

# ACB News

The Association of Clinical Biochemists • Issue 431 • 20th March 1999



**Postal  
Regulations  
Latest**

**IBMS /  
College  
Merger  
Proposals**

**25 Years  
of ACB  
Publishing**

**The Art of  
Compromise  
at Focus**



## About ACB News

The monthly magazine  
for Clinical Science

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

### Editor

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

### Associate Editor

Dr Richard Spooner  
Biochemistry Department  
Gartnavel General Hospital  
Glasgow G12 0YN  
Tel: 0141-211-3470/3353  
Fax: 0141-211-3455

### Situations Vacant Editor

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

### Focus Handbook Editor

Dr Sandra Rainbow  
Norfolk and Norwich Hospital

### Display Advertising & Inserts

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

### ACB Administrative Office

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

### ACB Chairman

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

### ACB Secretary

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

### ACB Home Page

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

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# ACB News

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

Front cover:

Albert Square. Manchester is the venue for Focus 99, the ACB National Meeting in May.



**The ACB National Scientific  
Meeting and Exhibition**

**17 - 21 May 1999**

**Tel: 01223-516103**

**Fax: 01223-500978 for details**

## Royal Mail Samples Mess . . .

The changes in the requirements for the packaging of samples sent through the post has been a considerable cause for concern over the last few months. This has not been helped by Royal Mail not being sure themselves what they want or indeed how to define laboratory samples. They now seem to be trying to get out of the hole they have dug for themselves by passing the mess onto the Health and Safety Executive.

The latest situation is that a "virtual committee" has been formed to look at the situation and the following information in a letter to a virtual committee member reads as follows:

“ Due to discussions with a number of interested parties and advice taken from those discussions, the remit of the committee that Royal Mail is attempting to form will change slightly. It will no longer look at exemptions directly but will pass any queries regarding the carriage of infectious or diagnostic specimens to the Health and Safety Executive (HSE) who will advise Royal Mail of the correct area which these items will fall into.

The remit of the committee will primarily be to canvas the respective fields that each member represents for any issues or queries that require clarification or a decision. The secondary function will be to provide Royal Mail with details of the most effective channels of communication to reach the respective representatives fields of expertise. It is envisaged that this will be through such channels as newsletters, trade journals and internal communication. This can be facilitated via yourselves as the representatives of your various professional fields or via Royal Mail.

Due to the time constraints I would like to propose that the committee, is for now at least, a virtual one, and that we communicate via

email. The proposed format is that members will forward any items which they wish Royal Mail to consider along with any supporting information, to myself at Mike.Dando@royal-mail.co.uk by 19th February. I will take these issues to the meeting with the HSE and will respond to you via email with their advice and the policy which Royal Mail has formulated for that particular area.

The proposal would be that any new issues would then be forwarded to all members of the committee for discussion and that I will forward the information to the HSE (if this is agreeable with them) for their advice. This would take place on an *ad hoc* basis as issues or queries arise.

I would be grateful if you could respond to me via email with confirmation of your acceptance to be a representative on the committee and a view on the proposals detailed above.

As an aside the current situation is that all infectious substances (this includes those that are known or thought likely to contain pathogens) must be packed to IATA packing instruction 602. Royal Mail are currently in discussions as to the way in which diagnostic samples will be accepted and are seeking advice from amongst others the HSE. I will inform you of the policy for acceptance of diagnostic samples once a decision has been made by Royal Mail. ”

From the clinical chemistry side Dr Tony Reynolds at Great Ormond Street has agreed to "sit" on the virtual committee. If you have concerns that you wish him to raise then you can contact him on:

Tel: 0171-813-8318 Fax: 0171-829-8624

Email: [tonyreynolds@gosh-tr.nthames.nhus.uk](mailto:tonyreynolds@gosh-tr.nthames.nhus.uk) ■

• Also see letters page for statement on current situation

## Check Your Handbook Entry!

The next edition of the ACB Members handbook is currently being worked on. Please can you check your existing entry and that in particular your telephone, fax and email are correct. If they are not then please forward up-to-date details to the ACB Office, address on page 3, as soon as possible. There is a form to do this on page 225 of the current handbook.

## Happy Retirement to James and Tony

Each year at the ACB West Midlands Region AGM retiring members in the region are invited to come and get their golden handshake. This year Robin Braithwaite, Regional Chairman, handed out the presents to James Michelle, recently retired as head of the laboratory in Stafford and Tony Jacobs who has given up the helm at Wolverhampton.

The West Midlands Region AGM was the best attended meeting that people can remember for a long time. At the end of the meeting, the incoming Chairman, Professor Tim Reynolds, thanked the outgoing Chairman, Robin Braithwaite, for all he had done during his term of office. ■



James Michelle, Robin Braithwaite and Tony Jacobs (left to right)

## Annual General Meetings

The Forty-Sixth Annual General Meeting of the Association of Clinical Biochemists will take place on Monday 17th May 1999 in the Palantine Room, Seminar Suite The G-MEX Centre, Manchester commencing at 6.00 pm

The Second Annual General Meeting of the Federation of Clinical Scientists will precede the Association AGM at the same location commencing at 5.15 pm

## Trade Union Statement

A member who is concerned that some irregularity may be occurring, or has occurred, in the conduct of the financial affairs of the union, may take steps with a view to investigating further, obtaining clarification and, if necessary, securing regularisation of that conduct.

The member may raise any such concern with one or more of the following as seems appropriate with: the officials of the union, the trustees of the property of the union, and the auditor or auditors of the union, the Certification Officer (who is an independent officer appointed by the Secretary of State) and the police.

Where a member believes that the financial affairs of the union have been or are being conducted in breach of the law or in breach of rules of the union and contemplates bringing civil proceedings against the union or responsible officials or trustees he may apply for material assistance from the Commissioner for the Rights of Trade Union Members and should, in any case, consider obtaining independent legal advice. ■

## Down's Syndrome Screening Workshop

The fourth in this series of workshops forms a satellite meeting to Focus 99. The workshop 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.

The dates for the workshop are Friday 21st and Saturday 22nd May 1999. Places are limited to 30 participants, so early booking is essential. Please contact UK NEQAS (Tel: 0131-536-2763) if you require further information, but make your bookings direct with the Focus 99 secretariat: Focus 99 Registrations, PO Box 409, Cambridge CB1 4QD. Tel: 01223-516103. ■



**“Russian regulations are even stricter!”**

# College/IBMS Think Tank Report

**H**ere Ian Barnes comments on the recent report issued by the Institute of Biomedical Science and the Royal College of Pathologists. Personal comments from two readers are also to be found in this issue.

