

ACB News

The Association of Clinical Biochemists • Issue 425 • 20th September 1998



**Mock
MRCPath at
King's**

**Focus 99
Social
Programme**

**Funny Old
World**

**Readers
Write on
Membership**



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.

Editor

Dr Jonathan Berg
Department of Clinical Biochemistry
Sandwell District General Hospital
West Bromwich, West Midlands B71 4HJ
Tel: 0973-379050/0121-607-3261
Fax: 0121-765-4224

Associate Editor

Dr Richard Spooner
Biochemistry Department
Gartnavel General Hospital
Glasgow G12 0YN
Tel: 0141-211-3470/3353
Fax: 0141-357-5042

Situations Vacant Editor

Dr Simon Olpin
Neonatal Screening Laboratory
Pathology Block, Room C8
Sheffield Children's Hospital
Western Bank, Sheffield S10 2TH
Tel: 0114-271-7267

Focus Handbook Editor

Dr Sandra Rainbow
Norfolk and Norwich Hospital

Display Advertising & Inserts

PRC Associates
The Annexe, Fitznells Manor
Chessington Road, Ewell Village
Surrey KT17 1TF
Tel: 0181-786-7376
Fax: 0181-786-7262

ACB Administrative Office

Association of Clinical Biochemists
2 Carlton House Terrace
London SW1Y 5AF
Tel: 0171-930-3333
Fax: 0171-930-3553

ACB Chairman

Dr Ian Barnes
Department of Chemical Pathology
Old Medical School
University of Leeds, Leeds LS2 9JT
Tel: 0113-233-5679
Fax: 0113-233-5672

ACB Secretary

Dr Mike Thomas
Department of Chemical Pathology
The Royal Free Hospital
Pond Street
London NW3 2QG
Tel: 0171-794-0500 Ext. 3464
Fax: 0171-794-9537

ACB Home Page

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

Printed by Piggott Printers Ltd, Cambridge
ISSN 0141 8912
© Association of Clinical Biochemists 1998

ACB News

Number 425 • September 1998

General News	4
Focus 99	
Social Programme	10
Current Topics	
A Funny Old World	12
Letters	17
Corporate News	21
Forthcoming Meetings	24
Situations Vacant	26

The proof reader for this issue was Ailene Hunter, Paisley.

Front cover:
Michelangelo's David, Florence.



**The ACB National Scientific
Meeting and Exhibition**

17 - 21 May 1999

Tel: 01223-516103

Fax: 01223-500978 for details

R&D and Intellectual Property within the NHS

The NHS Executive has adopted a policy framework for the management of intellectual property within the NHS arising from research & development (R&D) funded from the R&D Levy. A circular sets out the framework which will help ensure that intellectual property derived from NHS R&D is owned and exploited in the interests of the NHS and the country as a whole, by those best able to do so. It is intended to remove current uncertainties about roles and responsibilities.

Copies of the document can be obtained from: Department of Health, PO Box 410, Wetherby LS23 7LN. Fax: 01937-845381.

It is also available on the Department of Health website at <http://www.open.gov.uk/doh/coinh.htm> ■

Expert Witness Fees Conference

The Society of Expert Witnesses is holding a conference on Friday October 30th, 1998 at the Midland Hotel in Derby on the topic of conditional fee arrangements, the UK version of the American "No win, no fee" approach to litigation.

Further details are available from:

The Society of Expert Witnesses

PO Box 345

Newmarket

Suffolk

CB8 7TU

Tel: 0345-023014

Fax: 01638-560924

Email: 10014.1530@compuserve.com ■

Be Fully Prepared!

Mock MRCPPath Part 1 Practical Weekend Course

to be held at
King's College, London
24th-25th October 1998

**Two practical exams,
clinical cases,
calculations, vivas.**

**Course fee dependent
on number of participants**

*If you are interested in
taking part please contact:*

Dr Ruth Ayling

Department of Clinical Biochemistry

King's College Hospital

Denmark Hill, London SE5 9RS

Tel: 0171-737-4000

New Appointments in Bristol and the Midlands

Graham Bayly of Heartlands Hospital in Birmingham has been appointed to the vacant Consultant Chemical Pathologist post at Bristol Royal Infirmary. Rousseau Gama tells ACB News that he is looking forward to returning to the Midlands when he takes up the post of Consultant Chemical Pathologist at New Cross Hospital in Wolverhampton due to the retirement of Dr Tony Jacobs. Dr Bill Bartlett has recently been appointed to the post of Consultant Clinical Biochemist at Heartlands Hospital in Birmingham.

ACB News will be delighted to convey good news about your new appointment, but you do need to drop us a fax or letter letting us know about it so we can do this. ■

Best Wishes to Rosanna Penn

The Association and especially colleagues at Clinical Chemistry at University Hospital, Birmingham, send best wishes to Dr Rosanna Penn as she recovers from her recent illness. Rosanna fell ill in August while on holiday in Italy and had a benign brain tumour removed in a Verona hospital. Many will know Rosanna through her work as the secretary of the ACB Opportunity 2000 initiative. Rosanna is looking forward to getting back to work as soon as she is fully recovered. ■

IFCC-Worldlab – Florence

6th-11th June, 1999

This month our front cover features Michelangelo's David which is being used by IFCC-Worldlab as part of their logo. You can of course experience this inspiring statue for yourself by deciding to attend next year's International Congress in Clinical Chemistry. Following on from the XVI ICCB which was hosted at Wembley by the ACB in 1996 our Italian colleagues look forward to welcoming a large ACB contingent to this important meeting.

