

ACB News

The Association of Clinical Biochemists • Issue 432 • 20th April 1999



**Occupational
Standards for
NHS Scientific
and Technical
Workforce**

**More
Think Tank
Comment**

**Equal
Employment
Opportunities**

More on hCG



About ACB News

The monthly magazine
for Clinical Science

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

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ACB News

Number 432 • April 1999

General News	4
Disposable Laboratory Tips	7
Focus 99	19
Federation of Clinical Scientists	14
Council Matters	15
Current Topics	20
Letters	28
Forthcoming Meetings	36
Situations Vacant	38

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

Front cover:

Manchester Town Hall. Focus 99 is in Manchester next month!



**The ACB National Scientific
Meeting and Exhibition**

17 - 21 May 1999

Tel: 01223-516103

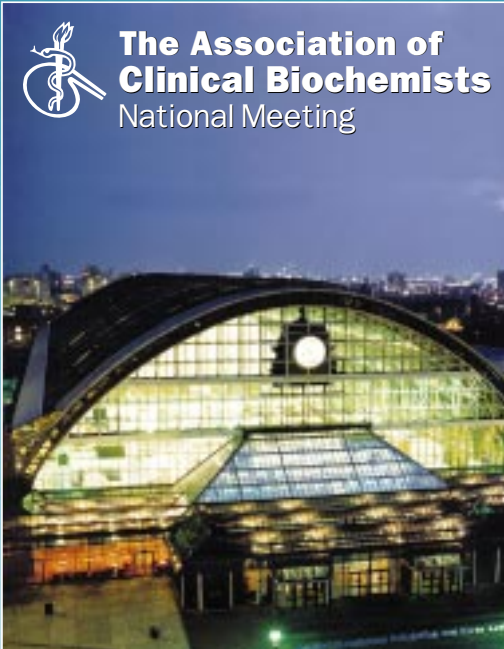
Fax: 01223-500978 for details


Focus 99 Handbook

With this edition of ACB News is mailed the Focus 99 Handbook, giving full details of the scientific programme, exhibition and social events at Focus 99. This is the first time that the Annual National Meeting of the ACB visits Manchester.

The local organising committee have put in a tremendous amount of hard work to ensure that this will be a memorable Focus meeting. If you have not yet registered for the meeting, there is still time. Simply contact the Focus 99 office, PO Box 409, Cambridge CB1 4QD, and ask them to rush you some registration forms.

Many thanks to Sandra Rainbow, the Editor, and Richard Spooner, who have yet again done an excellent job in getting this publication out on time. ■



 **The Association of
Clinical Biochemists**
National Meeting

Manchester
17th - 21st May 1999

CPD and Part Time Working

by **Danielle Freedman, Chair, Education Committee and Janet Smith, Chair, Working Opportunities Initiative**

The Royal Colleges, including the Royal College of Pathologists, require their members who work on a part-time basis to accumulate the same number of CPD credits as those who work full-time in the 5-year cycle.

The ACB Working Opportunities Initiative and the Education Committee recognise the special difficulties encountered by clinical scientists and chemical pathologists employed on part-time contracts, as well as those who are temporarily retired, in achieving their CPD target and wish to remind members that bursaries to enable them to attend scientific meetings are available from the Association, by application to the Secretary of the Education Committee, Dr Philip Hyde. Applications from part-time and temporarily retired members will be sympathetically considered. ■

Drugs Price at Focus 99

As exhibitors get ready for Focus 99 in Manchester, Philip Price, for many years a stalwart of the Roche stand, will be running his own show. Philip is now the head of the company Microgenics for the United Kingdom and Ireland. Microgenics is a Californian company which had been bought in 1992 by Boehringer Mannheim. In 1998 the company underwent a management buy-out.

Microgenics markets a range of drugs of abuse and therapeutic drug monitoring products using the CEDIA technology. An interesting product is the test for EDDP (methadone metabolite) which helps give a more reliable indication of methadone compliance.

Why not pop along and see Philip on stand 132 at Focus 99? ■

Exhibition Ticket in this Mailing

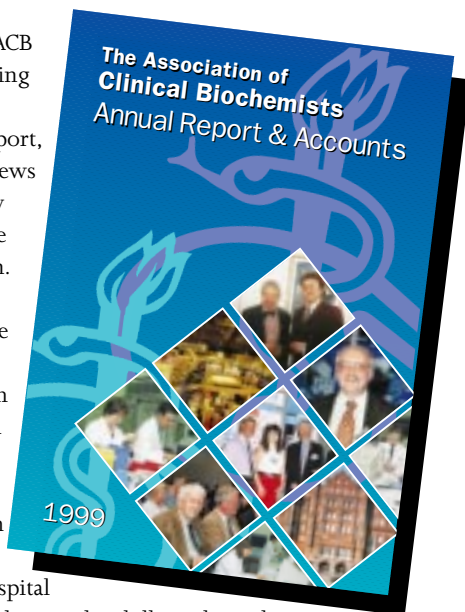
Readers should have a complimentary ticket for Focus 99 with this mailing. Please make sure that all relevant staff are given the opportunity to visit the exhibition. Manchester is very easy to get to from all over the country and this year remember that the exhibition will be of interest to haematology and microbiology staff

Jane Learns Devious Ways in Bath!

With this ACB News mailing comes the Annual Report, which reviews a very busy year for the Association. The report seems to be getting bigger each year. Much credit goes to Jane Lewis from the Royal United Hospital

in Bath for having the skills to drive the production of the Annual Report forward.

Jane says she has learnt some devious ways of working from the ACB News Editor, the most extreme being to set up a blank page of margins and headings at first proof stage and sending it to the person who should have supplied the text, with a friendly reminder! ■



Blood Glucose Devices Withdrawn in France

Following studies the French Medicines Agency has withdrawn a number of glucose testing devices. A press release was issued on 11th March from the French Agency for Sanitary Security of Health Products which outlined the work and which stated that the agency has “decided to suspend the marketing and the issue of monitors which no longer give the accuracy and precision made possible by today’s technology”. There are thirteen blood glucose devices on the list of those suspended from sale from a total of six manufacturers. Patients are being advised that if their current home glucose monitor is now on the banned list that they will get a replacement either from their chemist or by prescription from their doctor.

The European Diagnostics Industry Association have challenged the work and questioned the protocols that have been used to undertake the evaluation. The French investigations are believed to have been carried out on venous rather than capillary blood.

ACB News has decided that publication of the list of withdrawn devices is not helpful, but also appreciates that there is concern about the increasing use of some blood glucose testing devices in areas such as paediatrics and intensive care. For those that wish to study the French press release it can be found on the internet site: agmed.sante.gouv.fr The actual press release can be found at: agmed.sante.gouv.fr/htm/6/6110e.htm ■

AGMs in Manchester

Please make every effort to attend the Annual General Meetings of the Association and the Federation of Clinical Scientists.

You do not need to be a delegate at Focus 99 to attend these important meetings. Details were formally announced in the March 1999 ACB News, and are as follows:

Monday 17th May

5.15pm Federation of Clinical Scientists AGM

6.00pm Association of Clinical Biochemists AGM

Both meetings are to be held in the Palantine Room, Seminar Suite, G-MEX Centre

Full travel details can be found in the Focus 99 Handbook



“It’s been like this ever since I took him to Focus at Manchester”

Streetwise in Manchester

G-MEX and the five hotels being offered to Focus 99 participants are all located close to each other in the heart of Manchester. Even the most distant hotel is only a 10 minute walk from G-MEX and walking is the quickest method of travel between the hotels and G-MEX. The one obvious problem with this greenest of all green transport solutions is the possibility of inclement weather, so our advice is to bring an umbrella!

