

# ACB News

The Association of Clinical Biochemists • Issue 435 • 20th July 1999



**Registration  
of Clinical  
Scientists  
Passed  
Through  
Parliament**

**Trainees  
Views in  
Brighton**

**Viagra and  
Diabetes**



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The monthly magazine  
for Clinical Science

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

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# ACB News

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Front cover:

David Jacobs relaxes in Centenary Square, Birmingham after successfully completing the Pathology 2000 bike ride.

**Pathology**  
**2000**  
BIRMINGHAM 15-17 MAY

For details of Pathology 2000 please contact the Congress office:

Tel: 01223-516103

Fax: 01223-500978

email: [office@pathology2000.org](mailto:office@pathology2000.org)

[www.pathology2000.org](http://www.pathology2000.org)

# State Registered Clinical Scientists at Last

By Jonathan Berg, *Editor*

**B**y the time you read this the Professions Supplementary to Medicine (Clinical Scientists Board) Order of Council of 1999 should be law. On 9 June this, along with orders relating to the state registration of Speech and Language Therapists and Paramedics was passed in committee. The following day Baroness Hayman, Under-Secretary of State for Health, successfully presented the Orders to the House of Lords. The first item in the general news section gives a short statement on these events. Certainly for anyone not on the Indicative Register now is the time to act. If you know of Clinical Scientists working in isolation in your environment then do encourage them to join the register now, so that they can become state registered in a straightforward manner.

## Not An Easy Ride. . .

The publication of Hansard on the internet opens up our political process, allowing detailed examination of political activities at Westminster to everyone with a PC. The detail of the committee stage of the Order for Registration of Clinical Scientists reported in Hansard on 9 June now gives a factual basis to suggestions of unexpected problems with the progression of state registration of clinical scientists to the statute-book.

The orders presented to the House of Commons and House of Lords this June rely on section 10 of the 1960 Act. Under that Act, if the CPSM considers it appropriate then recommendations can be made to the Privy Council for extension of the Act to cover new professions considered supplementary to medicine. However, before such an extension to the Act can be made the CPSM and Privy Council are required to consult any existing boards created under the Act that appear to be affected.

The 19 pages of Hansard from the 9 and 10 June which reports the House of Commons Committee and the House of Lords stages of the Draft Orders helps one to understand the pressure that those who have worked on behalf of the Registration of Clinical Scientists have been under. The proposals to have state registration of Paramedics and Speech Therapists went smoothly enough but for Clinical Scientists they met strong resistance! The Institute of Biomedical Science had made strong representations for joint arrangements with a single registration council for Clinical Scientists and Biomedical Scientists (MLSOs). This included an MP, whose father had been chairman of the Institute coming to speak at length on why the Register of Clinical Scientists should not be formed as proposed.

## Hard Work by Many Rewarded

It is ironic that for years Clinical Scientists have been criticised for not being state registered but that having worked over the last decade to do something about it the same people have made the process so difficult. Anyway, enough of that, the fact is that Clinical Scientists should thank those directly involved with this process. Professor Chris Price has worked tirelessly to see the process through. Dr Howard Worth has remained optimistic when things looked bleak and has

reported events in a timely manner in ACB News. This has certainly helped to make people aware that Clinical Scientists on the ground expected a successful conclusion. Indeed, when ACB News gently reported that the registration process was meeting problems Howard sent in a very upbeat report.

Certainly those directly involved had seen this as a 'just cause' and have not been put off achieving their goal. Many others have been involved at earlier stages of what has been a long process.

It was pointed out in Parliament that there may well be other professions associated with the NHS who should be Registered (the three new groups brings the total to 12 professions), but that they had not gone through the extensive processes required to take the process forward.

## Bridge-Building Now Please!

For many of us working in NHS laboratories we have probably not been aware of all this political going-on. However we are much more aware of the critical situations many of us face to sustain our services. We now need to see the more negative aspects of the last few months in our professional groups put behind. There are very real challenges in our environment and we are facing very serious problems with staffing with MLSO, Clinical Scientist and Medical grades. Reasons for these are complex and not just related to salaries. We need to see professional groups all working together in harmony to address such issues. Certainly some bridge building is needed and the sooner the better. ■

*Jonathan Berg*

### Voluntary Register of Scientists in Healthcare

# Register Now . . . or Face the Consequences

**Are you a Clinical Scientist that is not already on the Register of Scientists in Healthcare? If so, you must seriously consider registering now.**

At a date yet to be decided, but maybe the 31st December 1999, the Registration Council of Scientists in Healthcare will cease to exist. Those on the voluntary register at that time will have their registration transferred to CPSM, those not on the register will have to go through the formal registration process to be able to continue to practice as a Clinical Scientist.