The preliminary programme is now available. All the booking and abstract forms are contained within this single document. To request your copy please contact: IFCC Worldlab, Emmezeta

Congressi, Via Carlo Farini,
70-20159 Milan, Italy.
Tel: +39-0269006444.
Fax: +39-026686699.
www.worldlab99.it ■



Clinical Chemistry Historical Lecture

Professor Johannes Büttner is to lecture in London on Justus von Leibig and his influence on clinical chemistry. In 1996, the Medical Sciences Historical Society established the prestigious annual Baron von Leibig Memorial Lecture to commemorate one of the greatest of nineteenth century chemists. Professor Büttner will give this year's lecture, on Leibig's influence on clinical chemistry, at 7pm on Friday 23rd October at the Royal Society of Medicine, London.

Professor Büttner was head of the University Department of Clinical Chemistry in Hannover and is well known to many Clinical Chemists as the former Chairman of the Scientific Division of IFCC. Many will also remember his efforts in bringing the historical relevance of Clinical Chemistry to our attention at international congresses in Brighton, Vienna, and The Hague. His lecture in London should be quite outstanding.

Admission to the lecture is by ticket only (£5.00 inclusive of a buffet supper) obtainable from Mr E. Bridson, Medical Sciences Historical Society, 3 Believer Hill Camberley, Surrey GU15 2HB. ■

Danielle Freedman Celebrates Fiftieth at No. 10

It was somewhat of a shock for Danielle Freedman, Consultant Chemical Pathologist at Luton & Dunstable Hospital to find herself among the invited guests to 10 Downing Street to celebrate the fiftieth anniversary of the NHS.

There were about 200 guests from different areas of the NHS at the event, which was hosted by Tony Blair and Frank Dobson. Danielle recalls that when her turn came to speak to the Prime Minister she pointed out that there was no room on the wall left for his portrait, to which he responded that if he had anything to do with it the problem wouldn't arise for a very long time! ■

News from You and Your ACB Region

ACB News relies on readers to contribute news about current events around the country. If you see something in a local newspaper, you have just been made a professor or something else needs wider attention please zip it along to ACB News. Regional ACB committees are invited to send in material for publication and may like to consider having a regional "reporter" and ACB News items as a regular agenda item. ■

Focus 99 Office Contact Changes

Please note that with immediate effect the telephone and fax numbers for the Focus 99 office have changed. Pat Nielsen is now running her Focus 99 office in Cambridge, contact details as follows:

Focus 99 Office
PO Box 409
Cambridge CB1 4QD
Tel: 01223-516103
Fax: 01223-500978. ■

New Clinical Chemistry Chair for Midlands

After the loss of the Professorial Chair at the University of Birmingham several years ago a Chair in Clinical Chemistry has returned to the West Midlands with an appointment by the up-and-coming University of Wolverhampton. The appointment of an Honorary Chair of Clinical Chemistry has been made to Tim Reynolds who is Consultant Chemical Pathologist at Queen's Hospital, Burton.

Professor Reynolds tells ACB News that his current research activities include renal stone genetics, Down's syndrome screening, lipid lowering, nutrition, pressure sore prevention and classification by image analysis. Tim is also the vice-chairman of the West Midlands ACB and is actively involved in many other professional committees.

The University of Wolverhampton has a major teaching role in the medical laboratory sciences and must also want to establish its credentials as various universities in the West Midlands compete for funding for a new or expanded medical school. ■

Focus 99 Invitation to Participate

Plans are now progressing well for Focus 99 in Manchester. The sale of exhibition space was extremely popular with demand for space greater than ever. In this ACB News, details of what looks like an innovative social programme are previewed. The Invitation to Participate, giving full details of the scientific programme will be mailed with the October edition of ACB News. ■

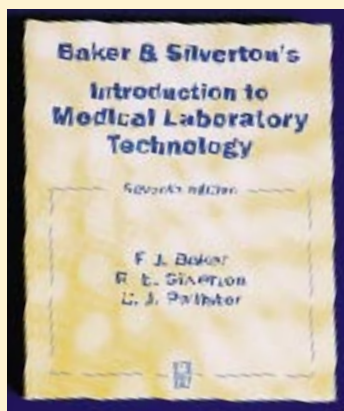
Baker & Silverton's Introduction to Medical Laboratory Technology

Now in its seventh edition, this book has been ongoing for over forty years.

The new edition has been revised and updated to include the more recent developments in laboratory practice, while at the same time retaining the popular methodological approach of the earlier editions. New material on immunology, molecular genetics and histocompatibility testing has been added.

Baker & Silverton's *Introduction to Medical Laboratory Technology* (ISBN 0 7506 2190 7) is priced at £37.50 and can be ordered from: Customer Services Department, Heinemann Publishers Oxford, PO Box 382, Halley Court, Jordan Hill, Oxford, OX2 8RU.

Tel: 01865-314301. Fax: 01865-314029 ■



Patent Application Fees Abolished

Small firms and private individuals will benefit most when the United Kingdom Patent Office abolishes the application fee for patents from 1st October 1998. The office will be the first in the industrialised world not to charge a patent application fee.

Abolition of the filing fee forms part of a 20% cut in patent office fees to come into effect on 1st October. Other reductions include a cut in the trade mark application fee to £200, a cut in trade mark

registration renewal to £200 and cuts in patent renewal fees by about 18%.

The cuts will assist entry into the systems of patents, trade marks and registered designs and encourage their use by small firms and private individuals. The greatest savings to be made will be in patent renewals in the earlier years, when companies are frequently still in the phase of product development and have yet to make a return on their investment. Savings should equate to £12 million or 20% of the patent

office's fee income.

Details of the fee reductions are available on the patent office web site at: www.patent.gov.uk/snews/notices/redfee.html. Copies of the statutory instruments are available from the Stationery Office bookshops and from the Patent Office. They are *The Trade Marks (Fees) Rules 1998* (SI 1998 No 1776), £1.10; *The Registered Designs (Fees) Rules 1998* (SI 1998 No 1777), £1.10; and *The Patents (Fees) Rules 1998* (SI 1998 No 1778), £1.95. ■

Focus 99 Social Programme

By Shirley Bowles, Social Programme Committee

The Social Committee has devised a programme which it believes will contribute to making the first Focus meeting to be held in Manchester a memorable one.