A bus service will be provided for travel to the early morning workshops and review sessions from those hotels furthest away from G-MEX (the Travelodge and Portland). Also, to assist people with their luggage on the main arrival and departure days, bus services will run between G-MEX and the hotels and the Focus 99 Handbook gives details.

If you are able to visit the Focus 99 website there are maps and more complete descriptions of routes to G-MEX and the hotels than space restrictions allow for in the Conference Handbook. 'Hotspots' on the street map image link to photographs of various points on roads near G-MEX and those travelling to Manchester by car will be able to view key junctions on their route into the city. Instructions are also given on how to use Manchester's new tram service, something that those travelling by train could find convenient for their journeys between Manchester Victoria or Piccadilly Stations and G-MEX. ■

- See the Focus 99 Handbook for further transport details.

Focus 99 Corporate Members' Evening

This year the Corporate Members' evening has a 1920s gambling theme. The evening's entertainment will include a jazz band and Monopoly money casino.

We encourage delegates to dress appropriately. So, all you gangsters and gangsters' molls this is your opportunity to come out of the closet! You can be reassured that although this is the age of prohibition, the local organising committee have excellent contacts and everything is 'sorted' for the evening. ■



Lybra Biochemists to Meet at Manchester Velodrome

The Manchester Velodrome hosts one of the Focus 99 evening social events. The Velodrome is one of only two indoor velodromes, the other being at Calshot near Southampton, though there are numerous open-air tracks.

The hey-day of track racing was in the post-war years when huge crowds used to turn out to watch Reg Harris from Manchester take on the best in the world. The visit by Focus 99 delegates should provide an interesting experience and hopefully a photo opportunity for the cover of ACB News. If you have not registered for Focus 99 yet, there is still space on this Wednesday evening social event where you will be introduced to the pleasures of track racing. ■



At Focus 99 there will be a special interest group on quality assurance chaired by Ms Janet Smith. This session will take place on Wednesday 19th May and the following topics will be presented:

- The impact of IT developments on EQA
Mr Doug Hirst, Bradford
- Reference ranges in haematinics and other aspects of quality assurance: a view from the NEQAS Haematinics Scheme
Dr Malcolm S Hamilton, Sutton Coldfield
- EQA and Accreditation: a man's best friend?
Dr David Burnett, Harpenden
- General Discussion

Workshop on Screening for Down's Syndrome

This is the fourth in a series of Down's Syndrome workshops on data analysis, risk calculation and interpretation. This year's workshop will be held at the Manchester Metropolitan University on Friday 21st and Saturday 22nd May 1999. It will provide an understanding of the statistical methods and assumptions involved in calculating patient-specific risks. The course covers current methods and their limitations. It is aimed primarily at laboratory staff but all health workers involved in screening are welcome to attend. The course explains in simple terms the steps involved in the calculation of risk, and a set of course notes will be provided. Little statistical knowledge will be assumed, although a basic understanding of the principles would be an advantage. Participants will gain "hands on" experience in following worked examples using computer laboratory facilities – some familiarity with the Excel spreadsheet would help greatly. A pocket calculator would also be useful. The state of the art of screening for Down's syndrome will be reviewed, as seen from the perspective of the UK NEQAS. CME and CPD approval have been applied for.

Provisional Programme

Friday 21st May

- 09.00-10.30 Review of basic statistical concepts
- 10.30-11.00 Break
- 11.00-12.30 Standardising measurements (MoMs)
- 12.30-13.30 Lunch
- 13.30-15.00 Age-related risks and screening with a single marker
- 15.00-15.30 The state of the art: UK NEQAS review
- 15.30-16.00 Break
- 16.00-17.00 Detection and false positive rates

Saturday 22nd May

- 09.00-10.00 Detection and false positive rates (continued)
- 10.00-10.45 The multi-marker case
- 10.45-11.15 Break
- 11.15-12.15 Multi-marker case (continued)
- 12.15-13.00 Open Discussion
- 13.00 Close

Lecturers participating in the course include Frank Dunstan, Andy Ellis, Barry Nix and Dave Wright.

Places are limited to thirty participants and you can book using the Focus 99 registration form. ■

UK NEQAS Activities at Focus 99

UK NEQAS is grateful to the Organisers of Focus 1999 for the opportunity to hold two lunchtime seminars on the Tuesday and Thursday. These will have the same programme as follows (with approximate times):

- 12.10 New initiatives at UK NEQAS
Jonathan Middle
- 12.25 "ABC of EQA" – a harmonised scoring system
Finlay MacKenzie
- 12.45 Harmonisation of data presentation in clinical chemistry and haematology
David Bullock
- 13.05 EQA of interpretation and audit
Cathie Sturgeon/John Seth
- 13.25 EQA of de-centralised testing
Tim Woods
- 13.45 Open Discussion

The seminars are open to all; places can be reserved by contacting Jonathan Middle, tel 0121-414-7300, fax 0121-414-1179, email j.g.middle@bham.ac.uk stating which day you prefer.

We will also be demonstrating the new re-designed, interactive UK NEQAS website on the ACB stand during the breaks. If you would like to book a special webmaster's guided tour, then please contact Jonathan Middle as above.

UK NEQAS will also have a small display stand at Focus 99, at which we welcome delegates to discuss their needs for EQA and comment on our service. ■

Question Time at Focus

**Thursday May 20th
3.15pm-4.45pm**

The Question Time session at Focus 99 should be lively and will be even better if you send in your suggestions.

*Please send questions to:
Dr Bill Fraser, Clinical Chemistry
Royal Liverpool Hospital, Prescot Street
Liverpool L69 3GA*

Equal Opportunities in Employment

Here is advice to all those in the Federation of Clinical Scientists who may at any time be involved in recruitment and selection of staff at any stage.

The majority of health service employers now have equal opportunity policies which specify that staff involved in recruitment and selection should have attended a course on equal opportunities. These courses (usually half-day or one-day) are available internally in most Trusts and it is essential that ACB members who may be on an interview panel avail themselves of the opportunity to be brought up-to-date on relevant legislation and Trust policies.

All interviewers should be aware that a wide range of questions are automatically forbidden to be asked at interview. If asked, these could result in an employment tribunal claim of direct discrimination on the grounds of sex, race or disability, whether or not the reply was used consciously as part of the selection process. Also, care should be used in the choice of requirements published in job adverts, job descriptions and included in the person specification. All selection criteria must be demonstrably objective and must be capable of withstanding scrutiny. They can potentially form the basis of either direct or indirect discrimination claims.

As well as taking action against the Trust an unsuccessful candidate may also make a claim for discrimination by the interviewers personally, if they have acted contrary to Trust policy. This risk applies equally to Trust employees, external assessors or invited interviewers from a neighbouring Trust. Unfair selection can result from the process of advertising and short-listing as well as at interview. Members involved at any stage must be aware of the risk and be very self critical of their own decisions.

Employment law is changing frequently and members are advised to re-attend equal opportunities courses every 4-5 years to be updated. Please enquire from your own hospital personnel department, or training and development department, about local availability. ■

Council Decisions To be Taken to AGM

By Ian Barnes, *ACB Chairman*

Several important decisions affecting the AGM Agenda were taken at the Council meeting of the 4th March 1999, and are briefly reported below.

Widening the Membership of the Association

At the previous Council meeting in October 1998, the issue of widening the membership to include MLSO colleagues was discussed, and it was formally agreed at the latest Council meeting to take a proposal to the AGM to introduce a new category of membership, Affiliate Membership, for state registered MLSOs. They would receive the publications of the ACB and be able to attend meetings of the Association at members rates, but, like Associate members, would not be eligible for election to Council.