Please check you are on the register and also seek out those Clinical Scientists in your workplace who may be adversely affected if they do not take action now.

*To check your registration status or to receive application forms please contact:*

*The Registration Council of Scientists in Healthcare  
2 Carlton House Terrace, London SW1Y 5AF  
Tel: 0171-930-3333 Fax: 0171-930-3553*

## Registration Council Petition Successful

By Dr Howard Worth

Registrar

Registration Council of Scientists in Health Care

I am delighted to be able to announce that the Registration Council's petition for the formation of a Clinical Scientists Board within the Council for Professions Supplementary to Medicine (CPSM) has now been successful. Legislation was passed through the House of Commons on Wednesday 9th June 1999 and the House of Lords on the following day. The passage of the petition and its progress through parliament was not without its problems, but these have been overcome and we can now look forward to the formation of the Clinical Scientists Board.

**This will mean that the title of 'Clinical Scientist' will become a protected title, and that registration will now be mandatory.** Those clinical scientists registered with Registration Council of Scientists in Health Care, and those whose application is in the pipeline will automatically be registered with the new Board through a grandfather clause. There will be a period of grace, probably two years, during which all other clinical scientists will be expected to make an application for registration. Clearly, the details of this process will need to be worked out. The Registration Council will be closely involved with the formation of the Board and any support infrastructure that may be required. When this is completed, the Registration Council will cease to exist, its work having been achieved. The Council will continue to keep all clinical scientists updated with progress through the columns of the newsletters and news sheets of the appropriate professional organisations. ■

## TOP Clinical Laboratories

Members may have seen brochures which claim that the Association provides scientific support for TOP Clinical Laboratories. This is not the case.

It is true that the Association did provide scientific support for Virtual Central Laboratory (UK) Ltd, but that arrangement ceased with the closure of the company. Support was not transferred when TOP Clinical Laboratories was established by the same individual who had previously run VCL (UK) Ltd. This decision has recently been confirmed by Council. ■

## MRCPath Mock Practical Weekend

11th-12th September 1999  
King's College, London

## Two Practicals Data Interpretation Calculations, Viva

Cost: £350

For further information please contact:

Dr Ruth Ayling

Dept of Clinical Biochemistry

King's College Hospital

Denmark Hill

London SE5 9RS

Fax: 0171-737-7434

Email: RuthAyling@AOL.com

## UKNEQAS for First Trimester Down's Syndrome Screening

UKNEQAS intends to offer a scheme for maternal serum screening in the first trimester, on a pilot basis. Analytes provided will be PAPP-A and the free  $\beta$ -subunit of hCG. The scheme will operate in a similar fashion to the existing second trimester scheme and three specimens of human serum will be distributed every four weeks. Laboratories will be given "clinical details" and asked to return results in both concentration units and MoMs, together with estimates of the risk of Down's syndrome plus recommendations for further action. The first distribution will take place in the week commencing 2nd August 1999. In the short term, we will simply exchange results anonymously amongst participants, but will provide full analysis of the data once a sufficient laboratories enroll.

If you would like to participate in this pilot scheme then please write to: Andy Ellis, UKNEQAS, Dept of Clinical Biochemistry, Royal Infirmary, Edinburgh. Tel: 0131-536-2763. Fax: 0131-536-2765. Email: UKNEQAS@ed.ac.uk ■

## Professor Sir David Weatherall Lectures at Surrey

The University of Surrey and Vanguard Medica Ltd, one of the research companies on the Surrey Research Park, united on 10th May to welcome Professor Sir David Weatherall, Regius Professor of Medicine at the University of Oxford, as this year's University of Surrey/Vanguard Medica Lecturer.

Vanguard Medica have endowed this annual lecture to promote the links between the local hospitals, the healthcare agencies, the University of Surrey and the pharmaceutical industry.

Professor Sir David Weatherall is Regius Professor of Medicine at the University of Oxford and Honorary Director of their Institute of Molecular Haematology. His main research interests have been in the application of molecular biology to clinical medicine, particularly with respect to disorders of haemoglobin and he will be speaking at Pathology 2000 next May.