Granada Studios, on the outskirts of Manchester and home to Europe's biggest film and television attraction, is one of the unique venues chosen to host an event for the meeting. The evening will start with a backstage tour in which visitors can discover the unseen side of broadcasting and find out how it feels to be a television star. The visit will include the sets of several renowned Granada productions and a glimpse of the work of the wardrobe and make-up departments. In a scaled replica of the House of Commons, there will be an opportunity to participate in a comedy debate – perhaps with a theme which all Focus delegates can warm to! For those of an intrepid nature, there is the MotionMaster – a simulator ride in which a computerised seat throws you into the action on a cinema screen. Visitors can also stroll down Coronation Street where Granada's

most famous production and the world's longest-running drama series is filmed. The evening will conclude in the Rovers Return and Stables Restaurant with a typical Northern menu including Betty Turpin's famous hotpot!

Power for Manufacturing

Only 20 minutes from Manchester City Centre, Quarry Bank Mill was founded in 1784 by Samuel Greg who harnessed the waters of the River Bollin to provide power for the manufacture of textiles. The Styal Estate, which is a 284 acre country park in rural Cheshire including the mill, mill workers' village and surrounding woods and farmland, was given to the National Trust in 1939 and the site has been fully restored to form a major industrial heritage attraction including the only water-powered cotton mill in the world. The visit for Focus delegates will start with a reception on the Mill Meadow overlooking the River Bollin. There will then be a tour of the mill allowing visitors an insight into the daily life of





millworkers in the early industrial revolution and presenting the history of textiles up to the present time. Finally, dinner will be served in the Alexander Suite which is situated in a Georgian building converted from its original use as a weaving shed.

Starring Richard Wilson

For those seeking a cultural experience, a must will be a visit to the newly rebuilt Royal Exchange Theatre. Deep blue stained glass has been fitted to the Great Hall's magnificent domes, and stunning decorative glass designs have been added to the ceiling panels. NASA's latest scientific technology provides revolutionary lighting techniques, adding dramatic emphasis to the architectural features. The transformation from public square to performance space is conjured with special effect lighting and colour. Playing in The Great Hall will be Samuel Beckett's twentieth century masterpiece "Waiting for Godot" starring Richard Wilson and directed by Matthew Lloyd.

Excitement in Lycra

Excitement seekers will be well catered for at Focus 99. Speed karting at Warrington will be home to those trying out their go-karting grand prix skills for the first time or those seeking a re-match of the Focus 98 round-robin competition. For the even more daring why not visit the Velodrome at

Manchester's National Cycling Stadium. Everyone from complete novices to experienced cyclists will be catered for, so come and try cycling around this stunning arena.

Traditional sporting activities will be provided during Focus 99 with the sponsored Golf, Tennis and Squash competitions. Or you can enjoy the scenery of the West Pennine moors and spectacular views over Lancashire and Cheshire during a walk to the summit of Winter Hill, the highest point on Rivington Moor at 1496 feet above sea level!

Culinary delights will be on offer throughout the week including sampling the atmosphere of Manchester's Chinatown followed by a sumptuous Chinese banquet at the Yang Sing restaurant. For the more down-to-earth there will be a chance to sample real ale at its finest before a visit to the famous Rusholme district of Manchester for a curry at the renowned Shere Khan restaurant.

The final social event of Focus 99 will be the Conference Banquet held at the Palace Hotel, a noted architectural feature of Manchester for over a hundred years. The banquet entertainment promises to be 'magical' and also offers the opportunity to dance the night away to a popular local band.

Remember the Focus 99 Invitation to Participate, including abstract and booking forms will be distributed with the October edition of ACB News. ■

A Funny Old World

By Dr James Hooper, Royal Brompton Hospital, London

Readers may recall our previous experience of market testing (ACB News Sheet 1996; 396: 13-14), in which I described how a neighbouring hospital had been asked to tender for our services and we responded by making a successful bid of our own. Winning this skirmish certainly provided the laboratories with some self-confidence and we wished to consolidate our progress with a number of important changes including the physical consolidation of clinical biochemistry and haematology. This is important since the laboratories occupy prime space within a new hospital building and are therefore vulnerable. It is amazing how quickly things can change especially when a new chief executive is appointed, after our previous one was head-hunted back to North America.

Déjà Vu

Appointment of a chief executive is always regarded with some trepidation as it can significantly alter the status quo and bring with it opportunities (threats) and challenges. Like all incoming big bosses, ours wished to reorganise the hospital, so as to take him away from day to day operational problems and to control a little more remotely. The



space that the laboratories occupied was still perceived to be a problem and it was therefore no great surprise to discover that like his predecessor he had asked a hospital within our region not only to take on all of pathology, but also this time, to perform it completely off-site.

Our new chief executive perhaps did not understand the acute and very specialised nature of our purely heart and lung hospital (totalling 300 beds of which 50 are intensive care, obviously needing intensive 24-hour support). We have virtually no GP service, but many very specialised wards.

We'd rather lose Cardiology than Pathology

I insisted on a meeting with the chief executive with all the clinical directors. I felt heartened that all were extremely willing to attend and to provide vociferous support for the service that we provided - I didn't need to speak. Much of the support was centred around the integration of pathology within the hospital, the responsiveness and flexibility of the service and the willingness to support research. This was bolstered by the context-specific nature of the medical advice given and the fact that we all worked as a committed team. The most memorable comment came from the director of adult intensive care who stated, (bearing in mind that we are a tertiary referral cardiothoracic centre) *"We would rather lose cardiology from the Brompton rather than pathology. Pathology underlies everything we do."*

Having been through this situation previously, I felt too realistic to feel anything more than relieved but was unprepared for the next development.