The Association Name

Council discussed a proposal to change the name of the Association to the Association of Clinical Biochemistry. The ACB should be regarded as the main single discipline professional body representing Clinical Biochemistry in the UK, and the change in title would more accurately reflect this. It was agreed to take this proposal to the AGM for discussion before any formal decision is taken.

Annual Subscription

Over the years the activities of the Association have increased dramatically, and so have the costs of supporting these activities. These costs will increase over the coming years and be far greater than the income from subscriptions. With this in mind, and with no guarantee of income from any other source, the Treasurer was asked to review subscription policy and report to Council. This was discussed at the latest meeting and proposals for new subscription rates will be presented at the AGM by the Treasurer.

ACB Response to the Think Tank Report

A formal response from the ACB will be sent to the College, **but overleaf I have summarised the main comments and concerns received from members so far.** ■

ACB Response to RCPATH/IBMS 'Think Tank'

By Ian Barnes, ACB Chairman

The 'think tank' report was commissioned by the College to explore ways of establishing a closer relationship with the IBMS ('Future self-regulation and representation of professional staff in pathology: A new Faculty for the College?'). I asked members to give me their views on the proposals and I have received a large number of letters, emails and telephone calls. I have also discussed the report at Regional AGMs around the country.

Overall, about 10% of those responding were totally opposed to the proposals and about 10% were completely in favour. The large majority of members agree with the concept of professional organisations in Pathology working more closely together and see merits in some aspects of the report, but have concerns about the detail.

There was almost universal concern that clinical scientists were not represented in the 'think tank' discussions from the start. As well as comprising 20% of the College membership, the proposals could have significant implications for the relationship and roles for clinical scientists and clinical scientist organisations that extend far beyond the confines of a newly constituted College of Pathology. There is concern that the apparent lack of understanding of the impact of some of the issues raised in the report may lead to a perception amongst clinical scientists that they have a lesser voice than medically qualified members, and that the College is not seen as speaking for them.

The strongest comments concerned the new definition of Diplomate status. The attainment of the first part of MRCPATH has traditionally been associated with Diplomate status. It gives a clear indication of the level of competence which the holder has attained. The proposal to allow any group to become College Diplomates through the route of a higher degree, Fellowship of the IBMS or sponsorship, coupled with length of service as a major determinant of eligibility, is deemed by many who responded as

being inappropriate. It was generally felt that this route of entry does not equate to attaining the part one MRCPATH by examination. There was also concern that such an arrangement may cause confusion for clinical colleagues as to the roles and competencies associated with Diplomate status. This seems at odds with the current drive in the NHS to clarify matters of competence and professional standards.

Views were expressed about the apparent confusion in the report between regulation of professional practice and representation of professional staff in pathology. Regulation of professional practice is seen as the statutory role of, for instance, the GMC and CPSM and not any individual professional organisation.

There was general concern that the handling of the release of the report has not indicated strongly enough that this is a report for discussion.

Several members suggested alternative proposals, with a common theme of a 'Pathology Forum' involving representatives of all professional organisations in pathology.

In conclusion, virtually everyone agrees with the necessity for all professional organisations in pathology to work together, with a single representative voice strongly supported. Collective representation of Medical Practitioners, Clinical Scientists and Biomedical Scientists is seen as being beneficial to the future development of pathology services.

Although the content of the think tank report has caused concern to many ACB members, there is strong support for continuing discussion. Inclusion rather than exclusion is seen as an important aspect of any major change, and open talks should now take place between the different professional bodies. But for proposals to be supported, they must be founded on a promise of a mutual respect between professions for the complimentary contribution which they make to providing a quality service to clinicians and their patients. ■

The Secretary Reports . . .

By Mike Thomas, *ACB Secretary*

Dr Mike Thomas represented the ACB at the following two organisation's meetings . . .

Conference of Clinical Scientists' Organisations held on 3rd February 1999

Chairman

The new chairman of CCSO is Dr Tim Wyatt, a microbiologist.

EVETSIN

The committee noted the publication of this report and that further discussions will be held with NAGST and the professional bodies regarding its outcome. Representatives from CCSO will also attend this meeting.

Chartered Scientist

The progress with regard to this qualification is intimately linked with the creation of the Science Council. It will provide recognition for independent practitioner status and will require a continuing competence to be maintained analogous in many ways to the mechanism of CPD operated by the Royal College of Pathologists.

Framework of Occupational Standards

The committee was informed of the outcome of this exercise which has endorsed the creation of OS's as technically feasible and desirable. The committee emphasised the enormous task which will be required to undertake the development of OS's.

Registration of Clinical Scientists

Progress in the application of clinical scientists to become state registered was reported. The Department of Health was anxious to ensure that all groups of staff who were in a position of causing patient harm should be covered by State Registration. It was noted that the government's reforming agenda meant that non-contentious issues, such as legislation to reform the process of state registration, did not figure high in the priorities.

CCSO Website

It was reported that CCSO would develop a website and had appointed Mr Craig Webster as webmaster.

Career Leaflets

The Chief Scientific Officer asked that any modifications to career leaflets be notified to himself.

Future Role of CCSO

The committee considered its possible future role and relationship to other bodies as initiatives for state registration and occupational standards imposed on the evolving role of staff in the NHS.

NEAT

The Chief Scientific Officer encouraged all clinical scientists to take note of a new initiative for funding research into emerging technologies which will be launched in February 1999. He looked forward to seeing applications from across the entire spectrum of clinical scientists

CSTI Health Care Scientific Advisory Committee held on 26th January 1999

CSTI to become The Science Council

It was noted that CSTI Board had agreed to change its name to the Science Council as soon as possible and that an Extraordinary general meeting would be held for this purpose with major publicity being sought for the launch of the new name.

Future Role of CSTI HCSAC

The committee is considering the ways in which it will be able to serve the newly established Science Council and how its activities can relate to that body.

CSTI HCSAC Foresight 2000

Dr Graham Beastall was one of a number of nominations made by CSTI HCSAC to the Foresight Sectoral Panel for Healthcare.

2001 Research Assessment Exercise

The committee had written in support of the nomination by the Association of Professor Elder for the Clinical Laboratory Sciences Assessment Panel.

EVETSIN

The committee had received and noted the Executive Summary of the EVETSIN project report. It noted that a Department of Health sub-group had been formed to review the recommendations and that NAGST would discuss the sub-group's comments at its meeting on 5th February 1999. The committee noted that the EVETSIN report made no reference to the way in which Higher Education should be involved in providing the vocational requirements of clinical scientists across the UK. A member of the committee agreed to prepare a discussion paper on this matter.

Occupational Standards Feasibility Group

It was noted that a final report had been prepared and seen by the Steering Group and that a one-day conference was to be organised in mid-April to provide an opportunity for disseminating the results of the feasibility study.

State Registration of the Scientific And Technological Workforce in the NHS

The Chairman agreed, on behalf of the committee, to contact the Chairman of the House of Commons Select Committee on Health to seek support for the early introduction of new legislative arrangements for state registration. ■

The Future of Grade B Clinical Scientist Training

Mike Toop, Chairman Yorkshire/Trent Region

Over the autumn in the Yorkshire/Trent Region we have had a series of meetings to consider the way forward on Grade B training. This started with a half day seminar to discuss training in the context of the changing environment in which we find ourselves, a regional committee meeting where the ideas generated were discussed, challenged and tasks allocated, and a meeting with trainees to discuss practical suggestions for moving forward. I have presented here the ideas and recommendations from these discussions for information and debate.