Following the release of the 'think tank' report to members of the College and IBMS, I am aware of the reaction by many members of the Association to the proposals. Also, members are concerned at the way the report has been released, and the apparent involvement of some senior members of the ACB in the think tank. The misunderstanding and rumour generated by the handling of the release, and presentation, of this report requires a response from me.

- 1** Clinical scientists, although comprising 20% of college members, were not represented on the think tank that produced proposals in June 1998.
- 2** I, and other clinical scientists and College members (as listed), were asked to comment on the proposals and attended a meeting on 30th June 1998. We were there as members of the College, not as representatives of our professional organisation.
- 3** We were bound by strict rules of confidentiality.
- 4** Discussions at the meeting led to changes, and Dr Beastall and I attended one further meeting to review these changes before the document went to the College and IBMS Councils.
- 5** I do not regard myself as having been 'co-opted' onto the think tank. As mentioned in the letter from the College President, it is only now that a clinical scientist has joined the group.
- 6** My involvement at a late stage in discussion does not imply support/endorsement of the proposals, either personally or on behalf of the ACB.

Although my decision to implement the report will be based on a ballot of College members, professional organisations have now been asked for their views. My personal view is that the concept of professional organisations in pathology working more closely together is not only desirable, but essential. The think tank report raises many questions and is a starting point for discussion. I urge you to write to me and/or the College with your views on the proposals.

I will respond formally on behalf of the Association and my response will reflect the comments I receive and the views of Executive and Council. ■

**Ian Barnes**  
**ACB Chairman**  
**1st March 1999**

# Pathology Power Games

By Dr Jonathan Middle, Birmingham

The January 1999 ACB News Editorial considered in a measured tone the announcement of talks on merger proposals between the Royal College of Pathologists and the Institute of Biomedical Science. Here I would like to raise further issues that I know are of concern to many health service laboratory professionals.

Laboratory medicine needs three kinds of professional in the 'scientific' part of its work: those who build the knowledge base through research into the molecular processes involved in health and disease, convert this knowledge into systems with a diagnostic utility and monitor their effectiveness, i.e. the scientists; those who make these systems work on a day-to-day basis through a thorough understanding of the technology involved and the resources needed to apply it, i.e. the technologists; and those who treat patients and integrate the information generated into the clinical process, i.e. the medics. Whereas it is perfectly possible for individuals to have a foot in all of these camps in their working lives, practical considerations mean that divergence in training requirements and qualifications are necessary, so as to create individuals with different bodies of knowledge and skills.

In an ideal world, it would be possible to attain a rewarding and satisfying career in any of these three working domains, all being recognised as equally valuable and worthy of head of department status. However, we all know a 'class' system has evolved which has caused much pain and resentment in our profession. A qualification 'arms race' has caused inappropriate qualifications to be specified and training paths to lengthen. Technologists want to be scientists and now seek research qualifications, and scientists want to be medics with 'consultant status' casting aside their own professional qualification (MCB) to adopt a more medically-orientated one. The technologists and scientists have been badly hit by automation and NHS financial strictures, so that productivity and pay have been uncoupled, and lack of understanding of their role at the political level and by the general public have driven a wedge between them and the medical and nursing staff groups. It is perfectly natural that each professional group has therefore sought 'refuge' within separate professional associations which act as trade unions and/or set standards for training and career advancement.

## Money and Status

Absorbing the IBMS means a large number of new members and therefore greatly increased income for the RCPATH. IBMS members gain access to a higher level qualification for which the College controls access. If this is agreed by members of the College, which is not a foregone conclusion, the effect on the other professions could be severe. By asserting itself as the 'single voice for Pathology', the joint RCPATH/IBMS organisation will effectively squeeze out all the other groups. The ACB, which I believe has been responsible for much of

the innovation in laboratory medicine over recent years, will be worst hit. ACB members without MRCPATH will perceive that their PhDs, publications, years of experience and highly developed skills, are being downgraded and placed on a par with IBMS members with a degree and Fellowship.

In particular, our junior members must feel devastated at these proposals, and those in very highly specialised areas of laboratory medicine will feel even more isolated and disadvantaged than they are now.

## **Some Sensible Alternatives . . .**

In agreement with many in the profession, I would say that a single voice for laboratory medicine is required to meet the demands of our highly politicised and 'sound-bite' culture. Politicians who hold the purse strings only listen to those groups with a well-oiled publicity machine who can present a case in the context of its effects on voters and taxpayers. The 'angel' nurses and 'hero' doctors will always win the popularity stakes. In any case, laboratory medicine is only a tiny fraction of the NHS spend, so it is probably not worth a minister's time understanding it. Internecine disputes between the different professional bodies just cause even more ice-cold water to be poured over our tremendous achievements during the last 50 years, which have under-pinned many of the advances in 'scientific' medicine. My suggestions therefore are:

- We should create counter-proposals which strengthen the position of, and actively promote the science of laboratory medicine, and which encourage and enable those who wish to pursue a specialist path that does not require MRCPATH as the sole gateway for advancement.
- ACB members should write to the Presidents of the RCPATH and IBMS, copying their letters to the ACB Secretariat, expressing their overall concerns for our profession and individual problems this proposal would create. We should encourage our colleagues in the IBMS who share our general concerns to do the same. Those who agree with the proposal to create an over-arching organisation for Science in Laboratory Medicine (or not) should say so too, so that we can generate debate and fine tune our thinking on this. We should have an open debate on this at Focus.

## **Tell Us What Went On . . .**

I also feel quite strongly that the way this whole matter has been handled is not in the spirit of openness and transparency that should be a feature of professional bodies in healthcare. I understand that a number of ACB members worked extremely hard at the last minute to put our point of view, in what was an extremely difficult situation, and they are to be warmly thanked. However, I wonder whether there have been other members of the ACB who have worked in secret to promote this proposal which has the potential to be so damaging to our Association. Would they perceive this as a conflict of interest? I hope that open and frank discussion of the issues that this matter raises will help us all move on to the kind of professional environment that will enable all to work together in harmony. Is this naive and over-optimistic? ■

# Same Old Mantra . . .

By **Eddie Legg**, *ACB Regional Tutor, Birmingham*

In the January ACB News the Editor rightly drew attention to the document issuing from the 'think tank' of the Royal College of Pathologists and Institute of Biomedical Scientists and promulgated in their last College bulletin.