Professor Weatherall opened the new Centre for Clinical Science and Measurement, a joint initiative whose aims are to foster good working relationships between the University and health-related organisations and industry, while promoting Research and Development in the pure and applied medical sciences.

Professor Weatherall's lecture was entitled 'Molecular Medicine: What can we expect from it in the new

Millennium?' He pointed out that molecular biology was proceeding even faster than had been anticipated, and it was likely that the whole of the human genome – that is, all of the genes that make us human beings – would have been mapped within the next decade. Only a minority of diseases, the so-called 'single gene diseases' would be resolved by this knowledge, however, since most illnesses are the result of an interaction between a number of our genes and the environment in which we live. ■



Professor Sir David Weatherall (centre) with Professor Vincent Marks and Professor Gordon Ferns

## ACB West Midlands Gaddie Prize and Radox Case Award

Contrary to rumour, research activity is alive and well in the West Midlands as shown by the recent Robert Gaddie Memorial Prize Competition held at Birmingham Heartlands Hospital. Entries had been whittled down to seven finalists who presented their work as posters. These reflected the diversity of clinical biochemistry as practised in the region, with paediatric, ante-natal (An evaluation of screening for Trisomy 18), endocrine (The extent and nature of thyroid hormone assay interference) and molecular genetic biochemistry (The association between polymorphism at the glutathione-S-transferase locus and

airway responsiveness) all represented. Despite a close decision, the panel of judges were unanimous in awarding the Robert Gaddie Shield and Medal to Rebecca Pattenden of University Hospital Birmingham for her poster "Microalbuminuria and capillary leak in a case of anaphylactic shock". This included the first description of the renal effects of anaphylaxis and illustrated the sensitive but non-specific nature of microalbuminuria during the acute inflammatory response. The same meeting also saw the final of the 1999 Midland/Radox Case presentation competition. Dr Yetunde Baoku (Sandwell District Hospital) presented a case of

gynaecomastia secondary to testosterone abuse in a body-builder, while Dr Steven Martin (Birmingham Heartlands) reported a case of adult onset homocystinuria. The winning presentation, however, was given by Dr Andrew Hartland (North Staffordshire Hospital) whose talk "Unexplained Diabetes" used a case presentation to explore the proposed changes to the diagnostic criteria of diabetes.

Finally, the meeting demonstrated the members' determination to promote healthcare issues by eschewing the traditional dessert and coffee accompaniment to refreshments. ■

## Glucose Meters and the French

The suspension by the French Government of certain glucose meters, together with challenges of the validity of their work were reported on page six of the April 1999 edition of ACB News.

In the United Kingdom, the Medical Devices Agency has been studying the French report. A summary of their findings is as follows:

“Following an evaluation of blood glucose meters by the “Agence Française de Sécurité Sanitaire des Produits de Santé” (AFSSAPS), the French Government has decided to suspend the sale and use of certain blood glucose meters in France.

The Medical Devices Agency (MDA), an executive Agency of the Department of Health, commissioned a review by experts at MDA’s evaluation centre at the Wolfson Applied Technology Laboratory in Birmingham. The conclusion of this review was that meters on sale in the UK meet desired standards of safety and quality.

The action taken by the French was based on the grounds that they did not match the performance of newer, state-of-the-art meters. However, there is little evidence to suggest that an incremental improvement in analytical performance leads to clinical benefit for the patient. There is therefore no reason to believe that similar action is warranted in the UK.”

To see the whole report why not surf along to the MDA internet site at

[www.medical-devices.gov.uk/mda.aic.htm](http://www.medical-devices.gov.uk/mda.aic.htm) ■

## Invitation to a Birmingham Party

When the Midlands ACB was formed in December 1949 there were just 16 people at the inaugural meeting. We are hoping that there will be a few more at the 50th birthday party of the region, to be held at the Birmingham Children’s Hospital on 2nd December 1999. The scientific proceedings will commence at 2pm with lectures by some locally nurtured talent: Dr Anne Green, Dr Malcolm Nattrass, Professor Chris Price and Professor Peter Wilding.

There will be a poster prize competition, and a gala dinner in the evening. For ACB members all this can be had for just £25 – can you afford to miss it?