Because our chief executive had to deal with seven clinical directors, which he regarded as too many, a new structure was established within the hospital comprising three divisions, Hearts, Lungs and everything else (Clinical Support Services).

Don't Give up the Day Job

I was asked to head this third division as divisional director and received enormous support. The division covers intensive care and anaesthesia, imaging, (radiology, CT, MRI etc), pharmacy, biomedical engineering, physiotherapy, occupational therapy, dietetics and social work. It is also responsible for pathology which we have now renamed 'Laboratory Medicine' because it describes our role better. I also found out later that as divisional director, I was also responsible for the highest level service the hospital provides – the chaplaincy. The division has 350 staff and is responsible for a budget of £16m (both figures being about one-third of the hospital's total). Such an enormous job would be impossible without high quality management support and I am very fortunate in having an exceedingly competent full-time general manager as my advisor. Our approach has been very much one of not interfering where things are being managed well, but giving support and direction where services are failing.

In addition to this role, I also elected to remain clinical director for Laboratory Medicine, and needless to say, continued as chemical

pathologist since it is vital, in terms of vulnerability, to maintain skills in the 'day job'.

Service not *infra dig*

We inherited a number of difficult problems, particularly with regard to departmental leadership, but these are being solved by supporting where necessary, and erecting exit signs for others. We did not want to be regarded as fire-fighters but wished to be proactive especially in relation to planning. Departmental heads have been urged to ensure that their services are developed in partnership with their users – as in the laboratories – a concept regarded as foreign by many (who have considered communication with and flexibility shown to those who use their services is *infra dig* – a not uncommon British phenomenon). But we have had success and a programme of realistic and achievable developments and priorities has been established, which we can support on a divisional basis and which has formed the basis of operational targets for each service.

Involvement at a senior level certainly allows influence to be exercised over executive decision making and because of this we have been successful in implementing two major projects within the laboratories (physical consolidation of Haematology and Clinical Biochemistry and the planning of a new laboratory computer system) as well as introducing digital radiography - a major capital project involving one third of the hospital's capital allocation for two successive years.

Why me?

Inevitably, when offered such responsibility, my reaction was mixed: flattered to be asked; wondered if I had the breadth of experience; cautious that an ulterior motive may have played a part – to distance me from being able to support the laboratories too vociferously; and concerned about the volume of work and the effect on the clinical service and research. I may have been appointed because of my organisational track record as a clinical director, my knowledge of the clinical teams particularly through our user meetings and my commitment to the hospital. Certainly, our success with CPA accreditation was known throughout the hospital and the standards of service developed with our users well respected. It may be equally likely that I was the best of a poor bunch! Some may think that I was a mug to take on this job, but in the words of an American president: "It's better to be inside the tent pissing out, than outside the tent pissing in."

What I have learnt as Divisional Director

- Delegate, delegate, delegate; this can be easier said than done, but letting go of favourite areas, allowing others to make decisions (and supporting them when occasionally a wrong one is made) is rewarding and staff usually respond positively as long as authority is bequeathed along with the responsibility;
- How the hospital as a whole works with insight into the Trust Board and Hospital Executive Committee;

- How to influence decision making;
- How to represent the hospital, division and departments at internal and external meetings
 - it is essential to be aware of strategic objectives and therefore be involved in decision making at a senior level;
- How to reorganise foreign departments;
 - this needs a clear understanding of the department's objectives and a concentration on 'core business' (neither can necessarily be taken for granted from the department involved);
- To be more decisive (better to make a wrong decision than no decision at all);
- Good communication of changes and information
 - transparency of decision making together with involvement and explanation makes things easier later on;
- Most of the important hospital-level decisions are political;
- The difference between managing and directing;
- The importance of commitment.

Vaporise in a Flash

It is indeed a funny old world where one minute one feels threatened and the next asked to lead a third of the hospital. I am too realistic (or cynical) to be complacent or smug since circumstances change so quickly that I know that this present situation which is working well, could all vaporise in a flash. As this article is being written we are merging with another specialised hospital to form the largest cardio-thoracic unit in the country; more of this later. ■



THE FIRST TO BE CPA (EQA) ACCREDITED

We are pleased to announce:

• **New CPA (EQA) Accredited Schemes for:**

Endocrinology	(Monthly, 12 analytes, 5 levels)	Steroid, Peptide, Thyroid Hormones
Porphyrin	(3 monthly PBG, TUP, 3 levels)	Qualitative and quantitative

• **To complement our existing CPA (EQA) Accredited Schemes in:**

General Clinical Chemistry	including CDC reference values for Chol, Trig and HDL
Gases/Co-oximetry	now including electrolytes, lactate and glucose
Glycated Haemoglobin	DCCT reference material and patient samples

For further information please contact:

Annette Thomas, Quality Laboratory, Medical Biochemistry,

University Hospital of Wales, Heath Park, Cardiff CF4 4XW

Tel: 01222-742810 Fax: 01222-766276 Email: WEQAS01@UHW-TR.wales.nhs.uk



Letters

Readers speak out

A Vote for Affiliate Membership

I fully concur with David Burnett's views on this topic (ACB News, issue 423), but it should be pointed out that the proposed change of name of the ACB should be to 'The Association for Clinical Biochemistry', not 'The Association of Clinical Biochemistry' (cf AACC – 'The American Association for Clinical Chemistry'). The possessive (Association of ...) can only be applied to a group of individuals.

Stuart Robertson

Department of Biochemistry
Hull Royal Infirmary
Hull
HU3 2JZ

Elitism is Our Real Danger

I fully support the views expressed by David Burnett on affiliate membership in the July 98 issue of ACB News. I would like to add a few comments of my own to promote further discussion.