The Professional Environment

The professions that make up the discipline of clinical biochemistry are now at a cross-roads. The traditional role and status of these professions is in the process of redefinition. The role of the Chemical Pathologist appears to be moving to more direct clinical involvement. Biomedical scientists, long considering themselves under a “glass ceiling” for professional progression are wishing to have the opportunity to develop into senior managerial and professional posts. Clinical biochemists are re-examining their own professional role and integrity as a separate profession. These professional pressures are supplemented by organisational pressure, both from the three main professional groups, ACB, RCPATH and IBMS and also from the apparent wish of government, through the NHS, to see a unified career structure and representation for all non-medical personnel within pathology. This has recently been reflected in the proposed merger of the IBMS and RCPATH.

Technological Change

Against this background, technology is changing more rapidly than ever before.

Automation, previously mostly limited to clinical biochemistry, is beginning to make inroads into other disciplines. Full blood counts are now fully automated, as is coagulation and increasingly, blood transfusion. Immunoassay has been automated to include serology and automated PCR is being piloted. Even cervical cytology automated systems are now being introduced. The platforms on which these analyses are performed are not discipline-specific and a blurring of current discipline boundaries is inevitable.

New technologies involving molecular biology are likely to leave their current centres of excellence and obtain a wider distribution.

Information technology will have an increasing role, not only in improving accuracy and turnaround time of results, but also in the areas of decision support and automated interpretation.

Educational Objectives

- To enable trainees to function as career grade clinical scientists within the professional environment likely to be present in the early 21st century.

- Equip trainees to undertake successfully a lifelong programme of Continuing Professional Development (CPD).
- Prepare trainees for the final MRCPPath examination.

Unsurprisingly, the third objective was felt to be much more important by the trainees. The prospect of the MRCPPath examination was a powerful force in focussing their perceived training needs. Indeed, the pressure from trainees was to tailor the training syllabus to what had been asked in MRCPPath in the past. This inevitably leads to a pressure for producing training activities that dwell on the past rather than the future.

The Role of Current National Initiatives

Recent initiatives, including both the ACB and RCPPath have produced training guides and logbooks for trainees. The ACB is also currently involved in defining occupational standards, skills and competencies in both basic and higher specialist levels.

The structuring of training and introduction of competencies is likely to have a major impact on training delivery in the next few years.

On the training provision side, the National Advisory Group for Scientists and Technicians now has control over the training of all non-medical staff in the NHS. This will delegate responsibility for commissioning training, appointing trainees and controlling manpower to consortia in each NHS region.

Principles Involved in Devising an Educational Programme

In providing a programme to meet the educational needs of Grade B biochemists the following principles were considered important:

- To broaden the educational methods used from the didactic approach required for part I MRCPPath, to those suitable for self-directed CPD.

Insufficient resources exist in Yorkshire/Trent to run a formal course.

- To encourage educational appraisal and training plans as a means of matching existing educational resources to individual trainee needs. This is especially important if a comprehensive course is not provided.

The Following Goals were felt to be Achievable

- Initiation of discussion forums between trainees and senior staff for specific topics.
- Encouragement of educational appraisal, with opportunities for trainers to acquire the skills required to do this well. The ACB logbook would be a good starting point for this.
- Collation and distribution of educational resources available now, and in the future, to trainees.
- Tailor future training initiatives to complement existing national and regional resources.

Specific Initiatives to be Implemented within Yorkshire/Trent

- A series of forums has now been set up, running concurrently with the Yorkshire monthly ACB tutorials.
- Discussions have begun to set up a regional ACB website to disseminate information

about educational resources available, to allow on-line discussions, and perhaps to offer some help to trainees in isolated areas of the region.

- We hope to have six monthly meetings with trainees to monitor the quality of training resources and to plan future improvements.
- We have identified the following needs for further training resources within the region:
 - Tailor the content of formal sessions to complement the National training courses.
 - Provide more management training for senior trainees.
- There is a need for a series of How to? Seminars on topics such as research, publishing a paper, educational appraisal, CPD and audit.
- Co-operation with other regions with regard to ideas and sharing resources.
- The final, and perhaps most controversial suggestion is that all departments undertaking training of grade B biochemists should meet certain educational standards and that these should be verifiable by inspection.

I hope some of the ideas and problems above will be useful to other regions contemplating the same problems. I also hope other people have had different ideas that we could usefully use. Certainly the quality of training given at this point in the careers of future career grade clinical scientists will play a major role in shaping the future quality and direction of our discipline. It is probably one of the most important duties that we, as a profession, have to our successors. ■

Occupational Standards for the NHS Scientific and Technological Workforce

In April 1998, a consortium of four senior practitioners undertook a project funded by the NHS Executive which sought to establish the feasibility and desirability of a framework of occupational standards for the whole NHS scientific and technological workforce. The consortium composed of Graham Beastall, Clinical Scientists; Jocelyn Germain, MLSOs; Peter Griffiths, Physics and Engineering staff; and Sue Hill, Clinical Physiology staff.

The consortium reported in December 1998. A copy of the Executive Summary of the report follows. The ACB now has a copy of the full report. The recommendations in the report are currently under consideration.

The Problem

Scientific and technological staff within the NHS form a heterogeneous and fragmented sector performing a wide range of functions and duties. Different groups within the sector have different levels of formality and clarity in their education and training requirements, different degrees of professional regulation and different career pathways, with no consistency in adherence to Whitley Council terms and conditions. The sector has a crucial and developing role to play within modern evidence-based medicine, in the provision of clinical services as well as in research and development. The NHS of the future will require scientists and technologists trained and skilled "fit for purpose", to be able to lead and/or support developments in diagnostic and therapeutic procedures and, to advance patient care and management in a new era of health care provision and delivery.

Occupational Standards

Occupational standards not only define benchmarks for national good practice but also offer a mechanism for clarifying commonalities and boundaries

between constituent disciplines of the scientific and technological workforce. Through identification of underpinning knowledge requirements for competent performance, integration of academic and vocational training could be achieved. A partnership approach with educational and training providers could lead to consolidation of the workforce and a rationalisation of staff development and potentially enhanced career prospects.

The Project

The remit of the project was to explore the feasibility of developing an occupational standards framework for scientific and technological staff. Was it possible given the complexity of the sector? Was it suitable given the types of organisations involved? Was it seen as desirable by all the stakeholders? Critical baseline data on the roles, functions and staff numbers employed in the various groups were not available so these had to be determined as part of the study through the development of functional and occupational maps and by a Trust survey. The work was undertaken by a consortium of four individuals with broad knowledge and experience of the professional groups in life sciences, clinical physiology and physical sciences. The consortium was supported by two consultants, advised by the Chief Scientific Officer and reported to a Steering Committee. Awareness of the study was raised at an early stage through targeted publicity and a large number of individuals from key stakeholders have contributed to the project. The work was completed in six months.

Occupational Map

The heterogeneity of the sector is greater than originally thought – over 50 different scientific and technological disciplines were identified represented by over 29 professional bodies. Overarching

representative bodies were only identified for some staff groupings. A multiplicity of educational and training programmes exist, ranging from no formal requirements to 4 years postgraduate training including requirements for higher degrees and professional qualifications to enable progression. For some groupings well established CPD schemes are in existence, in other groupings no formal arrangements were evident. State registration of the workforce is already well developed in some professional groupings and is viewed with enthusiasm by all other professional groups as a means of protecting the public and regulating practice. The importance this sector makes towards improving the quality of the service through research and development activities was clearly identified. The total size of the sector covering the staff groupings outlined above is approximately 35-40,000.

