as 330 Swiss francs!

Abstracts that are not accepted for presentation as "selected speakers" will be subject to review for consideration as a poster presentation at the meeting.

The abstract forms for posters and selected speakers is contained in the preliminary programme which is now available from the congress office and should also be on the congress Internet site.

Abstract Deadlines

Abstracts for posters and selected speakers should be received by 15th January 1999.

Congress to be opened by Nobel Laureate

The Scientific Committee is very pleased to announce that during the inaugural ceremony of the Congress, delegates will have the privilege of hearing a plenary lecture by Professor Arthur Kornberg, who won the Nobel Prize for Physiology and Medicine in 1959. The tentative title of Professor Kornberg's talk is "Achievements and Perspectives in Medical Biotechnologies". ■



Post Mortem Toxicology Fees Payable by HM Coroner

By Dr S J Evans, Northampton

Under Section 24(2) of the Coroners' Act 1988 local authorities "may from time to time make a schedule of the fees, allowances and disbursements which may be lawfully paid or made by a coroner in the course of his duties". The following fees are included in that schedule:-

Mileage Allowance

Rate per mile payable to a medical practitioner who travels, at the request of the coroner, to view a body where it has been found - 54.4p per mile.

Medical Report

For a full written clinical report, without an examination, furnished by a medical practitioner at the request of the coroner (the payment of this fee is not to be contingent upon the holding or otherwise of an inquest) - £27.50.

For an extract from a doctor's records (other than over the telephone) - £19.60.

Special Examinations

For carrying out a special histological examination at the request of the coroner (under Section 20(1)(b) Coroners' Act 1988) - Not exceeding £139.70 (or £15.20 per block whichever is less).

For carrying out special bacteriological investigations at the request of the coroner, not including those provided by the Public Health Laboratory Service in the course of investigations which fall within the overall responsibility of the service - Not exceeding £139.70 (or £15.20 for each direct examination and culture whichever is less).

For carrying out special toxicological examination of organs for identification of unknown poison (under Section 20(1)(b) Coroners' Act 1988) - Not exceeding £382.80.

For examination of blood, urine or other body fluids for a specified substance (quantitative) - £45.50 (£31.00 each subsequent fluid in relation to the same case).

Other Services

Nothing in this schedule prevents a Coroner from paying an appropriate fee (in consultation with the paying authority) in respect of professional services not covered by a nationally prescribed fee.

Notes - My interpretations of the above fees are given below.

- 1 The fee payable for an ethanol and a paracetamol determination on a single whole blood sample is $2 \times £45.50 = £91.00$
- 2 The fee for an ethanol determination on both whole blood and urine samples is $£45.50 \text{ plus } £31.00 = £86.50$ ■

*From Annex to
DC Circular No 29
effective from
1st April 1998
and published
24th March 1998*

ACB Informatics Group

By John O'Connor, ACB Informatics Chairman

Members of the Informatics Group of the ACB have been very active at national and international levels supporting projects such as Electronic Data Interchange (EDI), the Electronic Patient Record (EPR), Standardisation & Coding and numerous other informatics projects, some of these have been in association with the International Federation of Clinical Chemistry as well as the Royal College of Pathologists. Although the Informatics Group has not formally met for 2 years there has been extensive exchange of ideas mainly via the ACB mailing list, which has been very successful in developing debate in many areas of clinical biochemistry including clinical informatics. It is now time for the Informatics Group to review its role, to explore how we can assist the membership as a whole as well as supporting the various committees of the Association assisting the administration of ACB as an organisation. We are also reviewing what aspects of medical informatics and information technology would be useful inclusions in the training programme for junior biochemists.

Website Moves Forward

The position of the Informatics Group is now as a sub-committee of the Publications Committee within the ACB. Perhaps the most visible project that the Informatics Group has been involved with is the ACB world wide website. Thanks to the work of Dr Rick Jones this has now been running successfully for 2 years and the ACB website has expanded into many new areas including the ACB Annals section, software exchange forum and the Powerpoint presentation download area. The Website is going to be a vehicle which will assist the further dissemination of information to our membership. We will be exposing methods as well as the possibility of online conferencing for the Association's various committees. A new forum within the website will report on new developments in medical informatics which impact on the way pathology services are provided in areas including EDI and the electronic patient record, the design and implementation laboratory information systems and clinical coding issues.

ACB Site on the Move

Members of the Informatics Group of the ACB have special interests in many of these areas. However, the diversity of these initiatives as well as their progress has meant that developments are often slow to be reported on. The ACB homepage will have a new informatics section. Informatics Group members will moderate the various sub-sections of this section and will report on their own special areas of interest. They will, for example, on a regular basis, recommend world wide web sites for the ACB membership which contain quality resources as well as moderating discussion lists within the section to develop active debate.