I believe our profession made a major error of judgement during the 1970s by rejecting at all costs the proposals for the formation of a single profession incorporating Clinical Scientist and MLSOs. Undoubtedly the majority of good graduates coming into the clinical scientist grades over the ensuing period could have progressed rapidly to the top of a combined profession, while the more able MLSOs would have had a fairer means of progression to clinical scientist grades by additional training, experience and attaining appropriate qualifications.

We cannot ignore the reality that the educational standard and indeed scientific ability of MLSOs is considerably higher than existed 20-30 years ago. Indeed the MLSO profession contains many members capable of contributing to the advancement of the

science of clinical biochemistry. Their colleagues in other disciplines have access to scientific forum with open membership and many senior scientists encourage their more able MLSO staff to become actively involved in research and clinical discussions. Can we morally turn round to them and say 'sorry you don't have the right tie to gain entry to the club, no matter how good your science'?

The cartoon facing David's article presents an image of the danger of not accepting MLSOs into affiliate membership. I would suggest it could be redrawn more appropriately with the iceberg of 'Elitism' which is the real danger to our profession. There is an apt saying in the commercial world 'expand or die'. Our profession is now shrinking at an alarming rate, mergers are resulting in lost posts, retiring members, both medical and scientific, are not being replaced. We cannot afford to remain an isolated elite professional association, we must re-think our strategy, otherwise the Association may become too small to sustain.

Membership of the ACB does not determine terms and conditions of service for clinical biochemists, indeed these are now determined in negotiation with the FCS. Therefore affiliate members of the ACB would not have a detrimental effect on the conditions of clinical biochemists, any more than do the medical members.

David's final paragraph is most pertinent but I think the time scale is far more urgent. We may have no association by 2010 if the present decline continues.

In conclusion I fully support the principle of MLSO affiliate (or associate) membership of the ACB. We need to urgently debate the terms of entry, facilities and participation available and contributions to the objectives of the association.

Mr A. F. Penny**Grade C Biochemist**

Department of Chemical Pathology
St James's Hospital
Beckett Street
Leeds
LS9 7TF

Get this Perennial Topic Sorted

Extending our membership is a perennial topic and one that should have been sorted out a long time ago. As David Burnett points out in his article (ACB News, Issue 423, page 9) the Association provides a wide range of services to its members, and this is something that I find is commented upon time and time again by non-members.

What then does attract these non-members? In the main, it is the scientific side, expressed as meetings and publications, and the potential to participate in discussion and in the development of the subject. In short, there is a need being fulfilled which is not being met elsewhere. I too have been asked by MLSOs about possible membership, and, like David, have had to disappoint them.

The only reason I have heard expressed as to why MLSOs should not become members is the fear that we, as a profession, may become confused with "the technicians" (sic). There may well be other arguments, but I leave those for others to develop.

The profession has probably seen more change in the last ten years or so than in all its previous existence, and there seems no reason to believe that the pace of change will slow down. In times such as these, unity is far better than division, and it is time that the profession started to look forward to the future, rather than back to old battles.

I would support David Burnett's proposals for creating a category of affiliate membership.

Dr D. G. Williams

Department of Biochemistry
Sunderland Royal Hospital
Kayll Road
Sunderland
SR4 7TP

Reliance on Computers . . . a Warning

My attention was drawn to the item in 'The Times' on Friday 28th August 1998 which claims an error in the spelling of a young student's name in a pathology computer system may have contributed to

her untimely death. Only those concerned can judge the accuracy of the newspaper report of this unfortunate event but it raises questions about our continued reliance on electronic transfer of laboratory results rather than communication in person or by telephone, even with all its attendant problems!

How can the laboratory ensure the ever-changing junior medical staff are sufficiently trained to use the computer systems we provide? How can we keep accurate patient records with the frequently sloppy form-filling we encounter? If the laboratory's responsibility does not end when we just put the results into our database, how can we be sure an appropriate person at the other end has received and understood the results?

What are the views of ACB News readers?

Mrs Ailene Hunter

Principal Biochemist

Department of Biochemistry
Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Novelty and Excitement

It would be helpful if Drs McBain and O'Reilly, following their discussion of the quality of poster abstracts (ACB News, August, page 7), could list common inadequacies so that they might be avoided.

The quality of presentation of the poster itself is also important, as shown in the inset photograph. Although the poster titles are conveniently presented at eye level (I presume the "mirror writing" is a matter of ACB News presentation) further reading takes the viewer ever closer and uncomfortably to the floor. Look at the man squatting in the melee. The answer is simple – elevate the poster and put less on it, keep close-typed verbiage to a minimum, use bold graphics and good layout to order and co-ordinate items. Is it necessary to display every detail if the attendant can supply them?

The final test of the science behind posters (including prize-winning ones) is peer review and publication. Before then, posters should convey novelty and excitement and above all, stimulate ideas and contacts between groups. There is no reason

why the skills of advertising cannot be used to make posters more appealing without harming science. Indeed, science can only benefit if more people see and discuss a poster.

In their closing remarks, I feel Dr McBain and Dr O'Reilly misjudge molecular genetic research. The reason for there being so much "new genetics" is not directly its application to clinical genetics, but its great power as a tool for investigating biochemistry and physiology at a molecular level. Experiments of nature (mutations), whether common or extremely rare, can provide valuable starting points for research, especially in common diseases such as asthma and diabetes where even deciding where to begin is difficult. Clinical developments may come directly from study of the original mutation or from consequent studies of related molecules. Even silent mutations, are informative because they indicate the functional importance of individual residues.

Predicting the future is not easy, but the exponential growth of molecular biology and faster than expected sequencing of genomes, suggest that molecular genetics will not take anything like a life-time to bring benefits. In fact, it is doing so already.