Full details will be published in the September News, but if in the meantime you require further information contact Mr Eddie Legg, Clinical Chemistry Department, Birmingham Heartlands Hospital, Bordesley Green East, Birmingham B9 5SS. Tel: 0121-766-6611 ext 4377. Fax: 0121-766-8693. ■

## Cecilia Brown Gets DG Job . . .

Cecilia Brown has now been promoted to the post of Director General of The British In Vitro Diagnostics Association.

BIVDA has recently produced a new strategy to enable it to embrace the many imminent regulatory changes that are faced by BIVDA’s membership. The strategy derives from the results of the recent IVD in Healthcare project and centres on even closer collaboration with professional and patient groups. ■

# New Website for Inherited Metabolic Disease

The West Midlands Regional Inherited Metabolic Disease Service now has a website with details of its services and contacts.

The web address is:

<http://www.bch.org.uk/clin.chem/imd/chem.htm>

## Ireland Leads the Way

Six members of the ACBI received their certificates as European Clinical Chemists during the IFCC WorldLab Congress in Florence. These six, together with a hundred individuals from other European Union countries, can now put 'EurClinChem' amongst their list of qualifications.

The process of becoming a European Clinical Chemist was explained in the December 1998 issue of ACB News, and application forms were distributed in March 1999. At the time of writing, some 40 applications have been made by UK-based clinical biochemists (both medical and non-medical). These are being processed, and so the first 'crop' of UK European Clinical Chemists should not be long delayed. ■

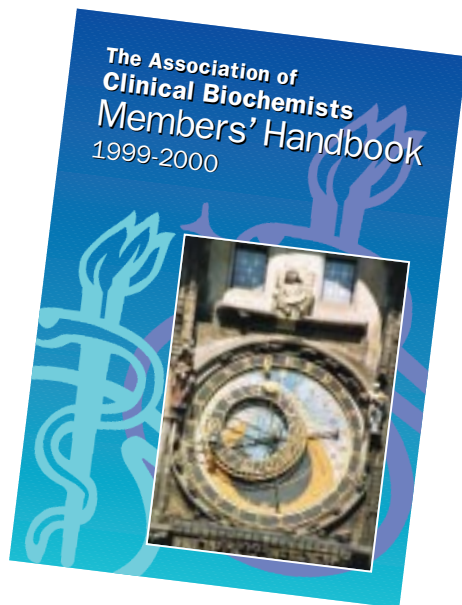


The six shown on the photograph are (left to right): Nuala McCarroll, Joe Duffy, Des Kenny, Clayton Love, Sean Cunningham and Niamh Cavanagh

## New Members' Handbook

A new edition of the ACB Members' Handbook has been mailed with the July edition of ACB News. This has been edited by Dr Gwyn McCreanor and besides listing contact details of members, also has much other useful information about the work of the Association.

Please check your details and contact the ACB Office if any corrections are needed for next year's edition – there is a change form in the handbook. You will also find a membership application form in the handbook, so if there is anyone who is still not an ACB member in your department why not photocopy the form and poke it under their nose! ■



## Fifty Years on in Glasgow

**4th October 1999**  
**Glasgow Royal Infirmary**

On the 4th October 1949 at Glasgow Royal Infirmary, the Glasgow Consultant Biochemists met to inaugurate the discussion group on Clinical Biochemistry. Fifty years on, we meet to celebrate this which was the forerunner, with the West Midlands Group established **two months later**, of the ACB.

There will be a scientific meeting on the afternoon of the 4th October 1999 at Glasgow Royal Infirmary beginning with lunch at 1pm and a dinner at 6pm at just £10 a head.

*Contact: Dr Anne Cruickshank, Scottish Secretary ACB, Dept of Biochemistry,  
Southern General Hospital, Glasgow  
Fax: 0141-201-1698*



# Brighton Course Looks at Current Issues

Reported by Sue Marr, Conquest Hospital, Hastings

A busy week at the Brighton Training Course was kicked off by Ian Barnes on the Monday evening of the latest ACB training course held in Brighton. He was invited by the Trainees Committee to address trainees regarding the latest “hot issues” namely the Think Tank document, membership of the ACB and State Registration. Keeping up with tradition, the venue was naturally the bar. The facilities were well used.

He started with the Think Tank Document by saying it had provoked a lot of interest from members. He reminded the audience that the ACB had no input into this document and that it was IBMS/College led. It is fair to say that part of this proposal (to equate MRCPPath part 1 with the Fellowship) had not been well received by trainees. News that it will probably not go ahead was much welcomed by the trainees present.