The ACB site has now moved from Leeds University to a commercial Internet service provider. The benefits of this will be to be able to use our own url www.acb.org.uk. Although the site has moved to this new location there are some problems which will require resolution. To this end the web page will be redesigned over the next few months and relaunched in Autumn 1998.

Membership of the Informatics Group

A small core of the Informatics Group met at the Brompton Hospital in April this year. It was evident that the amount of grey hair occupying the room was significantly greater than 2 years ago. It was felt that it is time to invite some younger members of the association into the group to perpetuate the projects and develop new areas and initiatives. As the new chairman of the Informatics Group, I would like to invite interested biochemists (of any age) to contact me, preferably by email at jd.connor@btinternet.com to express their interests in participating in the Informatics Group as well as identifying their special areas of interest in the informatics form and what skills they might offer the group. I also encourage you to contact me with your views about 'What support the Informatics Group can give to the membership?' I look forward to hearing from you. ■

New ACB Higher Specialist Training Guide for Grade B Clinical Biochemists (Spine Points 8-16)

The revised Higher Specialist Training Guide is now available free of charge to all grade B trainee clinical biochemists. It was revised under the auspices of the Education Committee by Dr Howard Worth and Mr Eddie Legg, to whom we are very grateful. The folder was launched recently in Glasgow at Focus 98 and some were distributed then to relevant trainees. To ensure the widest possible distribution to those in active training, the Education Committee invites those who require the training guide to complete the attached registration form. Note that a copy of the guide will only be sent to those who complete and return this form.



Application for the New Higher Specialist Training Guide

Please complete this registration form to claim a copy of the Training Guide. It will be sent to Grade B (spine points 8-16) Clinical Biochemists on receipt by the ACB office.

Title First Name Surname

Post/spine point

Department

Hospital

Qualifications

ACB membership number

Are you due to sit RCPATH Part I Y/N Proposed date of examination

Are you due to sit RCPATH Part II Y/N Proposed date of examination

Trainee Signature

Signature of Supervisor

Supervisor Name(capitals)

*Please complete and return this form to
the Association of Clinical Biochemists, 2 Carlton House Terrace, London SW1Y 5AF.
A copy of the Training Guide will only be sent upon receipt of this form.
Please photocopy as required*

ACB Training Course No. 3: Birmingham

Sunday 13th to Friday 18th September 1998

The next ACB training course will be held in the business centre at the University of Aston in Birmingham. Lectures will be held on site. Although primarily aimed at those intending to take the MRCPATH, the course is registered for CME and will welcome clinical biochemists who simply wish to update/refresh their current knowledge.

The course numbers will be limited to 50 and places will be allocated on a first come, first served basis, priority being given to MRCPATH trainees.



Lectures on

- **Gastrointestinal, Hepatic and Pancreatic Function**
- **Nutrition**
- **Trauma**
- **Paraproteinaemia**

Workshops

- **Accreditation**
- **Health and Safety**
- **Result Interpretation**
- **Quality Control/Quality Assurance**
- **Clinical Case Histories**

There will be a full social programme which will include a quiz, a visit to the Black Country, a Balti restaurant and the course dinner. There are sports facilities available.

- The cost of the course is £395

For further information contact Dr David Andrews on Tel 0121-627-1627 at Selly Oak Hospital or Mr Eddie Legg on 0121-766-6611 at Birmingham Heartlands Hospital. Application forms are available from the Association of Clinical Biochemists, 2 Carlton House Terrace, London SW1Y 5AF. **Please apply as soon as possible.**

Overwhelming Vote for Registration Council

By Dr Howard Worth, Registrar

The result of the recent ballot of registrants of the Registration Council of Scientists in Health Care was announced at a council meeting held on Tuesday 5 May 1998. This was a resounding vote in favour of the Council's proposal that clinical scientists should seek membership of the Council for Professions Supplementary to Medicine (CPSM), with a view to joining the new Health Professions Council when this is formed. This will be the result of the parliamentary act which will replace the Professions Supplementary to Medicine Act (1960). The official result of the ballot from Unity Security Balloting Services was published on page 7 of the June ACB News. In summary, nearly 67% of eligible registrants responded to the ballot, of which 96% voted in favour, but perhaps the most impressive statistic is that this means that almost 64% of all registrants voted in favour. This gives the Registration Council a clear mandate.