Dr Robert S. Jackson

Department of Clinical Biochemistry
Addenbrooke's Hospital
Cambridge
CB2 2QQ

CPA EQA Development Funding

The ACB News (July issue, page 5) correctly points out that CPA (UK) Ltd have kindly provided funding for a pilot EQA scheme in clinical cytogenetics. Some of your readers might think this implies that up to now there has been no external quality assurance (EQA) scheme in clinical cytogenetics. This is not the case. Since 1982 an EQA scheme (UKNEQAS) in clinical cytogenetics has operated which enjoys the participation of all UK laboratories and takes the form of retrospective external audit.

CPA (UK) Ltd is indeed responsible for 'promoting external quality assurance'. In practice, to comply with CPA (EQA) requirements, external quality assessment (EQA again!) in the form of 'distribution of reference material' is considered to be a necessary component of an EQA scheme. This is what we are receiving pilot funding for in order to complement and extend our existing external quality assurance programme.

Dr Jonathan J. Waters

Scheme Organiser in Clinical Cytogenetics
UK NEQAS for Clinical Cytogenetics
Wolfson EQA Laboratory
PO Box 3909
Birmingham
B15 2UE



The photo from the August issue "outside-in"!

Bayer Launch ADVIA Brand in New York

In July about thirty UK hospital laboratory staff were present in New York at a meeting to mark the launch of the ADVIA brand. They participated in a company sponsored scientific meeting and product launch and joined with about 500 other invited Bayer customers from around the world to hear about Bayer's plans for the future.

The ADVIA approach encompasses flexible integration of modular systems. Robotic track systems can link individual analytical units within the ADVIA range, building up a customer specified automated laboratory. The conveyer track section can be extended as required with general clinical chemistry, immunoassay, haematology and other analytical areas being joined into an integrated workstation.

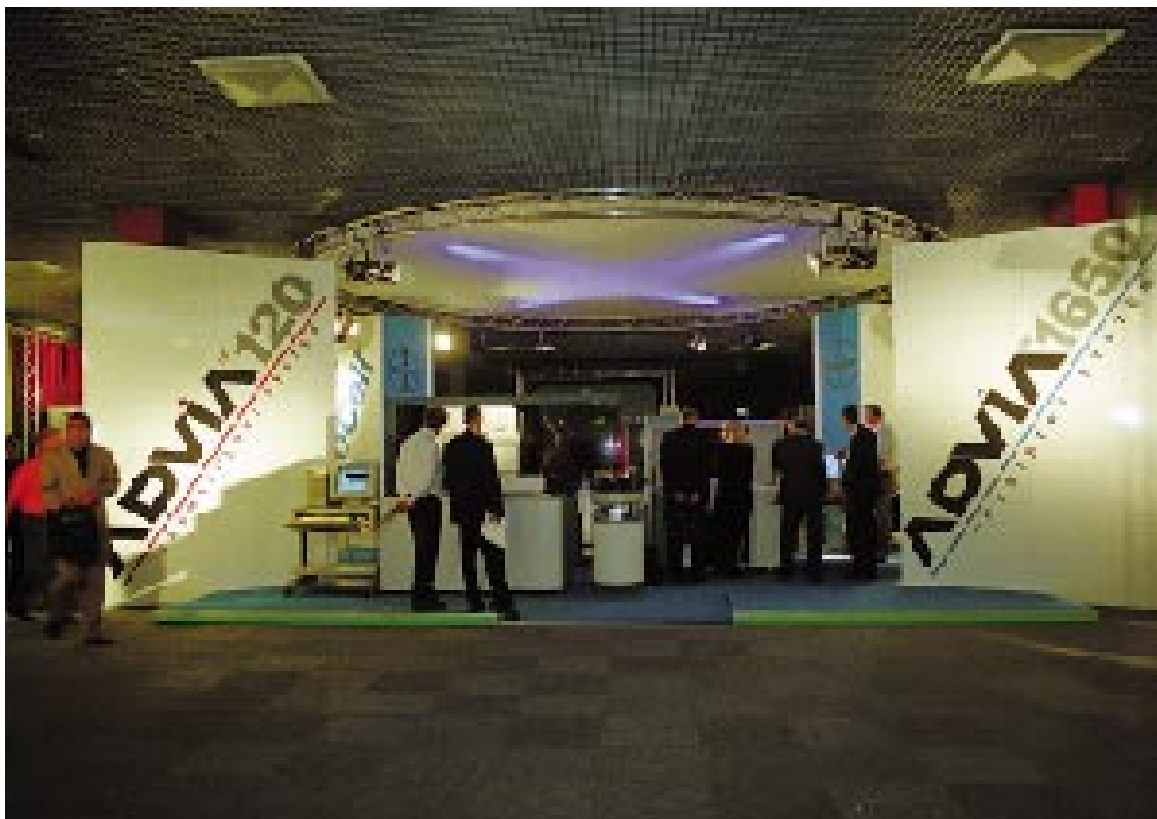
The launch of ADVIA sees a change in the Bayer Diagnostics approach to the market including alliances with other manufacturers and partnerships with customers. For example Bayer has formed strategic relationships with Quidel for rapid pregnancy testing,

Metra Biosystems for biochemical bone markers and JEOL for a main clinical chemistry analyser. Key foundations of the new Bayer approach are a greater emphasis on long term customer relationships and a recognition that the three key market segments; laboratory testing, point of care testing and self-testing; all need a corporate strategy.

ADVIA 1650 soon in UK

The ADVIA 120 haematology analyser has been on the market since last December and 500 have already been sold with production being increased to 100 a month to meet demand.