There is a tremendous concern over the proposals emanating from the 'think tank' amongst clinical scientists. Here is my personal view of what those concerns are:

## **Junior Clinical Scientists – Grade A and Lower Grade B in Training**

I cannot think of a document that has depressed the grade A trainees so much. They are now questioning whether they have come into the right career. Those further down the line (the lower grade Bs) are incensed that their MRCPATH Part 1 is equated with a BSc in Biomedical Sciences plus an MSc. They consider that in obtaining the MRCPATH Part 1, they have invested an enormous input of work as well as carrying out a full time job of work.

The concept of Higher Specialist Training (HST) for lower B grades, whereby time for training activities is recognised as part of the job, is only this year beginning to be accepted by lead education consortia.

## **Clinical Scientists in Narrow Specialities**

Clinical scientists in narrow specialities such as those at UKNEQAS consider they will be penalised because of the ceiling on progress imposed because of the lack of an MRCPATH; despite having a doctorate and numerous publications, advancement for specialists is blocked by the proposals of the 'think tank'.

## **Clinical Scientist Tutors**

Great steps have been taken in the training of clinical scientists in clinical biochemistry over the last 10 years because of the concern that some clinical scientists were not carrying out a clinical scientist function. The College document reads as though nothing has been done in this regard and repeats the mantra that clinical scientists and biomedical scientists are indistinguishable.

The facility for progress of biomedical scientists to clinical scientists has always existed. Many biomedical scientists have become clinical scientists through various routes in the past; in addition biomedical scientists can put themselves on the market for the term-contract Grade A trainee clinical scientist posts like everyone else – competition is open and posts are advertised annually in the New Scientist by the clearing house.

## **Chemical Pathologists**

Many of my clinical colleagues have talked of leaving the College as a

consequence of this proposal going through, since they are also members of the Royal College of Physicians. This would be to the disadvantage of both the College and clinical science.

### **ACB Members**

The ACB speaks for the majority of clinical scientists and many chemical pathologists in the NHS. I note that two of our senior and respected members were co-opted onto the 'think tank' at a late stage; there was also some input from other clinical scientists. I can only believe that they were very unhappy with this document.

### **ACB Members of the College**

Most members appreciate the tremendous amount of work that the ACB has done for the subject of clinical biochemistry and the advantages to be gained from ACB membership in return for what is a very modest fee. The time was when we also had our own professional qualification (MCB) and we did not have to pay year-after-year for the privilege of putting letters after our names in order to recognise that we had demonstrated our professional competence. ACB members would look very hard at value for money, if given the same opportunity afforded to members of other Colleges whereby retaining the designatory letters indicating membership does not depend on paying the College annual subscriptions.

### **Change of Name**

So there is a proposal from the 'think tank' that the name be changed from the Royal College of Pathologists to the Royal College of Pathology! Wow! Why not change it to the Royal College of Laboratory Medicine so that we have a name that reflects more accurately the function of the profession in the millennium?

If this is the Royal College of Pathologists view of clinical science and the training of clinical scientists in the laboratory medicine of the future, then they should pass responsibility over to the ACB – an organisation that has long experience and a proven record in this matter. ■

# Publications Committee 25th Anniversary

By John Lines, *Publications Committee*

It was not until 1972 that Council was willing to acknowledge the key role of publications within the Association by establishing a standing committee to oversee such activities. Having done so, and in accordance with Association Statutes, the AGM of 1973 was asked to approve such a Committee (it did) and on the 1st October 1973 the first meeting of the Publications Advisory Committee took place at Birmingham Children's Hospital under the chairmanship of Dr D Noel Raine.



Members of the Publications Committee toast twenty-five years of work on ACB publications

## Austere Times . . .

Although this report is to acknowledge the 25th anniversary of the Publications Committee (the word 'Advisory' was dropped from the Committee's name soon after its formation), there had been a full 20 years of previous publication activities within the Association. That activity was initiated within months of the Association's foundation by Council setting up a committee 'to agree the form and contents of a newsletter and to appoint an editor'. Arthur Jordan (Sheffield) was appointed and in keeping with those times of austerity, the Association Secretary (Andras Tarnoky) wrote to the Ministry of Materials in Whitehall to establish whether the publication would be subject to paper control regulations and require a permit, which luckily it did not.

In 1955, Arthur Jordan was succeeded by Harold Varley (Manchester) as editor and some six years later that single-handed task became a shared duty with George Higgins (Oxford) as Honorary Editor of the Association and Jo Ireland (Liverpool) as Business Editor. Jo was also responsible for handling advertisements and situations vacant notices, and also for packing and despatching the publications). The latter task became much more onerous when the Newsletter was replaced (1960) by the Proceedings and then more so in 1963 when the News Sheet (No. 1 of the present series) was also published by these two stalwarts. They

also produced an equivalent of the Members' Handbook every two or three years as money became available.

By 1967, the number of publications and the amount of work involved was such that Noel Raine (Birmingham) and John Lines (Cambridge) were co-opted as Editorial Assistants. George Higgins named the group the ACB Editorial Board and chaired its first meeting on 22nd May 1967. In the following months John Lines took over the News Sheet and Noel Raine the Proceedings which he quickly began steering into the Annals of Clinical Biochemistry. The first issue was in 1969. It contained original articles, something not permitted in the Proceedings and thereby a considerable frustration to George Higgins. Noel Raine took over as Editor-in-Chief in 1968 and Jo Ireland relinquished firstly the business aspects to David Orrell (Oldham) in 1970 and then the Members' Handbook to Ronald Robinson (Warwick) in 1972. At the same time the annual 'Essays in Medical Biochemistry' (Editors: Vincent Marks and Nick Hales) had begun publication and the proposals for the monthly 'Current Clinical Chemistry' were at an advanced stage (publication commenced July 1973 with John Lines as Editor). It was also at this time that the ACB Editorial Board group were proposing to Council that it (Council) needed a body to advise it on the Association's publications: the proposal was agreed to (Minute 1280) on the 4th April 1973 noting that 'Dr Raine, Professor Marks, Dr Lines, Dr Orrell, Dr Robinson with Dr Bold as Council representative and the Treasurer (Dr G Walker) be the Publications Advisory Committee'.