Petition to be Presented

The Registration Council now has to produce a petition to be presented to the Council of CPSM for its consideration, and hopefully acceptance. The next CPSM Council meeting is in June, and the Registration Council will have its petition ready for that meeting. It is well on the way, as its contents have been agreed in principle by the members of the Registration Council. Assuming this is successful, it moves to the next stage which is submission to the Privy Council. Again, assuming there are no major objections at this stage, it moves back down the system from the Privy Council to CPSM and finally to the Registration Council, with any comments on amendments if any are made. We are advised that if this proceeds without undue complication the outcome should be known towards the end of the year, and will allow automatic progression into the new Health Professions Council as and when the act

passes through Parliament.

This will mean that:

- The title State Registered Clinical Scientist, will be a protected title, and can only be used by those on the Register of the Clinical Scientists Board at the CPSM.
- No person can work in the National Health Service or for a contractor to the NHS unless he or she is registered with the Clinical Scientists Board.

Progression from the Registration Council to the new Board will be automatic for all registrants.

Register Now if you have Lapsed!

Practising Clinical Scientists who have not already registered with the Registration Council of Scientists in Health Care can continue to do so until the new board is formed and fully functional. It is the intention of the Registration Council to consider new registrants up until that time. So there is still time! As a reminder, application forms are available from:

The Registration Council of Scientists
in Health Care
2 Carlton House Terrace
London
SW1Y 5AF

There are some registrants who have allowed their registration to lapse, these will be reinstated on the payment of the appropriate subscription, and by making a resubmission of the application form, naming two proposers and signing the declaration on the form. So long as these applicants make it clear that they are re-applying, and that they are still working as a clinical scientist, it will not be necessary to re-submit supporting evidence. ■

Questions you are Asking about Registration

Many questions have been put to members of the Registration Council; indeed many have been raised by members of the council. These have all been debated in council. The following are typical of the questions that have been asked, and the answers are those agreed by the council

- 1Q Are all registrants of the RCSHC automatically accepted into the CPSM and thence into the Health Professions Council (HPC) if a Board for Clinical Scientists is agreed?
- 1A Yes. In each case it is up to the Board to set criteria for entry. If the Board wants the criteria to be the same as RCSHC that is fine.
- 2Q What happens to Clinical Scientists currently in post who fail to meet the entrance criteria for registration?
- 2A They will not be able to use the protected title of State Registered Clinical Scientist nor work unsupervised in the NHS or for a contractor to the NHS. They would not necessarily lose their jobs as they could continue as trainees or assistants working under the supervision of a registered clinical scientist.
- 3Q Will the CPSM recognise the different specialties within the Clinical Scientist group?
- 3A Yes, they will be identified on the Register.
- 4Q If so, how? What will prevent a microbiologist for example, practising as a medical physicist or vice versa?
- 4A Each specialty will be able to use designatory letters. The code of conduct will prohibit registrants working in areas where they lack competence. Breaches would be dealt with by the disciplinary procedures.
- 5Q Will the different specialties be allowed to have different entry requirements to the Register?
- 5A Yes, in that the training schemes will all be different, but it would be expected that there would be broad consistency where this is appropriate.
- 6Q Will the CPSM acknowledge more than one entry qualification for a particular specialty to the Register?
- 6A Yes, if agreed by the Board.
- 7Q What will be the mechanism for dealing with those clinical scientists who are currently practising who are not on the present Register.
- 7A They will be invited to apply and would need to become registered within one year of the making of the registration order if they are to be on the printed Register. It would be possible to use a grandfather clause to avoid established practitioners having to jump through too many bureaucratic hoops. As mentioned above, there is still time to register with the RCSHC which will result in automatic acceptance as indicated in Q1.
- 8Q What happens to a registrant who is unable to keep up with Continuing Medical Education (CME) or Continuing Professional Development (CPD), eg due to lack of access to books/journals, etc? Will they be eligible for employment?
- 8A Under the 1960 CPSM Act they would be eligible but under the new HPC Act, CPD will be mandatory.
- 9Q Will removal from the Register by a Disciplinary Committee render the registrant unemployable?
- 9A Yes, as far as the NHS is concerned and title could not be used. Note that there will be five levels of sanction under the new HPC; admonishment, restriction of conditional practice order, suspension, fine, striking off. Professional and personal misconduct is not defined by the Disciplinary Committee, each case will be judged on its own merits.
- 10Q Will departments be inspected by the Board in relation to training, or can current arrangements be maintained (where there is inspection by representatives of the professional body - usually its Education Committee)?
- 10A Standards of education and training come under the terms of reference of the Board and will be covered by the Education Committee. There will be a need to approve departments where education and training takes place (Grade A training already takes place in accredited centres).
- 11Q What security is there that any definition of competencies/role set out in the establishment of a Clinical Scientist Board will be carried forward into the HPC?
- 11A Nothing will change as a result of the transfer to the HPC.