The routine clinical chemistry analyser in the ADVIA range is the ADVIA 1650. Produced in partnership with JEOL, well known for their electronic microscopes, the 1650 will be capable of accommodating 49 assays on board with a rate of 1650 assays per hour. The system automatically pre-dilutes every primary sample leading to low sample volume requirements. ■



ADVIA was given a preview at Focus 98 last May

First ILab600 Ordered on Focus Stand

The ILab600 random access analyser was launched at Focus 98. The machine has a throughput of 400 photometric and 400 ISE tests per hour. The system operates under Windows NT and offers up to 4 reagent additions per analyte together with immediate real time re-run and reflex testing. For test re-runs there are user definable options of using the same, reduced or increased volume, or prediluted sample dependent on analyte and the specific trigger for re-run. The system has extensive real time reagent management including lot number and expiry date monitoring with flags for reagent expiry, on board life expiry, calibration expiry, a user definable reagent low alert, and a reagent short alarm.

An error log, context sensitive troubleshooting guide, automated maintenance and the ability to connect the system via modem to a remote PC all help ensure maximum user support and up time. Seen here is Philip

Wood receiving the first order for ILab600 from Robert Millar of Livingston. ■



Drugs and Substance Abuse in the Millennium

Postgraduate Centre, City Hospital, Birmingham
 Wednesday 14th October 1998
 West Midlands Regional Meeting

09.20 Registration and Coffee
 09.50 Introduction
 Dr Robin Braithwaite, City Hospital, Birmingham

Session 1: Chair: Dr Robin Braithwaite

10.00 Benzodiazepine Abuse
 Dr Steve George, City Hospital, Birmingham
 10.30 The Laboratory Confirmation of Opiate Abuse
 Miss Claire Meadway, City Hospital, Birmingham
 11.00 Tea break

Session 2: Chair: Mrs Anya Pierce

11.30 Steroid Abuse
 Dr Alan George, John Moores University, Liverpool
 12.00 Trends in Volatile Substance Abuse
 Mr John Ramsay, St Georges Hospital, London
 12.30 Buffet lunch

Session 3: Chair: Dr Steve George

14.00 European Guidelines and Quality Assurance
 in Employment Screening or Drugs of Abuse
 Testing
 Mrs Anya Pierce, Beaumont Hospital, Dublin
 14.30 Drugs of Abuse – Past, Present and Future
 Ms Cathy Clare, AEA Technology plc
 15.00 Tea break

Session 4: Chair: Mr J. Ramsey

15.30 Investigation of Deaths in Drug Abusers –
 Natural or Unnatural
 Professor Robert Forrest, University of Sheffield
 16.00 Round table discussion
 16.30 Close of meeting

Registration and conference fee: £40 per delegate.

For further information contact: Dr Steve George or Claire Meadway,

Regional Laboratory for Toxicology, City Hospital NHS Trust, Dudley Road, Birmingham B18 7QH

Tel: 0121-507-5204. Fax: 0121-554-7386

CME and CPD points have been applied for

ACBI 98

Stakis Hotel, Dublin

16th-17th October 1998

21st Annual Conference of The ACB in Ireland

Diabetes/Glycaemic Control

Friday 16th

- Diabetes Update – Diagnosis, Management, Morbidity & Mortality
Professor T. J. McKenna
- Insulin Resistance
Dr J. Nolan
- Investigation of Hypoglycaemia
Dr D. Teale

Emerging Technologies

- Imaging of Antibody/Antigen Binding
Dr L. McDonnell
- Nanomethods
Professor J. Roeraade
- Separation Science
Professor D. Perrett

Saturday 17th

Tumour Markers

- Overview on Tumour Markers
Dr M. J. Duffy
- External Quality Assessment and Standardisation of Tumour Markers: A View from UK NEQAS
Dr C. Sturgeon
- PSA, The Urologist's Perspective
Mr D. Quinlan

Lipids and Cardiovascular Disease

- Lipid Metabolism/Physiology and Pathology
Dr W. Clayton-Love
- Evaluation of Hyperlipidaemias and Cardiovascular Risk Factors
Dr I. Young
- Molecular Genetics in Cardiovascular Disease
Dr P. Wenham

Posters on all aspects on clinical biochemistry will be welcomed.

For further details please contact: Ms Orla Maguire, Clinical Biochemistry Department, St Vincent's Hospital, Elm Park, Dublin 4, Ireland.

Tel: +353-1-2094550. Fax: +353-1-2691285.

Email: omaguire@svherc.ucd.ie

Upcoming College Meetings

Wednesday 27th January 1999

What to do when the Cause of Death is the Brain

Wednesday 17th February 1999

Antimicrobial Resistance: in Humans and other Animals

Thursday 18th March 1999

Cytokines and Chemokines in Disease

Full details and application forms for the above meetings are now available from: Nicola Balbastro, Assistant Scientific Meetings Officer, The Royal College of Pathologists, 2 Carlton House Terrace, London SW1Y 5AF.

IBMS Biomedical Science Congress

ICC, Birmingham

21st-23rd September 1999

The Institute of Biomedical Science (IBMS) has announced dates for the next Biomedical Science Congress, adding that it expects an exciting and innovative scientific programme and large exhibition, well supported by many of the leading suppliers in the market. The event will take place at the prestigious International Convention Centre (ICC) in Birmingham.

Alan Potter, Chief Executive of the IBMS comments, "We offer a congress that meets the needs of biomedical scientists, bearing in mind their current constraints and the demands placed on them. The opportunity to take time out of the laboratory is in short supply. Budgets are tight. However, with the fast pace of scientific, managerial and professional changes, the Biomedical Science Congress is more essential than ever, and because we appreciate the demands placed on biomedical scientists we organise an event that meets the actual requirements of the profession."

To encourage mixing with other delegates and exhibitors, a full social programme has been introduced for the 1999 congress. It is the scientific lecture programme that is the main focus and the various IBMS scientific advisory panels have compiled a topical and advanced programme.