An update on the progress of State Registration informed us that this was still on going. It is before the Privy Council at present who will decide if we are to get our own board within CPSM. This would create a new body overseeing standards and help protect the title of Clinical Scientist.



## Views on Membership

By far the biggest response from the floor was when the subject of membership was introduced, which induced a lively question and answer session. It would not be true to say that the audience was a hostile one but several of its members needed convincing that this was

the route to take. As trainees we were reminded that this was not a new idea and indeed could even be thought of as a missed opportunity from the past. Ian Barnes stressed that in no way was this linked to the Think Tank Document. We were told that the ACB should be looking to the future and considering our long-term plans. It was stated that the new class of membership would be an affiliate one and as such not have voting rights.

## State Registration Changes Things

Fears expressed were that biochemists may become a minority in their own organization and the distinction between MLSOs and biochemists lost. The floor was reassured that state registration would protect the title of Clinical Scientist and that although the role of the MLSO is changing and extending, they are not trained as clinical scientists. HST and Grade A training is progressing well. Clinical scientists came out well from project Evetsin. The message was that we need to be forward looking, to evolve and to have confidence in our own training and ability. MLSOs contribute to the science as well as biochemists and we should not feel threatened by inviting them into our organization. Indeed, it represents added value in having a broader membership, a group in pathology with a single, unified voice. How MLSOs will respond to this invitation should it go ahead, remains to be seen. Ian Barnes highlighted that we may be regarded as an elitist organization in danger of becoming isolated and not the premier organization representing clinical biochemistry which the ACB should be.

When the issue of training was introduced we were assured that the ACB is not looking to take on the activities covered by other organizations and that the ACB would not have any responsibilities towards MLSOs in this respect.

In summary, Ian Barnes successfully addressed the fears the trainees had regarding opening up the membership of the ACB, swaying some to his cause but, I have to say, leaving others in need of some convincing. ■

# Registration of Clinical Scientists

**If you have Clinical Scientists working in isolation, in your environment please photocopy the information on pages 4-6, so that they can consider voluntary registration now.**

# Registration Council of Scientists in Health Care Annual Report 1998

Reported by Dr H G J Worth, Registrar

The 8th Annual General Meeting of the Registration Council was held at the Royal College of Surgeons, London on Tuesday 5th May 1998. At this meeting the minutes of the 7th Annual General Meeting held on 27th June 1997 were approved and accepted.

It was agreed that Kidson's Impey, Bank House, 8 Cherry Street, Birmingham be reappointed as auditors to the Council.

Three further meetings of the Council were held during the year on 9th February, 5th May and 28th October.

The main business for the Council during the year was to implement the decision to seek statutory registration through the establishment of a Clinical Scientists Board at the Council for Professions Supplementary to Medicine. A ballot of registrants was held in March 1998 seeking a mandate from the registrants to lodge a petition with the Council for Professions Supplementary to Medicine. This ballot gave the Registration Council an overwhelming mandate. The petition was lodged and accepted by the Council for Professions Supplementary to Medicine, and has now passed to the Privy Council for ratification. The Registration Council is now awaiting the outcome of the submission to the Privy Council.

As a result of this progress, and in anticipation of a successful outcome, the Registration Council has considered in some detail its future role when a Clinical Scientists Board is established.

In addition, the Council has given considerable thought to the scope of practice of Clinical Scientists with a view to producing Occupational Standards which will define the role of clinical scientists. The Department of Health is anxious to achieve this for all groups of scientists and technologists within the National Health Service.

Additionally, the Registration Council has agreed to act as the body which will process applications for registration with the European Register for Clinical Chemists. This will include medical as well as science graduates.

During the year 204 new registrants were admitted to the Register. ■

- See the Editorial and General News sections for details of the successful outcome of registration

# Diabetes in Glasgow

Reported by Pandina Kwong, Royal Free Hospital, London

The British Diabetic Association (BDA) Annual Professional Conference was held in the Scottish Exhibition and Conference Centre in Glasgow. This was the first combined conference for the different professional groups, Medical and Scientific, Primary Care and Education & Care sections. The three-day conference was packed with lectures, oral communications and multiple-interest sessions, allowing integration between different disciplines. The programme was separated into parallel track sessions, covering aspects of basic science, clinical science and health services delivery. Over the three days of the meeting, more than two hundred and twenty posters were available for viewing.