You may have noticed that the term Health Professions Council (HPC) is now being used instead of Council for Health Professions (CHP). This is because the former seems to be the preferred title, but it must be remembered that this will not be finalised until the new Act has passed through Parliament.

Annual Report 1997

The 7th Annual General meeting of the Registration Council was held at the Royal College of Surgeons, London, on Friday 27th June 1997. At this meeting the minutes of the 6th Annual General Meeting held on 6th June 1996, were accepted and approved.

It was agreed that Kidsons Impey, of Bank House, 8 Cherry Street, Birmingham, be reappointed as auditors to the Council. It was further agreed that the Council should approach Companies House to have its Registered Office changed from Bank House to 2 Carlton House Terrace, the address of its administrative office.

Two further meetings of the Council were held during the year on 27th June and 24th November.

During 1997 the Council responded to Dr Peter Greenaway's proposals for the future education needs of the scientific and technical workforce. Additionally, the Council has continued to address the matters of continuing eligibility, and the concept of two levels of registration, the second being a level defining a registrant's ability to operate unsupervised. This is in addition to the necessity to demonstrate competence, as required at the lower level of registration.

The Council was invited to comment on proposals for the establishment of a European Register for Clinical Chemists. The Council was happy to do this, and found that the proposed standards and criteria were similar to its own. The main purpose however, is different, that of the Registration Council of Scientists in Health Care being the establishment of criteria and standards for the protection of the public, whereas that of the European Register will be to enable registrants to move freely from one country within the European Union to another, and in so doing, to demonstrate a level of competence as defined by the European Register.

The main work of the Registration Council throughout 1997 has been the consideration of the findings and recommendations of the independent review of the Professions Supplementary to Medicine Act (1960) carried out by J M Consulting Ltd on behalf of the Department of Health. After considerable discussion and consultation, the Registration Council has decided to make application to join the new Council for Health Professions when this is established after the passing of the parliamentary act which will replace the Professions Supplementary to Medicine Act. On making this decision, the Council has been strongly recommended that its entry into the new Council will be easier and faster if it makes a proposal to join the present Council for Professions Supplementary to Medicine, the transfer being automatic. The Council has supported this view, and will now seek a mandate from its registrants to lodge a petition for entry to the Council for Professions Supplementary to Medicine as a newly formed Clinical Scientist Board. This process will be the main activity for the Council during 1998.

During 1997, a total of 48 new registrants were admitted to the Register. ■

The Annual General Meeting of The Registration Council of Scientists in Health Care was held on Tuesday 5th May 1998. The Annual Report for 1997 was presented to, and accepted by, the meeting and is reproduced here

Back to the Future ... Bristol Fashion

By Ruth Draper, Great Ormond Street Hospital

There's a time for everything and on a Monday evening at the end of March, Peter Wood from Southampton learned the art of giving a talk in a bar, pint firmly in hand. This contribution to his 'continuing professional development' was precipitated by an invitation from the Trainees Committee for him, in his new role as chairman of the Workforce Advisory Committee, to lead a discussion with training course participants on how the ACB is working towards securing the future of the profession.

Following an outline of the major issues identified in the Workforce Plan (ACB News Issue 417, January 1998), which pre-empted the creation of the new committee, Peter explained that the role of the WAC was to continue to collect data, in conjunction with the Regional Tutors, Education Committee and Regional Workforce Advisors, on retirements, trainee progression and the loss and creation of clinical biochemists posts. This information is used to ensure that recruitment is tailored to the future needs of the profession. In addition, it has a role in identifying and securing sources of funding for training and, where this involves dialogue with lead consortia in each region, assisting the Regional Workforce Advisors in their negotiations at the local level.

Stopping the Decline

Geoff Lester from Frenchay, as Secretary of the Federation of Clinical Scientists (FCS), then took the floor. He expressed the need to promote progression through the profession by creating posts for early B grades while stopping the decline of posts at a higher level and expressed the opinion that the adoption of the staffing model by the CPA, the moves toward registration of Clinical Scientists, and capitalisation on the statement 'promoting quality with cost-effectiveness' in the government White Paper on the NHS, could all contribute to achieving this aim. Although the FCS is in support of strategies to bring in new funding for training in fixed term posts, there is great concern that embracing the concept of fixed term posts universally might allow management to take substantive posts and turn them into fixed term posts with possible loss of these posts as financial constraints on Trusts increase. Thus, if the introduction of more fixed term posts were to be part of the strategy to increase the number of training posts and facilitate flow through the profession, they should not be based in smaller hospitals, but in recognised centres and large departments, where they might be less likely to be lost at the end of the contract.