For more information contact: Bob Kyte, Congress Director, Biomedical Science Exhibition Office, Step Exhibitions Ltd, The Studio, Lower Green Road, Rushall, Tunbridge Wells TN4 8TT. Tel: 01892-518877. Fax: 01892-518811. Email: mail@stepex.co.uk

Endocrinology and Metabolism

St Thomas' Hospital, London

Tuesday 8th December, 1998

Association of Clinical Biochemists, Southern Region

Diabetes

- Criteria for the Diagnosis of Diabetes
- Glycated Haemoglobin
- Microalbuminuria
- Pregnancy and Diabetes
- Hypoglycaemia in Diabetes Mellitus

Growth Hormone

- Effects of GH on Adults
- IGF Binding Proteins
- GH Replacement in Children
- Use and Abuse of GH

Registration fee including lunch and tea: £15.

For registration and further details contact:

Mrs Caroline Morgan, Department of Chemical Pathology, St Thomas' Hospital, London SE1 7EH.

Tel: 0171-928-9292. Fax: 0171-928-4226.

Biochemical Borderlines & The Geoffrey Walker Award

Pinderfields Hospital, Wakefield

Tuesday 27th October, 1998

10.00-10.30 Registration and Coffee

Morning Chair: Dr A. Ismael, Wakefield

10.30-11.10 Borderline Liver Function Tests

Dr W. D. Walls, Wakefield

11.10-11.50 Interpretation of SHBG and

Testosterone

Mr Colin Selby, Nottingham

11.50-12.30 Interpretation of Borderline Thyroid

Function Tests

Dr A. D. Toft, Edinburgh

12.30-14.00 Lunch

Afternoon Chair: Dr Rick Jones, Leeds

14.00-15.30 The Geoffrey Walker Award

- The Use of Vitamin C to Combat Vascular Damage Due to Elevated Plasma Homocysteine
Stuart Moat, Sheffield
- Should TRH Stimulation Tests be Part of the Pituitary Investigation in Short Children. An Audit of 137 Cases"

- Dr Marie Westwood, Leeds
- The Use of Peripherally Inserted Central Catheters in Parenteral Nutrition
Dr Robert Lord, Sheffield
- Congenital Adrenal Hyperplasia, Using ARMS
Carys Mai Jones, Leeds
- Thyroglobulin: Autoantibodies Versus Recovery
Dr Michael Morton, Leeds
- Assessment of Gastrointestinal Bleeding due to Non-Steroidal Anti-Inflammatory Drugs
Dr Susan Cartledge, Nottingham

15.30-15.50 Tea

15.50-16.00 Presentation of Geoffrey Walker Award

This meeting is free to members of the ACB.

Non-members cost is £10.00 (including lunch).

Cheques made payable to Yorkshire-Trent ACB.

Please reply before 16th October 1988 to:

Dr Nigel Lawson, Clinical Chemistry Department, City Hospital, Nottingham NG5 1PB.

Tel: 0115-9691169 ext 45079. Fax: 0115-9627606.

Email: 101550.1560@compuserve.com.

Immunoassay and the Future: A Perspective from Users and Providers

Lumley Castle

Chester-le-Street, Durham

5th & 6th November 1998

Second Joint Meeting of the Northern and Scottish Regions of the Association of Clinical Biochemists

Closing date for applications is early October 1998.

With three professors and other assorted luminaries from the worlds of academia, industry and the NHS, this is a not-to-be-missed opportunity to shape the future of immunoassay as we hurtle towards the millennium. (Wow! - Ed.)

The meeting will be held in the imposing surroundings of Lumley Castle, on the banks of the Wear. The hotel itself is within close distance of Newcastle upon Tyne railway station and airport, and is easily accessible off the A1 (M).

Application forms are available from: Ian Hanning, Department of Biochemical Medicine, Ninewells Hospital and Medical School, Dundee DD1 9SY.

Tel: 01382-660111 ext 33393. Fax: 01382-645333.

Email: ianh@dth.scot.nhs.uk

**GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS TRUST
CHEMICAL PATHOLOGY**

**Clinical Biochemist
Grade B – Spine points 08-10**

Applications are invited for this new post within this specialist paediatric hospital.

You should have completed an approved Grade A training scheme in clinical biochemistry and will be expected to pursue a programme of Higher Specialist training in preparation for MRCPPath Part 1 examination.

You will be expected to undertake duties which include all aspects of the department service provision and in particular to assist in the development of specialist metabolic investigations including neonatal screening.

For further information or to arrange an informal visit, please contact the Head of Department, Dr Tony Reynolds on 0171-405-9200. Bleep 200.

For an application form and job description, please contact our 24 hour recruitment line on 0171-813-8407. Please quote ref: SP33.

SOUTHMEAD HEALTH SERVICES NHS TRUST

Clinical Biochemist Grade B

**(Appointment for 3 years in the first instance –
starting scale point in the range 8-14 depending on experience)**

This new position is based in the Toxicology section of the Clinical Chemistry Department, which encompasses non-criminal forensic investigations, drugs of abuse screening, therapeutic drug monitoring and trace metal analyses. The appointee will be expected to participate in the analytical, development, interpretation and liaison aspects of this work as well as contributing to the routine service of the department, including participation in the rota for clinical liaison and report authorisation. Clinical Chemistry at Southmead is a large and diverse Department incorporating Regional and sub-Regional specialities including forensic toxicology, neonatal screening, Down's screening, biochemical and molecular genetics.

The successful candidate will be expected to work towards the MRCPPath examination and rotation will be arranged to allow appropriate broad experience to be gained.

Previous experience of toxicology is not essential. Applicants would normally be expected to have completed an A Grade training scheme.

For further information or an informal visit please contact Dr P. Astley (0117-959-5553) or Dr J. Beaman (0117-959-5559). For an application form please contact Carol Norman, Administrative Assistant (Pathology) on 0117-969-5627. Quote ref: P/057/CN.

Closing date for applications: Friday 16th October 1998.

Committed to Equal Opportunity

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