There were many excellent oral communications of various aspects of diabetes, ranging from work involving genetically engineered diabetic mice to evaluation of hospital diabetes specialist nursing care. My own oral presentation on work carried out in Guildford on 'The importance of screening for sulphonylureas in cases of hyperinsulinaemic hypoglycaemia' was well received. Over a period of two years, plasma samples from 102 patients referred to Guildford SAS Hormone Laboratory were found to have inappropriately raised insulin and C-peptide concentrations in the presence of confirmed hypoglycaemia, consistent with insulinoma. When screened for sulphonylureas, 34% were found to be positive, of which 66% were unsuspected at the time of investigation. The talk generated a lot of interest and discussions even after the close of the session.

## Viagra and Diabetes

One highlight was the three half-hour sessions on the afternoon of the first day, chaired by Dr Peter Watkins from King's College Hospital, on clinical aspects of autonomic neuropathy. He was joined by an expert panel of speakers, covering aspects on the clinical management of postural hypotension, gastrointestinal (GI) autonomic neuropathy and the use of Viagra in diabetic patients. The room was

completely packed, there were people sitting and leaning against the walls. The lecture room was literally overflowing! I was fortunate enough to find myself a space at the back of the hall and sat on a corner of a table throughout the session. Dr Mathias covered both non-pharmacological and pharmacological therapies for postural hypotension. He also gave some very practical advice on the management of these patients. Dr Thompson explained the aetiology of GI autonomic neuropathy associated with diabetes and rewarded the audience with his expert advice on patient management. Dr Price spoke of his clinical experience in using Viagra to treat diabetic patients and the implications for hospital diabetes services. He achieved a 61% success rate in treating 101 patients with Viagra. Minimal side effects were experienced and less than 10% of his patients had heartburn. Much discussion followed in the question time.

Dr Andrew Hattersley delivered a wonderful RD Lawrence lecture. He gave a lucid account of the different types of genetic defects causing MODY. He illustrated his talk with stories of patients and their families he had personally dealt with. In less than an hour he succinctly explained the various defects in glucokinase, hepatocyte nuclear factor (HNF) 1 $\alpha$ , insulin promoter factor 1 and the HNF 1 $\beta$  genes causing MODY. The change molecular biology has brought to our understanding of diabetes was inspiring.

Professor R C Turner delivered the Banting Memorial Lecture. He expertly moved us on from the physiology of the disease, through what we have learnt so far from UKPDS and to the practice of diabetic care delivery.

I thoroughly enjoyed the meeting and have found it stimulating to be able to present my work to a multidisciplinary audience. I am grateful to both the Education Committee and the Southern Region for their contributions towards my expenses to attend this meeting. ■



# Letters

## Readers speak out

### Unrepresentative Comments on Bottom-Up Approach

Dr Hutchison's letter (ACB News, 20th April 1999) cannot be left without a response lest anyone think it is a fair comment on the Annual Pathology Benchmarking Review.

The benchmarking exercise is bottom-up rather than top-down in that it is developed year by year from the comments and opinions of the participant departments at an annual meeting at Keele. Many of Dr Hutchison's colleagues from other laboratories in Glasgow attended this year and made a very positive contribution to this development process. Dr Hutchison's department was not represented by anyone.

Each departmental report is the responsibility of an expert panel nominated by the College, the ACB and the IBMS. Those panel members, like Dr Seneviratne, are there to ensure that the clinical management data provided is valuable to the departments and that it does not provide brickbats to hostile managements. The whole ethos of the reports is that they are non-judgmental and one part of them attempts to explain why costs vary between departments examining equipment, space, number of sites, trust overheads and capital charges, etc., etc., in order to demonstrate that on so many occasions are not the responsibility of laboratory staff. Several of this year's reports have shown that variability cost variations in non-pay costs is one of the principal factors in causing total costs to differ.

Dr Hutchison comments on the analysis of tests and requests and test/request ratios. The collection of both test and request data and the analysis of the test/request ratio is essential for any comparison of departments because it identifies differences in clinical practice, often due to referring clinicians. It enables a department to explain why its cost per request will differ and that any change in the cost structure requires a change in the practice of those clinicians, so focusing away from clinicians in pathology departments.