Does everyone want to be a Consultant?

Comments and questions made for a lively discussion. Peter Wood stated

that, similar to the medical profession, people should be trained to be consultants. Some trainees found this to be an unsettling concept for several reasons: it is not a concept that comes across in the advertising and interviews of grade A trainees, so it is not something they have necessarily considered; some trainees do not feel that they would want to be practising at consultant level; even if all recruits were striving to reach consultant level, there will not be enough consultant posts to go round. An addendum to this point was that if through the introduction of higher specialist training, training is completed in 8 years, people will be in Principal/Consultant posts for longer, which may simply result in a log jam slightly further up the B grade (14-16), as it is unlikely that the number of Principal and Consultant posts will increase.

Reasons for Poor Response to Job Adverts

The steady trickle of B grade posts advertised in the last year or so have gone some way to alleviate the despair that was gripping many trainees and prompting their loud cries for action. However, it was noted by Peter Astley from Bristol, WAC Secretary, that the feeling of despair is in danger of descending on those advertising B grade posts, as there seems to be very few applicants for many of the posts. It was suggested that one reason for this is that trainees often find it difficult to move, even to further their careers, as many trainees have PhDs and are older, while most trainees at present are women (a fact supported by the preponderance of women on the training course), increasing the likelihood that people's choices are determined or at least influenced by a partner. Possible solutions discussed included finding a way to link A and B grade training or using A grade funding to extend the A grade period or fund the transition to B grade, allowing trainees a longer period in one region. The high ratio of women entering the profession prompted discussions on how to cater for the increasing number of clinical biochemists who may decide to take a career break to raise a family, some of whom may still be in training. Consideration must be given to how their return to the profession can be facilitated and how the requirement to fill their posts in the interim will affect the Workforce Plan.

It became clear during the discussion that the future of clinical biochemistry continues to rely on the dedication and commitment of members at all levels, from those working nationally and regionally to ensure that the need to recruit and train clinical biochemists is recognised and supported both in principle and through the provision of funding, to those at the local level working to ring-fence and create posts in their own laboratories and promote effective and appropriate training in these posts, as well as all those in the profession whose commitment to providing a high quality, tailored service proclaims the relevance of clinical biochemists to health care both now and in the future.

One final plea to all those in training. Much effort is being put into ensuring we have a future as clinical biochemists. Everyone can contribute by passing on concerns and ideas about training and career progression to their regional tutors, regional workforce advisors or myself (Trainees Committee representative on the WAC). ■

Bone Markers Symposium

Reported by Joanne Kirkup and Yen Ming Heung, King's College Hospital

Wednesday 25th March 1998
Weston Education Centre,
King's College Hospital, London
ACB Southern Region
Chiron Diagnostics Lecture Award

The symposium began with Dr Adrienne Flanagan (St Mary's Hospital, London) reviewing the current knowledge of bone metabolism. Recent theories on the mechanisms of coupling between resorption and formation, and the involvement of regulatory factors and membrane bound factors which act on osteoblasts and osteoclasts, were highlighted. Dr Flanagan concluded by proposing a complex network of mechanisms involving a variety of regulatory factors such as interleukins, prostaglandins, hormones (PTH, oestradiol, androgens), cytokines (M-CSF, TNF), and vitamin D.

Role of Vitamins D and K

This theme of regulation and control of bone metabolism was continued by Dr Martin Shearer (St Thomas' Hospital, London) who talked about possible roles of vitamins D and K. Vitamin D has long been known to act as a classical steroid hormone, exerting its effect at the transcriptional level by targeting specific genes involved in calcium homeostasis and bone mineralisation. In contrast Vitamin K acts as a cofactor for the carboxylase enzyme responsible for the conversion of glutamate to gamma-carboxyglutamate (Gla) in certain calcium binding proteins. These Gla proteins, the most well known being osteocalcin, have a high affinity for hydroxyapatite. Dr Shearer then presented evidence that suboptimal levels of vitamin D could be pathogenic in the process of osteoporosis and that supplementation may be effective in reducing the extent of bone loss in patients at risk. Vitamin K supplementation may also have beneficial effects on bone density as suboptimal levels have been associated with a decreased risk in the affinity of osteocalcin for hydroxyapatite and, therefore, an increased risk of fracture and lower bone density.