## World-wide Publicity

It was unfortunate that Noel Raine's health was failing and his contributions could only continue for a short while. Professor Noel Maclagan took over editorship of the Annals; Vincent Marks became Chairman of the Publications Committee (with David Orrell as Secretary) and subsequently also succeeded Noel Maclagan as Editor of the Annals. During his period as chairman, Vincent Marks commented on a number of occasions that it might be better if the chairmanship of the Committee was occupied by someone other than an editor of one or other of the publications: Council agreed and from 1978 Glyn Walters (Bristol) led the Publications Committee and was followed by Stephen Richardson (1985-87), David Burnett (1988-91), James Hooper (1992-95), William Marshall (1996-1999) and now Stephen Halloran.

During their periods of office, each of the chairmen worked tirelessly for the Association's various publications. Not only was there work within the Committee and presenting the Committee's views to Council, but formal contracts had to be negotiated and renegotiated with publishers. At the same time, world-wide promotion of the publications was being recognised as a prime necessity: the first efforts were made by Glyn Walters



Andy Bufton, Corporate Members' representative on the Publications Committee congratulates William Marshall on twenty-five years of the committee

attending international

congresses on the Association's behalf followed by some hiring of stand space, and eventually culminating in the establishment of a Publicity and Promotion Group by David Burnett in 1989. At long last, the serving editors' pleas that new young blood must be brought in for such work had been heeded and they could concentrate on their 'proper' work. The success of the Association's stand at the 1996 ICCC at Wembley is a testimonial to David Burnett's leadership in that area of endeavour.

## Looking Forward with Confidence

In addition to responsibilities for the principal periodical publications of the Association, the Publications Committee is also responsible for occasional publications. Not least amongst the latter was the Association's history published in 1996 (*The First Forty Years* - by Peter Broughton and John Lines) in which is recorded a more detailed development and evolution of the various periodicals than is appropriate here. Considerations concerning the publication of congress proceedings have taken up a great deal of the Committee's time over the last 15 years. A recent landmark addition to the Committee's responsibilities has been to set up the Venture Publications group under David Burnett, principally for publishing a paper-back series 'Clinical Biochemistry in Medicine' written jointly by clinical biochemists and appropriate clinicians.

Coming to the end of this brief 25th anniversary and 20 year pre-history record of publications and the Publications Committee, it is gratifying that we can look forward to the next millennium with confidence. Not only are the Association's publications strong on terra-firma, but they are also being published in cyber-space with the latest recruit to the Publications Committee being the Association's Webmaster. The anniversary membership of the Committee is William Marshall (Chairman), Sue Martin (Secretary), Stephen Halloran (Annals), Jonathan Berg (ACB News), John Lines (Current Advances in Clinical Chemistry - CACC), David Burnett (Venture Publications), Gwyn McCreanor (Handbook), Jane Lewis (Annual Report), John O'Connor (Website), Andy Bufton (Corporate Member's Representative) and the Association Treasurer (Dennis Wright). The number becomes one less in 1999 as Elsevier (Amsterdam) have now taken over all responsibility for CACC and the Association will have no input to this publication.

• **Members of the Publications Committee would like to thank John Lines for his tremendous contribution over the last twenty-five years. When we were floundering, John could be relied upon to offer sound advice. ■**

## The Art of Compromise

We all work within a system whereby we have to make compromises in order to deliver the best service we can. However, there has been little debate on what compromises could or should be considered, what is good practice and what should be common practice. We all adopt different systems, which may be tailored to suit local circumstances, but are more likely to be developed in ignorance of other developments.

This session, organised and chaired by Doug Hirst, is designed to examine the compromises that are commonly made by clinicians and laboratory managers in providing a day-to-day clinical pathology service. It will address such issues as budgetary constraints, turnaround (or access) time, freedom of choice and quality issues (e.g. quality of access, analysis, calibration, information presentation and interpretation). Speakers for the session are:

- **Michael Ross** who is heavily involved with the treatment of addiction and deals with a number of different groups of clients ranging from those wishing to be treated for opiate addiction, to people facing legal action and people in custodial care. His clinical problems involve making decisions on what level of laboratory support will give him the best relationships with his clients.
- **John Seth** who has been involved in the methodology and EQA of endocrine analysis for many years. His experience relates to problems in assay design, calibration, economics, site of assay (including availability of local expertise) and issues of turnaround time.
- **Julian Barth** who is Chemical Pathologist at Leeds Teaching Hospitals and has extensive experience in clinical medicine and the interface between the laboratory and clinicians. He has examined issues involving the service we provide for clinicians (e.g. standard profiles) and the changes in the way we provide reports for clinicians.

The session will aim to identify the common conflicts and compromises which are made, categorise them (e.g. into clinical, analytical, organisational etc), quantify their relative importance and finally attempt to make recommendations regarding best, or standard, practice. ■

## Question Time at Focus

This year at Focus we shall be debating the future of laboratory medicine in a similar format to BBC's Question Time. The success of this interactive session obviously depends on your participation. To help stimulate the debate we require a selection of topical (mildly controversial) questions. The panel has been selected to provide a broad range of viewpoints and comprises:

Dr Graham Beastall  
Mr Norman Burrows  
Professor Roger Dyson  
Dr Danielle Freedman  
Professor Roddy MacSween

This is a unique opportunity for you to probe the experts and extract their innermost views on the path and direction of pathology as we approach the year 2000 and beyond. Send your questions in advance but by May 3rd at the latest to:

Dr Bill Fraser  
Department of Clinical Chemistry  
Royal Liverpool Hospital  
Prescot Street  
Liverpool L69 3GA ■

## Clinical Chemistry Brain of Britain

At Focus 99 you will once again be able to test your knowledge in the Clinical Biochemistry Brain of Britain competition. Those of you who were brave enough to participate last year will know that it is a light-hearted potpourri of the historical, clinical and analytical! All questions have true/false answers and no particular specialist areas will be favoured. This year there is not even a threat of public humiliation – simply the highest score wins.