This whole benchmarking exercise is 'owned' by the pathology professions to protect standards by

explaining why costs differ, relating this to workload and defends against arbitrary cuts in budgets. The very reverse of Dr Hutchison's concerns.

#### **Professor Roger Dyson**

##### **Director, Clinical Management Unit**

Centre for Health Planning and Management  
Darwin Building  
Keele University  
Keele ST5 5SR

### EVETSIN Final Report

As colleagues will recall, the final report of EVETSIN was submitted some months ago to the National Advisory Group of Scientists and Technologists (NAGST) which will make recommendations to the Department of Health according to the findings of EVETSIN. The report has now been published by the University of Sussex and can be purchased from the Institute of Education (Project EVETSIN: Final Report. Research Report No. 8 1998, University of Sussex Institute of Education - £6.95).

If you wish to purchase a copy, please send a cheque for £6.95, payable to University of Sussex to: Ms Lorna Pidgeon (email: L.Pidgeon@sussex.ac.uk), University of Sussex Institute of Education, Research & Publications Office, Education Development Building, Falmer, Brighton BN1 9RG.

Alternatively, she can send an invoice in the case of a departmental order.

Note that this does not include the annexes to the report. One annex has been written up and accepted for publication in *Annals of Clinical Biochemistry*, while the others are mainly training scheme case studies, containing interviews which were strictly confidential. Anyone who has any queries about EVETSIN is welcome to contact me.

#### **Dr M J Pearson**

##### **Principal Biochemist**

Dept of Chemical Pathology & Immunology  
Old Medical School  
Leeds General Infirmary  
Leeds LS1 3EX

## Special Rates for *Clinica Chimica Acta*

As your Society is a sponsor of our journal *Clinica Chimica Acta*, I would like to inform you of the special subscription price available to your members for 1999, i.e. Dfl. 1058 (12 volumes, 24 issues).

Please make this information available to your members through your society newsletter or otherwise.

**Ann O'Brien**  
**Publishing Editor**

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## What A Load of Glucose!

I was amazed to read the column in May's *ACB News* promoting the information issued by SmithKline Beecham about Lucozade "for those who use Lucozade for glucose tolerance tests".

It is well known that the concentration of glucose in Lucozade (both in the old and now new formulations) does not allow for a 75 g load to be given within the volume limits specified by the WHO. This has been discussed by many audits nationwide and is contained in the standard prepared for the All-Wales Clinical Biochemistry Audit Group. Do any laboratories still use Lucozade?

**Trevor Baines**

Ysbyty Gyffredinol Llwynhelyg  
Heol Abergwaun  
Hwlfordd  
Sir Benfro  
SA61 2PZ

## Is E-mail Second Class?

For both personal and professional reasons I was interested in the reports relating to the withdrawal of some of these instruments. I too contacted the Medical Devices Agency, but because of local difficulties with the postal services I chose to use e-mail.

Their response was, quote "Thank you for your recent query regarding home-use blood glucose testing equipment. It is not current agency policy to respond to such requests by e-mail. Would you therefore please supply your full postal address which will enable me to respond.

I feel that members of the Association should be aware of the MDA's policy.

**Dr A G Jacobs**

54 Sir Richards Drive  
Harborne  
Birmingham  
B17 8SS

## Escaping from Unemployment . . .

As one not privileged to be invited to the Association of Professors of Clinical Biochemistry meetings, I feel I must express my puzzlement at their insistence that MRCP is an essential qualification for the clinical biochemists of the future, via the medium of *ACB News*. The MRCP is simply a qualification that proves one is able to absorb enough disparate facts to pass a multiple-choice exam and then obfuscate your way through a clinical examination. As an entry qualification it does not prove that one is any more capable of carrying out clinical medicine than any other non-MRCP candidate.

Specifically, I believe the MRCP provides a pointless restriction to entry to biochemistry candidates: my personal research has been in Down's Syndrome screening, renal stones, lipids and computing. By the Association of Professors' logic that MRCP is required to be able to do 'clinical medicine', I ought to have minimum qualifications of MRCOG, FRCS, MRCP and MCSE (Microsoft Certified Software Engineer) but I have none of these. I have the MRCPPath, which at the time I entered the profession was considered to be proof that I had received a wide and varied education in pathology and was fit to carry out the function of a clinical biochemist. Admittedly the changes in the exam structure have removed its function as an entry gateway: the College abandoned the old Part I exam which was a very relevant test of breadth of pathological knowledge. Could it be that the Association of Professors now considers that the MRCPPath is a

worthless qualification, and should I now abandon paying my extortionate yearly subscription fees to the College?