Functional Map

The key purpose to encapsulate the function of the sector was defined as “To direct and provide clinical, scientific and technological services for patient diagnosis, management and care”. This was subdivided into 8 key areas to represent major components of work. These were further broken down through 3 more levels to clarify the functions performed by various disciplines within the sector. Further definition is required before standards can be developed for individual discipline groupings or to represent the work of individuals working at different levels within a discipline grouping. The compilation of occupational matrices, however, demonstrated that this complex domain can be mapped and the function of individual disciplines identified and recognised; while overlaps in function demonstrate the advantages of developing a single framework of occupational standards for these occupational groups.

Response from Practitioners and Professional Bodies

There was a good response from practitioners and professional bodies who have contributed to the development of the occupational and functional maps in a positive and constructive manner. They demonstrated that it was technically feasible to produce a functional map for this complex domain which could be used as the basis for future standards development. Many recognised the potential value of

the approach and showed a strong interest in the development of occupational standards although concerns were expressed about the resources required. Many groups expressed a willingness to start work as soon as possible to sustain the momentum generated within the profession by the project.

Response from the Employers

Over 55% of Senior Trust Managers in England and Wales responded to the survey. They confirmed that scientists and technologists constituted on average 7.5% of the total workforce, although in Acute Trusts this figure could be as high as 12% and in Teaching Trusts 20%. The Trusts reinforced the difficulty in identifying the boundaries of the sector and locating all of the constituent groups. They supported the development of occupational standards to ensure quality and fitness for purpose across all levels in the workforce. They clearly identified the need for any standards development to be endorsed by professional bodies, to be clear in design and to be flexible in approach to facilitate local implementation. Inadequate resources for implementation was an important aspect highlighted as an obstacle to universal uptake.

Response from the Educational Sector

The further and higher education sector gave a limited response and wanted more specific information about the occupational standards framework before they could respond in detail. Information gleaned from the low response to the questionnaire and from participants at an expert workshop suggested general support for clearly defined educational requirements to enable appropriate courses, modules and/or syllabi to be designed. The need for clarity of information in any occupational standards development was reinforced.

Key Issues Raised

Although the project has demonstrated that the development of occupational standards is both desirable and technically feasible, the magnitude and complexity of the task has to be recognised. Five issues have emerged which are imperative for an occupational standards framework to be appropriate, acceptable and successful within the sector:

- Suitability of standards: need to encompass level

and complexity of functions undertaken.

- Ownership of standards: need to be endorsed and supported of all key stakeholders, especially the professional bodies.
- Form of standards: need to be jargon-free, easy to understand and of local relevance.
- Implementation of standards: need to be centrally directed but with local flexibility.
- Relationship to educational courses: needs to be established and imbedded in any standards development.
- The momentum generated by the feasibility study should be maintained through further validation of the project outputs with professional bodies, a consultation conference with key stakeholders to discuss outcomes and future plans.
- An overarching Standing Conference of all partners necessary to take the initiative forward is created to oversee development and implementation strategies including alignment with possible legislative requirements.
- Technical working groups are established with representatives of professional bodies and others to develop the detail of the occupational standards and to address the linking areas of education and training requirements and provisions.
- Any developed standards are clear, user-friendly, 'fit for purpose' across levels and groups within the scientific and technical workforce and suitable for a variety of uses including evidence-based assessment systems. ■

Recommendations

The recommendations from this feasibility study are as follows:

- A further project is initiated quickly to develop occupational standards for groups within the scientific and technological workforce in the NHS.
- A 2-year timetable is adopted which includes piloting and testing the developed occupational standards and in-depth consultation.

Pilot EQA Scheme for Cholinesterase Investigations

The above scheme will be distributing samples for butrylcholinesterase activity and phenotyping. It is a CPA (UK) Ltd funded scheme which will be run jointly by UK NEQAS and the Department of Clinical Chemistry at Southmead Hospital in Bristol using the distribution and data-handling facilities of UK NEQAS.

The first samples are to be distributed in the third week of May and this notice reminds potential participants to register by May 14th, if they have not already done so. The scheme will be free to participants during its pilot phase.

Registrants should contact NEQAS either by
Tel: 0121-414-7300 or Fax: 0121-414-1179
as soon as possible.



Letters

Readers speak out

Name these Workers!

I enjoy reading the ACB News and was very interested in the article on the publications committee 25th anniversary (ACB News, March 1999). The members of the publication committee clearly deserve recognition for their efforts. Unfortunately, the photograph on page 14 was not accompanied by a legend to let us know who each member is. Can this be remedied?

J D Johnston

Department of Biochemistry
Greenwich District Hospital
London SE10 9HE



Those Names Revealed!

Sorry, here are the names of the members of the Publications Committee.

From the left: Stephen Halloran, Annals Editor and Chairman Elect; Sue Martin, for many years the secretary and still Editor of Focus Proceedings; Jonathan Berg, Editor of ACB News and sometime photographer; John Lines, stalwart of the committee who wrote the article; Jane Lewis, Editor of the Annual Report and now Publications Committee Secretary; William Marshall, Chairman of the Publications Committee; David Burnett, Chairman of the Venture Publications Committee; Andy Bufton is the Corporate Members Representative on the committee – as this is a relatively new position he drew the short straw and had to take the photo.

On the far left side of the photo is Hilary Crossweller,

the ACB Office Administrator, who came along to help with the celebrations, and who is involved with the ACB stand in Florence. Also on the Publications Committee, but not able to attend the most recent meeting are Roy Sherwood, who helps with Venture Publications and promotion and Gwyn McCreanor who edits the Members Handbook. Gwyn had started a new job as head of the Clinical Biochemistry Department at Kettering the week before the meeting.

With regard to ACB News, Richard Spooner helps the Editor as an Associate Editor and Simon Olpin does a tremendous job as Situations Vacant Editor. Indeed many of us can thank Simon for our current jobs! I agree that it is nice to know who people are in photos. However, sometimes we just run out of time and energy on ACB News – the March edition was indeed a very traumatic experience with much of it not even being typeset until a day or two before it was printed and proof-reading relying on the quality of the fax machine. Indeed the Editor refused to do anything in the ACB News office for a week afterwards – not even looking for all those extra photos for the Annual Report for Jane Lewis until the phone calls turned into business-like faxes! Under these circumstances legends to photos of ourselves, a naturally shy bunch of backroom “boys”, can fall by the wayside!

More on hCG as a Tumour Marker

A 40-year old man presented with a painless testicular mass, which was later found by histological examination following inguinal orchidectomy to be a classical seminoma.

The total hCG measured by the Oncology department at Charing Cross was marginally raised at 7 IU/L, but measured <1.0 IU/L using our Wallac Delfia intact hCG method.

Blood kindly donated by this patient was used by UK NEQAS to set up an experiment suggested by Hugh Mitchell, to determine whether hCG methods differ in their ability to detect hCG at low, but clinically important concentrations (Annual Review 1998).

All participating laboratories, including our laboratory, using 5 commonly-used automated two-site hCG methods employing monoclonal antibodies, including Wallac Delfia, reported moderately raised hCG levels whilst 2 out of 4 laboratories in the RIA group using polyclonal antibodies reported hCG results below the assay detection limit.

Measurements for the hCG subunits hCG β , hCG β cf and hCG α were all within normal limits.

Although this experiment using a sample taken some 3 weeks after the first test did not confirm our initial finding, which could be due to a change in the hCG milieu with time, we decided against any further measurement of this tumour marker using the Wallac Delfia intact hCG assay. The case report by Peter Raggatt and Hugh Mitchell in the February ACB News highlights the problem of using this method for such measurements. We therefore endorse their statement that there is a need for an assay that measures total hCG.

Vivienne Lyfar

Department of Clinical Pathology
Royal Sussex County Hospital
Eastern Road
Brighton BN2 5BE

No Conflicts of Interest in Think Tank

In his 'Personal View' (Pathology Power Games, ACB News, March 1999) Dr Jonathan Middle makes an important contribution to the debate that the publication of the RCPATH/IBMS document was meant to promote. I would like to make three comments.