Terminals will be sited on the ACB stand – last year this helped to make the stand a focal point for meeting old and new friends, airing views or simply recovering from the excesses of the night before! Who knows, you may even pick up something helpful, interesting or stimulating in relation to ACB affairs while you are loitering there.

Remember – Mastermind produced some unpredictable victors. Whatever your age, grade or perceived level of expertise, you could be the winner of this coveted award. ■



# Letters

## Readers speak out

### Post Office Definitive Statement?

I have recently been in discussion with the Royal Mail and on 1st March I received a letter from Mike Dando who now offers the following advice:

“ Further to our telephone conversation I can confirm that the situation is that all infectious substances (this includes those that are known or thought likely to contain pathogens in risk groups (2 or 3) must be packed to IATA packing instruction 602. Royal Mail are currently in discussions as to the way in which diagnostic samples will be accepted and are seeking advice from amongst others the HSE. Royal Mail will communicate the policy for the acceptance and packaging of diagnostic samples once the policy has been finalised. In the intervening period diagnostic samples may be posted if they meet the current Royal Mail specification for pathological specimens as shown below.

- The specimen must be placed in a securely sealed watertight container not exceeding 50 mL.
- They must be wrapped in enough absorbent material (e.g. cellulose wadding or cotton wool) to absorb all possible leakage in the event of damage.
- The specimen must be sealed in a leakproof plastic bag (when sending more than one specimen, separate containers with additional absorbent padding must be used).
- The specimen must be placed in either a clip-down container, cylindrical light metal container, strong cardboard box with full-depth lid, or a 2-piece polystyrene box with empty spaces filled with absorbent material and the two halves firmly fixed together with self-adhesive tape.
- Finally, a padded bag should be used as

the outer cover clearly labelled in bold capitals “PATHOLOGICAL SPECIMENS – FRAGILE HANDLE WITH CARE” and the sender’s name and address so that we can contact them in the event of damage or leakage. ”

It seems that we can continue to treat “Diagnostic Samples” also referred to as “Pathological Samples” as we have done previously until further notice.

It seems a pity that Royal Mail have probably caused laboratories, vets, GPs and others to spend what must amount to tens of thousands of pounds in preparation for a change which may never happen. They appear to be compounding this problem by refusing to pass on the latest information in an organised way to ensure that laboratories and others are aware that they need not use the 602 packaging with the associated increased postal costs, for “Pathological Samples” until further notice.

**Dr J R Bonham**

**Director of Pathology**

Dept of Chemical Pathology & Neonatal Screening  
Sheffield Childrens Hospital NHS Trust  
Sheffield S10 2TH

### Who are You Kidding Jonathan . . .

I am a biomedical scientist very near the end of a forty year career in Clinical Chemistry. A colleague of mine, a member of the ACB, allows me to read his copy of the ACB News. I was intrigued by the article by Jonathan Berg in the January issue.

Several years ago I applied to join the ACB. My qualifications included MSc (Clinical Biochemistry, from the University of London) and MIBiol (special subject clinical chemistry). I was refused on the grounds that my job title was MLSO.

This restrictive membership policy is difficult to reconcile with the 'progressive and enlightened organisation, often willing to look at change' mentioned in the article.

**Keith Lewis**

31 Cambridge Road North  
Chiswick  
London W4 4AA

**Editor's Note:** The Editor's view, espoused in committees and these pages since 1989, on having a more open membership is well known. I suggested that the ACB was "relatively progressive ..." and certainly not "progressive..."

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## Microbiological Considerations

Your report (ACB News, January 1999, p12-17) describes Dr Gupta's paper linking chronic infection with atherosclerosis. A physician friend of mine, Dr D Grime at Blackburn, wrote of this many years ago, but was ignored.

When I did my medical microbiology in the primary exam many years ago, all viruses (other than phage) were called 'ACB virus', and so on. Dr Gupta's 'C, pneumoniae virus' sounds more like a harmless bacterium; can we know more?

**Nick Howarth**

Clematis Cottage  
Great Corby  
Carlisle CA4 8LT

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## Cholinesterase Genotyping Service

In the Southmead laboratory we have been offering a service for butyrylcholinesterase (BChE, serum cholinesterase) investigations for over 20 years. The service has up to now included total cholinesterase measurement and biochemical phenotyping using various inhibitors.

However, it has become clear during recent years that biochemical methods alone cannot accurately identify all variants, and apparent discrepancies

between phenotype and clinical findings have emerged. This is particularly true where an individual is a compound heterozygote. With the evaluation of the gene responsible it is now possible to determine a true genotype using DNA analysis.

The cholinesterase unit at Southmead is now able to offer a genotyping service in addition to activity and biochemical phenotyping. We do need an extra sample for this, 4 mLs of EDTA whole blood, in addition to the 1 mL of serum needed for the biochemical studies.

We are also willing to undertake genotyping on individuals whose phenotypes have been determined elsewhere and to carry out activity measurement for occupational monitoring.

If readers would be interested in using this service they can contact me at the address below.

**Roberta Goodall**

**Head of Cholinesterase Unit**

Department of Clinical Chemistry  
The Lewis Laboratories  
Southmead Hospital  
Westbury on Trym  
Bristol BS10 5NB  
Tel: 0117-9505050 ext 3012  
Fax: 0117-9591792  
Email: goodall\_r@hotmail.com

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## Laboratory Placement Sought from Poland

Please could I ask readers of ACB News for some help? I need to spend 12 months in a hospital laboratory in the United Kingdom in order to prepare myself for the MRCPPath examination. I am a medically qualified laboratorian with considerable experience. Your readers may remember that I wrote on clinical biochemistry in the June 1991 issue of ACB News.

If anyone would like to consider helping me I would be very happy to send them my curriculum vitae.

**Dr Tomasz Dutkiewicz**

Konopnickiej 53  
PL-71-132 Szczecin  
Poland  
Tel/Fax: 148 91 73 884

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## In Vino non in Veritas

Further to the letter regarding Dr Kim Tebbutt's mention of the Black Country vineyard as the most northerly in the UK, the owner/vinter did qualify the statement by saying the vineyard is the most northerly commercial operator of any size in Britain for red wine.

On this occasion, and after wine-tasting our fifth bottle, we allowed our scientific judgement to be overcome by the vinter's dramatic license – a case of 'in vinvo non in veritas'.