Current Views on Bone Markers

Dr Simon Robins (Rowett Institute, Aberdeen) followed with an overview of the currently available urinary markers of bone resorption. These markers are produced largely by metabolism of type I collagen, for example, pyridinium crosslinks, galactosyl-hydroxylysine and the C terminal telopeptide. The most important point to note is that there is considerable variation in these markers due to changes in the rate of resorption and even in the mechanisms involved, especially in response to drug treatments. More investigation is required to determine the mechanism of bone resorption and the regulatory factors involved before bone resorption assays can be fully evaluated in a clinical setting.

The morning was rounded off by a lively debate of the use of biochemical markers of bone metabolism in clinical practice. The argument for bone markers was given by Dr Pauline Pitt (Bromley and Farnborough Hospital, Kent) who presented studies in which these non-invasive assessments of bone turnover have been shown to have significant correlation with more traditional methods such as DEXA scanning. Also, with the use of biochemical markers the whole skeleton can be evaluated rather than just specific sites. Evidence was cited from several studies which demonstrated how these treatments were used to assess the effectiveness of treatment, evaluate new treatments and to determine which groups of patients were at risk of bone disease and fracture.

The case against bone markers was taken up by Mr Malcolm Whitehead (King's College Hospital, London) who suggested that the current diagnostic market was geared to the development of commercial kits before obtaining a clear clinical application, instead of catering for a need to measure particular analytes. He was concerned that many of these markers showed wide biological variability due

to many factors other than disease processes, with many of the current assays failing to distinguish between normal and disease groups. This poor predictive value for patients at risk of bone disease, and poor diagnostic value for disease states, along with many conflicting studies suggested biochemical markers may not be clinically valuable. In addition, many of the assays give no additional information than that provided by more traditional measures of bone metabolism. Mr Whitehead concluded that clinical significance could only be validated by comparison with direct methods of assessing bone formation and resorption or by assessing their predictive value of fracture.

Chiron Award Lecture

The afternoon session began with the Chiron Diagnostics Award lecture given by Professor Juha Risteli (University of Oulu, Finland) who is a clinician and collagen scientist. He described his own experience in the development and evaluation of collagen marker immunoassays which he confessed was a hobby. Several new methods have been developed to assess simultaneously the rate of bone formation and degradation using the same sample, but their clinical evaluation is still not complete. Immunoassays for Type I procollagen propeptides PINP and PICP as synthesis markers, and Type I C-telopeptide (ICTP) as a degradation marker, were described with mention of problems in development and possible interferences with the assays. The effects of age and disease, for example Paget's, on assay results were also discussed.

Serum Bone Marker Approaches

Dr Ian James (St Bartholomew's and The Royal London Hospitals) continued with an update on the development of serum-based assays for bone resorption markers. Immunoassays for N and C terminal collagen peptides were described using colorimetric and chemiluminescent detection. Immunoassays for free serum pyridinium crosslinks have also been developed but their availability is limited at present due to difficulties in raising

antibodies with sufficient affinities. Despite difficulties in the development, serum-based assays can offer many advantages over urine markers. Preliminary data for serum resorption markers indicate similar responses to those found in urine, but with lower intra-individual variations. This could potentially increase the use of biochemical tests of bone metabolism in clinical practice.

Bone Markers in Malignancy

The use of bone markers in malignancy was discussed by Dr Samia Girgis (Hammersmith Hospital, London) who began by giving an overview of skeletal involvement in malignancy. With carcinoma of the breast, lung and prostate, bone is a common site of metastases with osteoclasts playing a key role in the development of osteolytic and osteosclerotic lesions. Important clinical features of bone metastases are pain, hypercalcaemia, and increased risk of spinal cord compression and pathological fractures. The diagnosis of clinically relevant bone metastases currently involves the use of sensitive imaging techniques such as bone scintigraphy, radiography, CT or MRI. These techniques, however, are not very specific for malignancy and assessment of the response to treatment is also difficult using imaging techniques. There is now renewed interest in the use of biochemical markers such as urinary cross-links in early detection of metastases and assessing response to therapy. Longitudinal studies in patients before the development of metastases are now required.

Bone Markers into the Future

The unanimous conclusion of the symposium was that biochemical markers have a role to play in clinical practice and can be recommended as an additional tool for determining rate of bone loss and monitoring treatment. Which patient groups will benefit from the newer biochemical tests that have become available remains to be seen and will become evident as more work is done to understand the mechanisms of bone metabolism and the causes of biological variability of these markers. ■



Letters

Readers speak out

What is 'Non-molecular Biology'?