First, his use of 'will' rather than 'would' in relation to the proposals suggests that he, in common with many, regards these proposals as a *fait accompli*. This is far from being the case. Discussion cannot take place in *vacuo*: the document was intended to promote discussion and it certainly appears to be successful in this regard.

Second, he rightly commends the ACB for its major contribution to the promotion of laboratory medicine. However, he confuses the profession with its practitioners. The Association exists to promote the advancement of clinical biochemistry. In practice, it has for many years, and with much success, also worked hard in the interests of clinical scientists; this

is clearly essential as part of its overall aim, but in my view, this appears to be for many its primary aim. Indeed, it is, unlike the College or the IBMS, a trade union. This at best must lead to confusion and at worse may lead to a conflict of interests. The Association's trade union negotiators have worked tirelessly and with considerable success on behalf of members of the Association (albeit largely the non-medical members), but even though the trade union activities of the Association are separately identified, they still remain part of the Association. This dual function is not a comfortable one, and alienates some medically qualified clinical biochemists who should regard the Association as their professional scientific organisation.

Third, in his final paragraph, Dr Middle wonders whether '...other members of the ACB [have] worked in secret to promote this proposal'. This remark is presumably directed at me since I was the only original member of the 'think tank' who is a member of the ACB, though in my role as a College Officer, not because of my membership of the Association. Other members of the 'think tank' are no doubt members of their professional associations. There was no question of a 'conflict of interests'. The 'think tank' was established to develop proposals which might eventually lead to the formation of a more effective body for the promotion of pathology for the benefit of patients. This must be our prime consideration and we should all hope that the debate that is taking place will be successful in that regard.

William Marshall

Department of Clinical Biochemistry
Guy's, King's & St Thomas' School of Medicine
King's Denmark Hill Campus
Bessemer Road
London

Hardly Earth Shattering

I was interested to read Mr Seneviratne's article on the latest report for clinical biochemistry from the Clinical Benchmarking company (CBC) which was published in the February ACB News, and wondered whether I might use your letters column to comment.

Having been a participant in the CBC Benchmarking exercise for the last 2 years at the request of my Health Board, I have to say that I do not share Mr Seneviratne's confidence in the useful-

ness of this exercise. I have concerns about the methods by which laboratories are classified (for example hospitals with large teaching components, university departments, and regional and national clinical services can still end up in cluster B), about the possibility of fully accredited laboratories being benchmarked against laboratories which have neither full nor conditional accreditation, i.e. have not been visited by CPA inspectors, and about the philosophy of using cost-per-request or cost per test as a benchmark at all. I know of at least one hospital where multiple counting of single requests has taken place but this data is still included.

As far as Mr Seneviratne's "headlines from the 1997/98 report" are concerned they are hardly earth shattering. I **know** that my workload is going up and by how much. I **know** that I am doing more work with fewer members of staff therefore it is not difficult to conclude that MLSO "productivity" will be increasing. I **know** what my cost-per-test is compared with previous years. I **know** that major equipment is more likely to be leased than purchased and I **know** that, in common with colleagues in other areas we are already discussing with management and staff changes in working practices, particularly out of hours. I do not need to know, as the CBC report tells me, what the consultant and clinical scientist cost-per-test is because unlike CBC I know that the consultant and clinical scientist jobs relate to the clinical service being provided and not to the number of tests being reported.

I would suggest that colleagues who are contemplating (or who are being invited by their Health Authority) to become participants in the CBC Benchmarking exercise should consider carefully whether the time and expense involved is justified by the value to their clinical and laboratory practice of the information contained within the report. (There is also the danger that your Health Authority may try to use the crude information within the report to set financial savings targets as has already happened in some areas.) Perhaps it would be worthwhile viewing a copy of the full 1997/98 report complete with graphs and tables before agreeing to participate.

Alan S Hutchinson
 Consultant Clinical Biochemist (Chemical Pathologist)
 and Clinical Director for Laboratory Medicine
 Southern General Hospital NHS Trust
 1345 Govan Road
 Glasgow G51 4TF

Role of Grade A Supervisor

The attention of all Grade A trainees and their supervisors is drawn to a brief document prepared by the ACB Education Committee summarising the responsibilities of the supervisor. It is reproduced in full below; we hope that drawing attention to these existing standards will help to prevent misunderstanding occurring between trainees and their supervisors over what the role of supervisor entails.

1. Before the trainee starts

- To plan at least the first six months of a schedule for training.
- To meet the trainee if not already met at interview.
- Plan the arrangements for the induction of the trainee.
- Where the supervisor is genuinely unable to present on Day 1 another senior member of staff should be delegated to take over these responsibilities on behalf of the supervisor.

2. During training

- To agree with the trainee a continuing schedule for training as outlined in the Grade A training log. Secondments to other hospitals to be arranged where necessary.
- To ensure that the standards for supervisor contact are met in regard to hours/week as outlined in Standards for Grade A Training, ACB Education Committee, September 1993*. The supervisor may delegate some of the supervision to other suitably qualified members of the department, but should note that Section F requires a weekly meeting with the Supervisor as part of the regular performance appraisal of the trainee.
- To arrange the annual appraisal interview.

* Copies available to supervisors from the secretary of the Education Committee

Danielle Freedman
 Department of Chemical Pathology
 Luton & Dunstable NHS Trust
 Luton LU4 0DZ and

Frances Short
 Department of Chemical Pathology
 St Mary's Hospital
 London W2 1PG
 On behalf of the Education Committee

Speaking Up for Dedicated Young Clinical Biochemists

We are trainee clinical biochemists participating in the West Midlands Regional Training Scheme for Clinical Biochemistry. We are writing in response to the think tank report and although we are not members of the Royal College of Pathologists, we feel that some of the changes proposed in the report may have important implications for our future careers.

We welcome the proposal for a closer relationship between the Royal College of Pathologists and the Institute for Biomedical Scientists (IBMS). Collective representation of medical practitioners, clinical scientists and biomedical scientists would be beneficial to the future development of pathology services within the UK, however, we are concerned about two principle issues.

Firstly, we feel that we were not fully represented in the discussions held between representatives from the Royal College of Pathologists and the IBMS. Clinical biochemists make up a significant professional sector within the pathology discipline and we therefore feel that the Association of Clinical Biochemists (ACB) should have been represented within the preliminary ‘think tank’ discussions regarding the future of pathology.

Our second concern refers to the proposed changes to requirements for membership of the Royal College of Pathologists. Although we agree with the proposal for Associate Membership, we are concerned about the changes to Diplomate status. We do not feel that it is appropriate to equate the experience of those who have achieved DipRCPath with graduates who have four years experience and hold postgraduate qualifications/fellowship of the IBMS. This devalues the DipRCPath qualification. The DipRCPath is a benchmark qualification that signifies that the holder has reached a certain standard of academic and practical knowledge. Achievement of Diplomate status for clinical biochemists invariably involves previous hard work via individual study, participation in a 3 year ACB accredited Grade A training scheme, and experience as a Grade B clinical biochemist. (Many trainees in the West Midlands Training Scheme have obtained higher degrees, most to PhD level). It is felt that completion of a Grade A training scheme in clinical

biochemistry and attainment of DipRCPath by examination is vital to acquiring the knowledge to practice professionally as clinical biochemists, and we thus feel that Diplomate status should only be awarded after reaching the standard set by this examination.