**E F Legg**

**Consultant Clinical Chemist**

Dept of Clinical Biochemistry  
Birmingham Heartlands Hospital  
Bordesley Green East  
Birmingham B9 5SS

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## Côtes du Noir Pays

To clarify a point arising from Kim Tebbutt's report of the recent ACB Training Course in Birmingham and commented upon by Mike Hooper in February's ACB News (Issue 430, page 22), the vineyard in question, Halfpenny Green Vineyard, on the Wolverhampton/Dudley border, is the most northerly vineyard in the country in production of red wine. Indeed, this was sample to much acclaim by the delegates during their visit.

Although more northerly vineyards can be found in the UK, other areas of similar latitude are not as fortunate as the Black Country in being blessed with the ecological environment necessary for the production of a quality red.

**Andy Hartland**

**Social Programme Organiser for the Birmingham ACB Training Course and Proud Wulfrunian**

Dept of Clinical Biochemistry  
North Staffordshire Hospital NHS Trust  
Stoke on Trent

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## Trainees View on IBMS/ College Merger Proposals

Many of the RCPATH Chemical Pathology trainees in the West Midlands region are deeply concerned

about certain aspects of the proposed IBMS/College merger, as published in the RCPATH 'Bulletin' in January. Under the proposed College structure, holders of the MRCPATH Part 1 would share their Diplomate status in a new faculty of Laboratory Science with a larger number of medical and science graduates (both biomedical and clinical scientists), who may qualify, without further examination, by possession of a higher degree or Fellowship of the IBMS.

It is our view that passing the Part 1 examination demonstrates a higher level of competency than the aforementioned 'qualifications', and is often considered a valuable qualification in its own right. Thus, achievement of this higher level of competency deserves special recognition by the College, regardless of the professional group of the holder.

We are also concerned that no information has been published about the requirements for achieving full membership of the College. We intend, through the ACB Trainees' Committee, to gain full assurances from the College that the current Diplomates, should they wish to, can gain full membership under the existing regulations and that Diplomates admitted to the new faculty, without passing Part 1, will not just be able to take Part 2 and gain the MRCPATH, without taking Part 1 first.

As these merger proposals are discussed, we hope senior members of all the professions involved in the negotiations will consider carefully the wishes of those currently 'in the system'.

**David Kennedy**

Birmingham Women's Hospital

**Alison Moore**

Birmingham Heartlands Hospital

**Clare Ford**

Birmingham Heartlands Hospital

**Michelle Fowler**

Birmingham Children's Hospital

**Sue Keffler**

Birmingham Children's Hospital

**David Hardy**

Birmingham Children's Hospital

**Neil Anderson**

New Cross Hospital, Wolverhampton

**Jenny Davies**

Royal Shrewsbury Hospital

## Syva Drug Monitor Live!

### Reported by Mike Hallworth, Shrewsbury

The second Syva Drug Monitor Live! Meeting was held in London in October, 1998.

The meeting began with a presentation on Drugs and Driving by Dr Rob Tunbridge, Research Programme Manager and Superintendent David Rowe, Police Liaison Officer with the Department of Environment, Transport and the Regions. Dr Tunbridge began by discussing the results of a study begun in 1996 to assess the extent of drug use in road traffic fatalities. A previous study, between 1985 and 1987, had shown that only 5.5% of road accident victims had consumed prescription drugs (benzodiazepines and tricyclic antidepressants) and 3% had consumed illicit drugs (cannabis, amphetamines, opiates, cocaine and methadone) implying that the drugs/driving problem was small in comparison to drink driving. In the same study, 35% of accident victims had consumed some alcohol and 25% were over the legal driving limit.

The preliminary results from the current study showed a very different pattern. The incidence of drivers over the legal alcohol limit has fallen to 23%, but 22% of drivers were testing positive for drugs, of which 4% were medicinal and 18% were illicit – a six-fold increase on the mid-1980s. Cannabis was the main drug detected, and Dr Tunbridge emphasised the difficulty in interpreting these data. Cannabis can remain in the bloodstream for three weeks or so after smoking.

### Drugs and Driving

Superintendent Rowe picked up the story at this point, and confirmed that there is little evidence at present that drugs and driving present a real road safety risk, but indicated that suspicions are growing. He indicated the current problems faced by the police in identifying the extent of drug abuse with no acceptable roadside screening device at present for drug testing, and police officers in general do not have the training to recognise the signs of impairment due to drugs. Superintendent Rowe described current work to address these issues.

In the second talk, Dr Philip Patsalos from the Institute of Neurology, University College London, gave an overview of the interactions between antiepileptic drugs. This has been a particularly important subject since 1989, as five new major antiepileptic drugs have been introduced in UK clinical practice – vigabatrin, lamotrigine, gabapentin, topiramate and tiagabine. Dr Patsalos classified the

interactions into pharmacokinetic and pharmacodynamic interactions. Drug interactions are not an issue for most of the time in the 70% of patients whose epilepsy is controlled with a single drug (monotherapy), although a minority of these patients will require polytherapy at some point in their illness, often for short periods. The remaining 30% of patients are controlled on two or more drugs, and interactions may play an important role in optimising therapy.

### On-Site Drug Testing

The third speaker in the morning session was Dr Leo Kadehjian, an independent biomedical consultant in Palo Alto, California. Dr Kadehjian has special experience with on-site drug testing programmes and non-instrumental testing devices, and also provides oversight of the United States Federal Courts drug testing programme. He spoke on Unit Test Methods and drug courts, and began by describing a survey of non-instrumental devices. He noted that, although there was some degree of variation in the performance of non-instrumental devices on the market, overall they showed good negative and positive predictive values, and the best devices gave performances comparable to a reference instrument.

Dr Patrick Toseland, recently retired from the post of Consultant Biochemist at Guy's Hospital, London. He spoke on Progress in Forensic Sciences, and provided an excellent review of developments in this field across his long career, well illustrated with case studies and showing a lifetime's experience in forensic toxicology. Dr Toseland reviewed such diverse topics as paracetamol poisoning, post-mortem alcohol testing and the investigation of diabetic deaths, and indicated the different approach required in post-mortem work, where considerable skill and judgement is required in assessing the significance of drug concentrations found at various tissue sites.