I have always disliked the term 'Molecular Biochemistry' and so was horrified to discover that the Register of Scientists in Healthcare 1997 lists amongst the speciality codes a category of 'Molecular Biology'. By inference there must therefore be a subject entitled 'Non-molecular Biochemistry'. I cannot comprehend how biochemistry can exist without molecules so I set off on a search to discover more about this new discipline. Starting with the standard biochemistry text-books I found chapters on such topics as amino acids (small molecules), proteins (big molecules), enzymes (big molecules with magic properties), the respiratory chain (even bigger molecules). Nowhere could I find an account of biochemistry that did not involve molecules in some shape or form. I concluded that this must be a relatively new development which has not yet found it's way into the textbooks and so I set off for Focus

98. There I sat through many fascinating lectures describing exciting new developments in our subject, but again molecules (big and small) were always involved. Even my esteemed colleagues were unable to enlighten me. Then I suddenly realised that since non-molecular biochemistry cannot involve molecules, there are no molecules to measure and what has probably happened is that all information about this discipline has been suppressed by our corporate members. I suggest that we all do the same, for once NHS managers discover that biochemistry can be practised without expensive equipment, personnel and reagents they are likely to seize upon the opportunity to wipe out laboratories completely.

Allan Deacon

Molecular or Non-molecular Biochemist?

King's College Hospital

Denmark Hill

London

SE5 9RS

Call for Posters

Lumley Castle, County Durham

4th-5th November 1998

Second Joint Meeting of the ACB Northern and Scottish Regions

Anbody wishing to submit a poster for this meeting should contact:

Dr D. G. Williams, Department of Biochemistry

Sunderland Royal Hospital, Kayll Road, Sunderland SR4 7TP

Tel: 0191-565-6256 ext 42807 Fax: 0191-569-9271

Email: david-g.williams@sunderland.ac.uk

Applications for this meeting are now being taken, book early to avoid disappointment!

Contact: Mr I. Hanning, Department of Biochemical Medicine

Ninewells Hospital & Medical School, Ninewells, Dundee DD1 9SY

Tel: 01382-660111 ext 3393 Fax: 01382-645333

Email: ianh@dth.scot.nhs.uk

Conditions of Participation in EQAS Schemes

In March 1997 the Joint Working Group on Quality Assurance issued conditions of participation by UK Clinical Laboratories in external quality assessment schemes which came under its jurisdiction. The particular problem that had to be addressed, was the situation where a participant became an unresolved, persistent, unsatisfactory performer, despite the full gamut of support from the organiser, the appropriate National Quality Assurance Advisory Panel and the Chairman of the JWG on QA. Should such an

eventuality arise, and so far this has not been the case, it was felt that the JWG on QA should have a policy. It has therefore introduced a final level of assistance to participants and, if this fails to resolve a problem, then the matter will be drawn to the attention of the Medical Director or the nearest equivalent in the organisation of the Trust or institution.

If you have not yet seen the policy then copies should be available from your external quality assessment scheme organiser. ■

The Joint Working Group on Quality Assurance

By **J F Davidson**, *Chairman JWG on QA*

The JWG on QA is a multi-discipline professional body which has responsibility for overseeing and maintaining standards in External Quality Assessment (EQA) in Pathology in the UK, on behalf of its parent professional bodies. It considers EQA issues and through its National Quality Assurance Advisory Panels (NQAAPs) supports and maintains all approved EQA schemes in the UK. The few performance issues which fail to be resolved at the organiser/EQA steering committee level will be dealt with by the appropriate NQAAP but the JWG will consider performance issues which continue to remain unresolved.

The JWG on QA is made up of representatives from the main professional bodies in pathology plus

Chairmen of NQAAPs and representatives of CPA (UK) Ltd and the Health Departments in attendance.

The JWG on QA will act together and in consultation with its parent professional bodies by advising and making representation where appropriate to those bodies that undertake external regulation of pathology in the UK, in order to protect high professional standards.

It will receive and discuss complaints about QA practices which have not been resolved by EQA Steering Committees, Organisers or NQAAPs.

It will consider suggestions for the development of other EQA schemes and will foster any worthy new QA activity within existing or additional areas of clinical laboratory practice. ■