The report states (Appendix 1: section 3.2) that there is no agreed training programme for MLSO staff who wish to take the MRCPath examination. We do not feel this to be correct as Grade A training schemes are open to those who wish to apply to the National Clearing House for Grade A training in clinical biochemistry. The training schemes are also amenable to those who have trained as MLSOs but who wish to follow the path leading to MRCPath.

We feel that Associate Membership of the Royal College of Pathologists (as opposed to Diplomate membership proposed in the report), should be offered to those who hold first degrees and/or higher degrees/fellowship of the IBMS, and who have four years relevant laboratory experience. We wish to reiterate that we do not consider that the level of training required for Diplomate status as proposed in the report can be equated with that required to achieve Diplomate status by examination.

We believe that for effective representation of clinical biochemists in discussions involving the future of pathology in the UK, a closer relationship between the Royal College of Pathology, the IBMS and the ACB (and other associations) is required. Management of any change requires careful discussion with appropriate representation of all bodies concerned. A well thought out strategy to manage the change is required to ensure that dedicated, young clinical scientists who are preparing for, or who have attained DipRCPath, do not lose out in achieving full membership status of the Royal College of Pathologists, and hence also lose out in future career opportunities.

Judith Burrows

Richard Jones

Pippa Baugh

Sarah Woolley

Melanie Dougan

Rebecca Pattenden

The West Midlands Regional Grade A Trainees in Clinical Biochemistry

Limitations on Intact hCG

Further to the letter from Peter Raggatt and Hugh Mitchell in the February issue of ACB News regarding hCG assays in oncology, we wish to report that we have experienced similar results.

An AFP request was received on a 51 year old male with a diagnosis of liver disease. The assay was performed on the Wallac Delfia dual assay which gave a result of 5.5 U/mL. Surprisingly, the free beta hCG was significantly elevated at 46.6 ng/mL. The intact hCG was therefore measured, also on the Delfia assay, and the result was <1 IU/L. The sample was then measured by a variety of different assay methods for which the results were:

hCG	Specificity	Result
Charing Cross RIA	total hCG	104 IU/L
DPC Immulite	total hCG	146 IU/L
Chiron Centaur	total hCG	102 IU/L
Bayer Immuno 1	total hCG	112 IU/L
Roche Elecsys	intact hCG	<1 IU/L
Wallac Delfia	intact hCG	<1 IU/L
Wallac Delfia	free beta hCG	46.6 ng/mL

The patient died two weeks later. A mass was found in the common bile duct, and histology on the ascitic fluid gave a strong suggestion of adenocarcinoma.

We are aware of the limitations of intact hCG methods and our current policy is to analyse requests for hCG as a tumour marker by both Wallac Delfia free beta and intact hCG methods.

Tony Everitt

Department of Clinical Chemistry
 Basildon Hospital
 Nether Mayne
 Basildon
 Essex SS16 5NL

Measurement of hCG in Oncology

There have recently been a number of instances reported of intact hCG methods giving false negatives. This confirms one of the concerns described in my letter to the Annals of Clinical Biochemistry in

March this year, that intact hCG is the least appropriate marker for use in oncology.

I also expressed the belief that sandwich assays in general are unable to measure every subtype of hCG produced in disease. Some assays are undoubtedly better than others and it seems likely that the best of the sandwich assays may detect perhaps more than 90% of the hCG produced, but 2-site assays are limited due to their dependence on both of the epitopes defined by the manufacturers being presented and unaltered for the sandwich to form. It also seems likely that these problems would apply to other hormones.

With competitive assays, only one epitope is involved and the $\beta 1$ epitope appears to be present in every identified variant of hCG. In 30 years, we have had no evidence of false negatives in our RIA, but we have a number of examples of sandwich assays giving false negatives, as well as false positives due to anti-mouse antibodies. In an initial attempt to see if a problem existed, we distributed five samples from real patients with low but significant levels of hCG (dist. 127) via UK NEQAS, Edinburgh. Generally there was good agreement, but sample Z001 was elevated on our assay and undetected by the other assays.

Whereas false positives can be recognised by the failure to find disease in patients with elevated markers, false negatives can only be shown by comparison with other assays. Therefore, in the hope of identifying the extent of the problem, I am willing to assay (at no cost) up to 250 samples from any centre providing an oncology hCG service. These samples should ideally be from patients with known disease who are being monitored, but whose hCG is currently negative – if you will contact me, I will be happy to discuss details. I sincerely hope that no false negatives are demonstrated, or that the scale of the problem is small.

I believe that manufacturers have a responsibility to provide an assay suitable for oncology (which in my opinion should be competitive) and further to ensure that the user is fully aware that the appropriate kit is being used. My experience has been that most manufacturers seem sceptical about the existence of a problem, rather than being open-minded enough to explore alternative assay designs which might appear to be “taking a backward step”.

I also wish to point out that Dr Rajasekaran at Bedford first obtained the elevated hCG which

resulted in the patient being referred to Addenbrooke's – an omission from the letter from Dr Raggatt and myself in last month's ACB News and for which I apologise.

Hugh Mitchell

Department of Medical Oncology
Charing Cross Hospital
London W6 8RF

Think Tank Shows Lack of Understanding

I write further to the articles from Dr Jonathan Middle and Mr Eddie Legg concerning the College/IBMS think tank report. As someone who was consulted after the first draft of the report was produced I think it is important to dispel some of the misconceptions that are beginning to arise.

The process

- Whilst 20% of the College membership are clinical scientists it was not considered appropriate to include a clinical scientist in the discussion group.
- It is only a discussion document.
- Whilst several clinical scientists were consulted on the content of the first and second drafts this does

not imply that they agree with all of the content.

- The views of the clinical scientists were not necessarily incorporated into the final draft.
- All of those consulted were requested to maintain the confidentiality of the discussions.

The document

- Shows a lack of understanding of self regulation in the interests of the patient.
- Shows a lack of understanding of the role of clinical scientists.
- Shows a lack of understanding of the organisation of training for MRCPATH.
- Shows a lack of understanding of opportunities that exist for career changes.
- Shows a lack of understanding of the correct mechanisms for making a career change.

The outcome

Unfortunately in the way that the document was prepared and disseminated, the initiative, the aims of working together which I totally support, has been hindered rather than helped. That saddens me considerably.

Christopher P Price

Past Chairman (1991-94)

Association of Clinical Biochemists

Make the Most of Your Italian Stay . . .

Focus on Information Technology for Laboratory Medicine

Satellite Meeting No. 8

4-6 June 1999

Royal Carlton Hotel

Bologna

For further details please see:

<http://www.biomedica.net/worldlab99sm/sat8.html>

Vaccines and Vaccination

Wilson Lecture Theatre, CPHL
Colindale Avenue
London

Friday 21st May 1999

ACM Annual Scientific Meeting

Chairman: Dr N Begg, PHLS CDSC

10.00 Coffee and Registration

10.30 Childhood Vaccines

Dr Mary Ramsey, PHLS CDSC

11.10 Travel Vaccines

Dr R Behrens, The Hospital for Tropical Diseases, London

11.50 New Approaches to Vaccination

Dr D Salisbury, Department of Health

12.30 Lunch

13.30 Modelling Issues

Dr G Garnett, University of Oxford

14.10 Global Issues

Dr F Cutts, London School of Hygiene and Tropical Medicine

14.50 Bacterial Vaccines

Dr D Goldblatt, Institute of Child Health

Registration for ACM members is £10 and £20 for non-members. This meeting will be followed by the AGM at 15.45 – please attend. CPD accreditation has been applied for.

Please contact: Dr S Skidmore, Birmingham Public Health Laboratory on Tel: 0121-766-6611 ext 5286/4075/4987/4080 for further details and registration.