Mike Hallworth chaired the meeting, and the individual contributions will be reported in detail in the publication Syva Drug Monitor, beginning with the Spring 1999 issue. Monitor is available free of charge from Dade Behring Ltd, Walton Manor, Walton, Milton Keynes MK7 7AJ, or can be downloaded as a .pdf file from the Dade Behring link on the London Toxicology Group website, which also contains a wealth of other useful drug information. (<http://ramindy.sghms.ac.uk/~ltg>). ■

## Menarini and Inova Diagnostics

On 1st February 1999, Menarini Diagnostics UK became the exclusive distributor for Inova Diagnostics, the Autoimmune Diagnostics technology company. Menarini and Inova have been working together for many years in mainland Europe, and have taken this opportunity to extend their marketing partnership and strengthen Menarini's position in immunopathology, adding to their specific protein and immunohistochemistry ranges.

Menarini UK has established strong positions in several niche markets in diagnostics, most notably in HbA1c measurement. Following several years of rapid expansion, 1999 sees a new division focused on the home glucose testing market and the launch of a pharmaceuticals division.

For further information please contact Sally Wilson, Marketing Support Manager, A.Menarini Diagnostic Ltd, Pentos House, Falcon Business Park, Ivanhoe Road, Finchampstead, Berkshire RG40 4QQ.

Tel: 0118-973-0013. Fax: 0118-973-4214 ■

## Eurogenetic Tosoh on the Right Track at Focus 99

Eurogenetics UK is looking forward to participating at Focus 99 in Manchester. The company is part of the giant Tosoh Corporation which has an annual turnover of \$3,200 million with 7,000 employees around the world. Tosoh has a wide product base with products as diverse as aspartame, the soft drink sweetener, to manganese production for dry batteries. Tosoh also owns leading HPLC patents and the company began their work on diagnostic diabetic monitoring in the 1970s.

Several years ago Tosoh had a change of strategy from OEM manufacture of HbA1c equipment to direct sales. In the United Kingdom, Eurogenetics has now been marketing the A1c 2.2 for just over two years. In this short time twenty hospital laboratories have had the analyser installed with half the sites also having AIA systems. At Focus Eurogenetics will be presenting a total laboratory automation tracking systems to which the HbA1c and AIA systems are linked.

If you would like further details of the Eurogenetics tracking system or HbA1c analysers then please call: Tel: 0181-296-8800 or Fax: 0181-296-9039. ■

## Sigma-Aldrich Material Safety Data Sheets Available Free On-Line

Almost 85,000 materials safety data sheets (MSDS) for products in the Sigma-Aldrich range are now freely available simply by connecting to the company's new supersite (<http://www.sigma-aldrich.com>). A straightforward registration procedure is all that is required to enable anyone to access MSDS documentation for a variety of brands in the Sigma-Aldrich range, including Sigma, Aldrich, Fluka and Riedel-de Haën. Such comprehensive MSDS information allows purchasers to familiarise themselves with the products before buying.

MSDS documents define each product. Not only do they provide details of composition, they also identify any hazardous properties and outline the appropriate first-aid treatment in case of accidental contact. They highlight any special fire-fighting procedures required.

A toxicological profile is supplied, together with information about chemical and physical properties including stability and reactivity. Disposal considerations and any pertinent regulatory tips are also featured. ■

## Olympus Diagnostic Systems Move

The Optical Diagnostic Systems Division of Olympus has now moved to the company's premises at Southall, near Heathrow and just off the M25.

Users will be familiar with the Heathrow Centre, which has been the venue for User Group Meetings and also houses the Demonstration Laboratory.

This centralised location will facilitate the co-ordination of all aspects of the company's activities including demonstration, training, technical support and sales activities.

The new contact details are:  
Olympus Diagnostic Systems  
Great Western Industrial Park  
Dean Way  
Southall  
Middlesex  
UB2 4SB  
Tel: 0171-250-4800  
Fax: 0171-250-4801 ■

## Edinburgh ACB Training Course

Sunday 12th to Friday 17th September, 1999

Topics will include:

- Calcium and magnesium
- Parathyroid function
- Metabolic bone disease
- Toxicology, clinical and biochemical aspects
- TDM
- Drugs of abuse
- Oncology
- Tumour markers
- Planning clinical trials
- Applying for research money
- TLC, HPLC, GC
- Electrophoresis
- Cancer genes
- Assessment of nutrition
- Choosing a laboratory computer
- Quality assurance
- Statistics in research

For further information please contact: Dr Geoff Beckett, University Department of Clinical Biochemistry, The Royal Infirmary of Edinburgh NHS Trust, Lauriston Place, Edinburgh EH3 9YW.  
Tel: 0131-536-2702. Fax: 0131-536-2758

## Risk Factors for Hyperlipidaemia and Cardiovascular Disease

Cockburn Lecture Theatre  
St Mary's Hospital  
Praed Street  
London W2 1NY  
Monday 29th March, 1999  
ACB Southern Region Meeting

- 10.00-10.30 Registration and Coffee  
10.30-11.00 Insulin Resistance  
*Dr Stephen Robinson, Endocrinology and Metabolic Medicine, ICSM, St Mary's*  
11.00-11.30 Protein Glycation and Oxidative Stress in Diabetes  
*Dr Avril McColl, Endocrinology and Metabolic Medicine, ICSM, St Mary's*

- 11.30-12.00 Insulin Dependent Diabetes: An Enigma  
*Dr Jonathan Valabhji, Metabolic Medicine, ICSM, St Mary's*  
12.00-13.30 Lunch  
13.30-14.00 Genetic Risk Factors  
*Professor Steve Humphries, Division of Cardiovascular Genetics, Rayne Institute, London*  
14.00-14.30 Dyslipidaemia and HIV  
*Professor Tony Winder, Royal Free Hospital Medical School*  
14.30-15.00 CHD Risk Factors in Women  
*Dr John Stevenson, Wynn Institute, Endocrinology and Metabolism, ICSM, St Mary's*  
15.00-15.30 Tea  
15.30-16.00 Hypertension as a Risk Factor  
*Dr Michael Feher, ICSM, Chelsea and Westminster Hospital*  
16.00-16.30 Homocysteine: Important or Just Interesting?  
*Dr Michael Schacter, Clinical Pharmacology, ICSM, St Mary's*  
16.30-17.00 Guidelines for Risk Assessment: Intervention and the Role of the Laboratory  
*Dr Bill Richmond, Diagnostic Chemical Pathology, ICSM, St Mary's*  
17.00-18.00 Annual General Meeting  
18.00 Evening Reception with Wine and Canapes

Everyone is welcome!