Terms of Reference of Joint Working Group on Quality Assurance

- 1 To act together and in consultation with the parent professional bodies and their members by advising and making representation where appropriate to those bodies that undertake external regulation of pathology in the UK in order to protect professional standards in pathology.**
 - 2.1** To approve, support and monitor, on behalf of the parent professional bodies and their members the activity of their National Quality Assurance Advisory Panels (NQAAPs) in monitoring External Quality Assessment Schemes (EQAS).
 - 2.2** To be responsible for the process of handling unsatisfactory performance of participants in EQAS.
 - 2.3** To give professional approval to EQA Steering Committees.
 - 2.4** To comment to organisers of schemes, either through the advisory panels or directly, on the effectiveness of their liaison with the advisory panels and participants.
 - 2.5** To receive and discuss complaints about quality assurance practices, from members of the pathology professions, which have not been resolved by the EQA steering committees in the disciplines concerned, or by organiser or panels.
 - 2.6** To consider suggestions for the development of quality assessment schemes, to stimulate and foster any worthy new quality assurance activities within existing or additional areas of laboratory practice and to indicate to the professions, CPA (EQA), the appropriate professional body or the Health Departments, the JWG's views on the need for:
 - the formulation of Advisory Panels on Quality Assurance
 - expansion of EQAS in any field
 - modifications to practice of EQAS
 - guidance on general aspects of quality assurance
 - 3** To review the composition of the JWG from time to time as circumstances change and to recommend to parent professional bodies of any proposals to the amendment of its composition.
- Approved at the JWG on QA Meeting on 21st October 1997



Euro/DPC is the European manufacturing and distribution organisation of the Los Angeles based Diagnostic Products Corporation, the worldwide independent manufacturer of immuno-diagnostic kits and instruments for hospitals and veterinary laboratories. Euro/DPC is an ISO 9001 registered company.

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Closing Date: 7th August 1998

Euro/DPC, Glyn Rhonwy, Llanberis, Caernarfon, Gwynedd LL55 4EL. Telephone: 01286-871871

**ROYAL BERKSHIRE
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DEPARTMENT OF
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**Locum Senior
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Grade B (8-10)**

This post is available from 1st September 1998 to cover a period of maternity leave. Applicants should have completed Grade A training and had previous experience at this level.

For further information contact Dr G. S. Challand, Consultant Biochemist, Royal Berkshire Hospital, Reading RG1 5AN. Tel: 0118-987-7700/7704. Email: g.challand@dial.pipex.com

Closing date: 15th August 1998

**GREATER MANCHESTER EAST
EDUCATION AND TRAINING CONSORTIUM
WITH PARTICIPATING NHS TRUSTS
(NORTH WEST REGION)**

Clinical Biochemist

Grade B (8-10) (Ref: KL415) £17,522-£18,951

Applications are invited for the above post in the North West Region. The post is a new initiative designed for Higher Specialist Training and carries a 5 year fixed-term contract. The successful candidate will be employed on a rotational basis between participating Trusts.

The appointee will be expected to complete MRCPATH in post as well as providing the service contribution required by the Trusts. This would include: clinical liaison, audit, teaching and Research and Development. Attendance at meetings and other training events will be encouraged.

This is a unique opportunity to extend Grade A training to complete Higher Specialist Training in challenging and stimulating environments.

For further information contact Dr I. Watson on 0151-529-3575 or Dr M. Myers on 01772-710121.

For application form please telephone the Recruitment Office on 0161-276-6666.

Closing date for applications: Friday 7th August 1998

We are an Equal Opportunities Employer

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Clinical Biochemist Grade B

(Scale points in the range 11-16 depending on qualifications and experience) £19,747-£24,025 per annum

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This position is a new post in the Quality Laboratory which is based in the Department of Medical Biochemistry at the University Hospital of Wales. The Quality Laboratory comprises of several sections which include the Wales External Quality Assessment Scheme (WEQAS) and the Reference Method Section. You would work alongside senior experienced MLSO staff to establish reference methods. These will include endocrine, electrolyte, metabolite and enzyme analysis.

Applicants should possess an appropriate 1st or 2nd class honours science degree and experience in analytical techniques such as atomic absorption emission, GCMS and spectrophotometry would be an advantage. The successful candidate would be encouraged to study for a higher degree where appropriate and would be expected to develop all areas of the Quality Laboratory.

For further information, please contact Dr Keith Davies, Director, Quality Laboratory, or Mrs Annette Thomas, Quality Laboratory Manager, on 01222-742800.

For an application form and job description, please send a large SAE to the Personnel Department, University Hospital of Wales, Heath Park, Cardiff CF4 4XW, quoting reference number CSG115.

Closing date: Friday 21st August 1998

Quintiles

Director, Clinical Laboratory, Singapore

Quintiles Laboratories, a unit of US-based Quintiles Transnational, and provider of clinical laboratory services is expanding into the developing Asian market and currently has an exciting opportunity based in Singapore.

The Company: Quintiles Transnational is the largest Contract Pharmaceutical Organisation worldwide with over 11,000 employees and has established itself as a customer focussed, quality driven organisation. On a global basis Quintiles offers full service research, health care consulting, sales and marketing, data management, and centralised laboratory services to the pharmaceutical and biotechnology industries.

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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

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