The UK NEQAS (Birmingham) 30th Anniversary Symposium

Birmingham Botanical Gardens
Birmingham

23rd & 24th June 1999

Bookings are now starting to come in for the UK NEQAS (Birmingham) 30th Anniversary Symposium.

The scientific programme is now posted on the web www.ukneqas.org.uk/30anniv.html

For a registration pack please contact: Jonathan Middle. Tel: 0121-414-7300, Fax: 0121-414-1179. Email: j.g.middle@bham.ac.uk

Prompt bookings would be very much appreciated by the organisers to facilitate reservation of hotel rooms and other facilities.

British Society for the History of Medicine

Leeds (18th Congress)

8th-11th September 1999

This meeting is organised by the Yorkshire Medical and Dental History Society, Society of Occupational Medicine (Yorkshire Branch), Thackray Medical Museum and the Leeds Philosophical and Literary Society.

Further details of the meeting and registration are available from Susan Lacey, Conference Office, University of Leeds on Tel: 0113-233-6106.

Fax: 0113-233-6107. Email: s.lacey@leeds.ac.uk.

See also <http://www.leeds.ac.uk/ymdhs>

Aspects of Intensive Care

West Hall

Royal Society of Medicine

Thursday 22nd April 1999

Joint meeting of the Sections of Pathology and Anaesthesia of the Royal Society of Medicine with the Southern Branches of the ACP

Chairman: Dr Adrian Pearce, Guy's, King's & St Thomas' Medical Institute, London

15.30 Registration, Tea and Trade Exhibition

16.00 An Overview of the Laboratory Requirements for Intensive Care: Present and Future

Dr David Teacher, Guy's, King's & St Thomas' Medical Institute, London

16.35 Clotting Diatheses and Haemostatic Problems
Dr David Keeling, Oxford Radcliffe Hospital

17.10 The Adult Respiratory Distress Syndrome: Causes and Effects

Dr Bruce Addis, Southampton General Hospital

17.45 Immunonutrition

Dr Richard Beale, Guy's, King's & St Thomas' Medical Institute, London

18.20 Continuous Intra-arterial Blood Gas Monitoring
Dr Thomas Clutton-Brock, Queen Elizabeth Hospital, Birmingham

19.00 Reception and Trade Exhibition

19.30 Buffet in the Conservatory

Registration fees: £10.00 to include a buffet supper.

If you would like to attend please send your remittance to Tim Hoof, Academic Administrator at the Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE.

Section of Pathology ABC of Molecular Genetics

Barnes Hall
Royal Society of Medicine
Tuesday 4th May 1999

Chairman: Dr Ashley Price, President of the Section of Pathology

- 8.45 Registration and tea
9.15 Mendelian Inheritance and Classical Genetics
Dr David Whitehouse
9.50 A Dictionary of Terms
Dr Richard Gibbons
10.20 Gene Structure and Function
Professor David Latchman
10.55 Coffee
Chair: Professor Sir David Weatherall
11.10 DNA Analysis, Chromosome Analysis and Gene Mapping
Dr Swee Lay Thein
11.40 PCR and the Basis for PCR
Professor Phil Bennett
12.10 The Molecular Basis of HLA
Professor Alejandro Madrigal
12.40 Discussion
13.00 Lunch
Chair: Professor Marcela Contreras
14.00 Molecular Genetics in Clinical Practice
Professor Sir David Weatherall
14.45 Molecular Genetics and Gene Therapy
Dr Steve Devereux
15.20 Diagnostic Molecular Biology in Microbiology
Dr Helen Lee
15.50 Tea
16.05 Carrier Detection and Prenatal Diagnosis of Genetic Disease
Dr Linda Tyfield
16.35 The Use of Genetic Markers in Forensic Science
Dr Jim Thomson
17.05 Ethics and Genetics
Mrs Pat Walsh
17.35 Discussion
17.55 Close of Meeting

This meeting is accredited with 6 points for CME purposes. Registration fees: Fellows – £20.00, Non-Fellows – £25.00 and Trainees £15.00.

If you would like to attend please send your remittance to Tim Hoof, Academic Administrator, The Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE by Tuesday 27th April 1999. Tel: 0171-290-2900. Fax: 0171-290-2909.

Quality Assurance for Inherited Metabolic Disorders – 2nd Meeting

Newcastle
Wednesday 23rd June 1999

This meeting has been organised on behalf of the Biochemical Investigations in Inherited Metabolic Disorders QA Committee. It will focus on analyses carried out by a relatively large number of non-specialist laboratories, where there have been recent initiatives in the development of audit and QA schemes.

- 10.30-11.00 Coffee and Registration
11.00-11.15 Updates and New Schemes
Dr Anthony Heeley
11.15-11.45 Porphyrin EQAS
Mrs Annette Thomas
11.45-12.15 Progress in Sweat Testing
Dr Jean Kirk
12.15-12.45 Proficiency Schemes for Diagnosis of Inborn Errors of Metabolism
Dr Jim Bonham
13.00-14.00 Lunch
14.00-14.30 Use and Interpretation of Blood Lactate Results in Neonatal Intensive Care
Dr Martin Ward Platt
14.30-15.00 Problems in the Measurement of Lactate
Dr Mick Henderson
15.00-15.30 Total Plasma Homocysteine – A New Requirement for QC
Dr Ian McDowell
15.30-16.00 Roundtable
16.00 Tea and meeting end

Registration fee is £20 and includes lunch.

Registration details are being distributed via appropriate EQAS schemes or can be obtained direct from Jean Kirk, Royal Hospital for Sick Children, Edinburgh. Tel: 0131-536-0415. Email: Jean.M.Kirk@btinternet



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

Due to internal promotion a vacancy has arisen for a:

ASSAY GROUP PRODUCT MANAGER

This position, based in the company headquarters in North Wales is responsible for full marketing support of all the assays manufactured by the company. This includes the IMMULITE 2000 and IMMULITE assays, Allergy and RIA products. Also within the job brief is the management of the Product Support group which employs three Assay Specialists.

Applicants should have a Life Science degree or equivalent and previous sales and marketing experience is highly desirable. Excellent communications skills are essential, together with a good understanding of business skills and a high desire to exceed. The position would suit someone with an outgoing personality.

The successful applicant will enjoy excellent company benefits including a quality company car, a non-contributory pension scheme and other rewards.

If you would like to be considered for the above position, please contact the Human Resources Department for an application form.

Closing date: 2 weeks after issue date.

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

DONCASTER ROYAL INFIRMARY AND MONTAGU HOSPITAL NHS TRUST

Clinical Biochemist – Grade C

Salary £32,753-£44,825

Applications are invited for a Grade C Scientist/Head of Department post which arises following the retirement of the current postholder. The post is based at a large District General Hospital with about 1,000 beds serving a population of 300,000. The Clinical Chemistry/Immunology Department is part of the Pathology Directorate and is a busy well-equipped department offering a wide range of investigations.

The postholder will be responsible for the routine service and, in close liaison with clinicians, will deploy resources to achieve the optimum service based on evidence-based practice. He/she will also co-ordinate departmental research and development, and be encouraged to pursue any special interest complementary to the services within the Trust.

Candidates should have completed vocational and research training and should be in possession of a recognised professional qualification (MCB or MRCPPath). The department provides an Immunology service for the District so an interest/qualification in immunology would be an advantage.

For further information or to arrange an informal visit please contact Dr C E Wilde, Consultant Biochemist, Tel: 01302-553106 or Dr S Beck, Director of Pathology, Tel: 01302-553130.

Application forms and job descriptions are available from: Medical Staffing, Doncaster Royal Infirmary, Armthorpe Road, Doncaster DN2 5LT. Tel: 01302-553255.

Closing date for applications: 12th May 1999

To advertise your vacancy contact:

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

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

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