## Courses at University of York

- Problem solving for analytical scientists  
Wednesday 14th to Friday 16th July, 1999
- Capillary electrophoresis  
Monday 23rd-Thursday 26th August, 1999  
Jointly with the Chromatographic Society
- A Practical Introduction to Molecular Modelling  
Sunday 5th-Thursday 9th September, 1999  
Jointly with the Molecular Graphics Society

Further details from: Dr Terry Threlfall, Department of Chemistry, University of York, Heslington, York YO10 5DD. Tel: 01904-432576. Fax: 01904-432516. Email: [tlt2@york.ac.uk](mailto:tlt2@york.ac.uk) or Dr Annie Hodgson on Tel: 01904-433022. Email: [abh2@york.ac.uk](mailto:abh2@york.ac.uk)

## The Role of the Laboratory in the Diagnosis and Treatment of Cancer

Bradford Royal Infirmary

16th June 1999

ACB Yorkshire/Trent Region

A Scientific meeting followed by a walk over Ikley Moor.

- Molecular epidemiology: elucidating the causes of human cancer  
*Professor C P Wild, Leeds*
- Tumour growth and angiogenesis  
*Professor M Bibby, Bradford*
- The molecular biology of tumours – insights from colorectal cancer  
*Professor P Quirk, Leeds*
- The role of serum tumour markers in monitoring patients and their treatment

*Professor E S Newlands, Charing Cross*

- Paraneoplastic syndromes  
*Dr D Parker, Bradford*
- Treatment  
*Dr C Bradley, Bradford*

For those who wish to join the walk, a bus will transfer us to Ilkley, from where we will enjoy a pleasant walk over the top of Ilkley Moor, to arrive at “Dick Hudson’s” Pub. You will need good quality walking boots (waterproof) and weatherproof clothing in the event of inclement weather.

A minibus will also be available to take delegates from Dick Hudson’s to Bingley Station (on the Leeds-Airedale line).

For further details please contact: A D Hirst, Department of Biochemistry, Bradford Royal Infirmary, Duckworth Lane, Bradford BD9 6RJ.

Tel: 01274-364632. Fax: 01274-364232.

Email: [hirstd@brihosp.mhs.compuserve.com](mailto:hirstd@brihosp.mhs.compuserve.com)

## Members Handbook Abuse!

The Members Handbook is intended for the sole use of Members. The Membership list has never been sold by the Association. Corporate Members have access to the Handbook but all mailshots for Members are dealt with by PRC Associates, our advertising agents.

It has come to the notice of the Association, that as a result of the interception of a Handbook prior to delivery to a new member in Nigeria, the handbook had fallen into the hands of someone who is using it illegally. At least two members have received a ‘chain’ letter asking them to participate in some seemingly devious business, both letters have originated from the same source in Nigeria and have asked for personal banking details. At least one of these letters is in the hands of the police. We would warn members to be alert to this problem.

**Sandra Rainbow, Assistant Secretary**

**BIRMINGHAM CHILDREN'S  
HOSPITAL NHS TRUST  
DEPARTMENT OF CLINICAL CHEMISTRY**

**Clinical  
Biochemist  
Grade B**

**(starting scale in the range 8-13  
depending on experience)**

Applications are invited for a new post in this specialist paediatric hospital. The post-holder will have responsibility for the development and provision of specialist assays, in particular using tandem mass spectrometry, GC-MS and HPLC. The work will encompass assays across the whole department but initially will primarily be for the diagnosis and management of metabolic disorders.

The successful candidate will be expected to have an interest and ability in this area.

Applicants will be expected to have undertaken some training in clinical biochemistry, e.g. Grade A training scheme. Previous experience in paediatric clinical chemistry is not essential.

The post-holder will be encouraged to study for a professional qualification and appropriate training opportunities will be provided.

For further information or an informal visit, please contact Dr Anne Green or Dr David Worthington on 0121-333-9916.

An application form and a job description may be obtained from the Personnel Department on 0121-333-8350.

Closing date: Thursday 15th April 1999.



Aberdeen Royal Hospitals NHS TRUST



# PRINCIPAL BIOCHEMIST CLINICAL TOXICOLOGIST

## SALARY SCALE CLINICAL SCIENTIST GRADE B

£27,998 - £30,283 p.a. Ref No. 11873

Applicants for this key post in one of the countries largest and most progressive teaching clinical laboratories will have substantial proven relevant experience in the fields of Clinical Biochemistry and Clinical/Forensic Toxicology. The successful candidate will have an active role both in offering clinical advice and in participation in the provision of Clinical Toxicology, drug screening and Forensic Toxicology services for the region. The postholder will deputise as required for the Top Grade Biochemist in charge of Toxicology Services. The Department provides a comprehensive Clinical Biochemistry service including Clinical Toxicology for the Grampian Region and provides a Forensic Toxicology Service for all Procurator Fiscals in Scotland north of Tayside. Drug screening services provided by the Department are used by local and national employers.

The Biochemistry Department provides services to all specialist units including Special Care Baby Unit, Renal Unit etc and has available to it newly installed ADVIA 1650's and recently installed LIMS. The Toxicology Section provides a full clinical toxicology service including analytical services for the Substance Misuse Service and also provides a comprehensive commercial drug screening service as well as the provision of services to the Scottish Procurator Fiscals. The section has dedicated access to all relevant technologies including HPLC, GC MS etc.

The postholder will be required to work as part of the multi-disciplinary team which includes a wide range of laboratory, clinical and administrative staff and will work within an environment where change and innovation are frequently required. Full participation in the Extended Working Day arrangement on a rota basis is also a requirement.

Some travel outside the laboratory may be required and a valid driving licence would be an advantage.

Assistance with relocation expenses may be available, consistent with Trust policy.

Informal enquiries regarding this post are welcomed by Dr Neil Paterson, Top Grade Biochemist on (01224) 840595.

Applications by Curriculum Vitae only to include the names and addresses of 2 referees to The Directorate of Human Resources, Aberdeen Royal Hospitals NHS Trust, Foresterhill, Aberdeen AB9 2ZB.

A detailed information pack is available from The Directorate of Human Resources on (01224) 840679 (24hr jobline) quoting above Ref No.

**Closing date 5th April 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**

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