I would propose that the only entry qualification that ought to be required for clinical biochemistry training is enthusiasm and a genuine interest. Demonstration of the ability to pass a single specified bingo exam will merely serve to reduce the potential number of applicants and will prevent candidates with alternative experiences from entering. It would be a shame if enforcement of an (irrelevant) exam should deter interested candidates and leave clinical biochemistry open only to

mediocrities who cannot get on in other branches of medicine and who look on pathology as an escape from unemployment.

**Professor T M Reynolds**

**Consultant Chemical Pathologist**

Department of Clinical Chemistry  
Queen's Hospital  
Burton Hospitals NHS Trust  
Belvedere Road  
Burton upon Trent  
Staffordshire  
DE13 0RB

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Conference Secretariat: Helen Gregson or Laura Leslie,  
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01454-616071. Email: [info@endocrinology.org](mailto:info@endocrinology.org)  
Web site: <http://www.endocrinology.org>

**AACC Oak Ridge Conference**  
**Call for Abstract**  
**Announcement**

The 32nd Annual Oak Ridge Conference, "Capture, Binding and Detection Technologies in Clinical Diagnostics: Immunoassays, Nucleic Acids, and More", sponsored by the AACC will take place May 5th and 6th, 2000 in Boston, Massachusetts, USA. This internationally recognised conference is a showplace for new technologies for the clinical laboratory.

Abstracts describing advances in any capture, binding or detection technologies for clinical diagnostics are now being accepted. Suggested topics include, but are not limited to the following: immunoassays, nucleic acid diagnostics, phage display technologies, latex technologies, aptamers, combinatoria, peptides, engineered surfaces, biosensors, surface plasmon resonance, near IR, mass spectrometry, and homogeneous detection systems.

Full instructions for submission are available on AACC's website. Go to [www.aacc.org](http://www.aacc.org) and click on Meetings. Or forms are available from AACC Customer Service, 2101 L Street, NW, Suite 202, Washington, DC 20037-1526 USA. Fax: 202-887-5093. The deadline for submissions is December 15th, 1999.

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For further information and to visit the laboratory, please contact Dr Stuart Smellie on 01388 454064.

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Pathology Directorate

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For further information about the post please contact Dr Gwyn McCreanor, Consultant Clinical Biochemist on 01536 492692.

Application form and job description available from Chris Pallot, Directorate General Manager, Kettering General Hospital NHS Trust, Rothwell Road, Kettering, Northants NN16 8UZ. Telephone: 01536 492671.

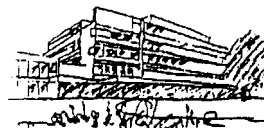
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**For further information or to arrange an informal visit please contact Dr I Hunter at Pilgrim Hospital on (01205) 364801 Ext 3339.**

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**An information pack can be obtained from the Personnel Department, Pilgrim Hospital, Sibsey Road, Boston, Lincolnshire PE21 9QS. Telephone No: (01205) 364801 Ext 3581 (24 hour answerphone service).**

**Closing Date: 9th August 1999**



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If you wish to discuss this post informally please contact either Dr Christine Marenah, Consultant Chemical Pathologist and Head of Department (0115-969-1169 ext 45085) or Dr Nigel Lawson, Consultant Biochemist (0115-969-1169 ext 45079 or Email: nlawson@ncht.org.uk).

For an application form and further information contact: Department of Human Resources, Nottingham City Hospital NHS Trust, Hucknall Road, Nottingham NG5 1PB. Tel: 0115-9627672 24 hour answerphone).

Closing date for applications: Friday 6th August 1999.

Projected interview date: Thursday 19th August 1999.

Vacancy Reference No: 1128



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A particular interest in, and experience of, one or more of the following areas would be advantageous: endocrinology, oncology including the use of tumour markers, toxicology and TDM or near patient testing

For further information contact: Dr Michael Thomas, Top Grade (Consultant) Biochemist on 0171-830-2991.

For an application pack and full job description please contact the Human Resources Department at the Royal Free Hospital, Pond Street, Hampstead, London NW3 2QG. Tel: 0171-830-2064. Please quote ref: OP/CB/674.

**Closing date: 3rd August 1999**

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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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