

ACB News

The Association of Clinical Biochemists • Issue 446 • 20th June 2000



**New
Chairman
Spouts
Poetry . . .
What Next!**

**May You
Live in
Interesting
Times**

**AACC/ACB
Joint QC
Meeting**



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

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Front cover:

The 1999-2000 ACB Executive prior to the AGM at the International Convention Centre.

fOCUS2001
LONDON • APRIL 30 - MAY 4

**The Association of Clinical
Biochemists National Meeting**

ExCeL, London Docklands

Goodbye and Hello on the ACB Executive

At this years Annual General Meeting it was time to say farewell to several people who have worked hard on behalf of the Association over recent years and to congratulate newcomers to the 'top table'. Ian Barnes stood down at the end of his term as Chairman and of course Ian also worked before that as ACB Secretary for many years. The last few years have seen the Executive face up to many difficult situations and, on behalf of all ACB Members, ACB News would like to thank Ian Barnes for all his efforts. Professor George Elder also stood down at the AGM and his 'wise council' and huge efforts to ensure that the ACB maintains its leading role in a changing environment has clearly been appreciated. Mike Hallworth is now the ACB Chairman and Professor

Alan Shenkin President. The full membership of the new executive is as follows:

President	Professor Alan Shenkin
Chairman	Mr Mike Hallworth
Secretary	Dr Pete Wood
Treasurer	Dr Denis Wright
National Meetings Secretary	Mr Jeff Seneviratne
Assistant Secretary	Dr Sandra Rainbow

On the ACB Committee front, one very important change was announced with Janet Smith taking over from Danielle Freedman as Chairman of the Education Committee. ■



Dr Sandra Rainbow, Mr Pete Wood, Dr Ian Barnes, Professor George Elder and Dr Dennis Wright



Poetry at Pathology 2000

During the CPA debating session at Pathology 2000, Professor Ian Lauder (Leicester) and Dr Danielle Freedman proposed the motion "This house believes that external assessment has improved quality". Dr Brian Colvin (London) and Mike Hallworth (Shrewsbury) opposed the motion. Mike concluded his presentation with a poem, which is reproduced in ACB News by popular demand!

There's only one f in Lauder and Freedman

There's only one f in Lauder and Freedman
Who today have said to us
If there's no f in EQA
There'll be a massive f in fuss.

There should be an f in SOP
For everything you do
Or there'll be no f in future
When CPA catch up with you.

But it costs an f in fortune
It takes up days and days
And there is no f in evidence
That it shortens patient stays.

And despite the f in Finlay
And his efforts for the cause
There's still no f in agreement
For the f in free T4s.

There's only one f in Lauder and Freedman
But their motion's second-rate
So, to keep the f in freedom
Vote NO in this debate!

Mike Hallworth
May 2000

MRCPath Practical Learning Experience!

I would be happy to arrange another mock practical weekend in the Autumn. However, if a need is identified, it may be possible to arrange a weekend of training for those at an earlier stage of preparation for the practical exam. This would aim to provide participants with training in basic laboratory techniques in addition to the opportunity to perform practical work.

Please contact me as soon as possible if you think you would benefit from this type of learning experience and would like to participate!

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Genetic Haemochromatosis

The British Society for Haematology has just published guidelines on the diagnosis and therapy of genetic haemochromatosis. This clear and concise guide is important to clinical biochemists as it contains recommendations as to measurements of iron, transferrin saturations, ferritin (for combined departments) and the HFE mutations C282Y and H63D.

In addition, it provides an ideal primer for MRCPath candidates and should be available from your local haematologist for consultation. ■

The Professors' Prize in Clinical Biochemistry

This year's prize has been awarded to Dr Dennis Lo from the Department of Chemical Pathology, Prince of Wales Hospital, Hong Kong. His prize lecture will be entitled 'Plasma DNA chimerism in health and disease' and will be given at 5.00 p.m. on Wednesday 27th September 2000 at the Royal College of Pathologists in London. His talk will follow the RCPATH symposium on muscle disorders. An outstanding talk is anticipated on a subject of direct relevance to the discipline - amongst other things, he has pioneered the use of cell-free plasma DNA analysis for the diagnosis of disease. ■

Liver Disease and Laboratory Medicine

With this edition of ACB News, members of the association will have received a copy of Liver Disease and Laboratory Medicine. This is the latest offering from ACB Venture Publications. The book has been jointly written by Ian McFarlane, Adrian Bomford and Roy Sherwood, all from Kings' College Hospital, London. Publication of the book has been aided by an educational grant from Abbott Diagnostics Division.

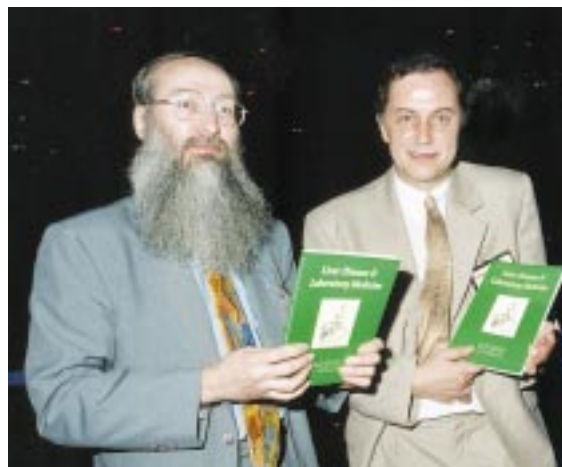
If you would like further copies of the book then it can be ordered from the ACB office - see contact details on page 3 of ACB News. Alternatively, it can be ordered from any bookshop or internet book supplier.

Liver Disease and Laboratory Medicine.

Authors: McFarlane, Bomford & Sherwood.

ISBN 0 902429 10 8 £24-00

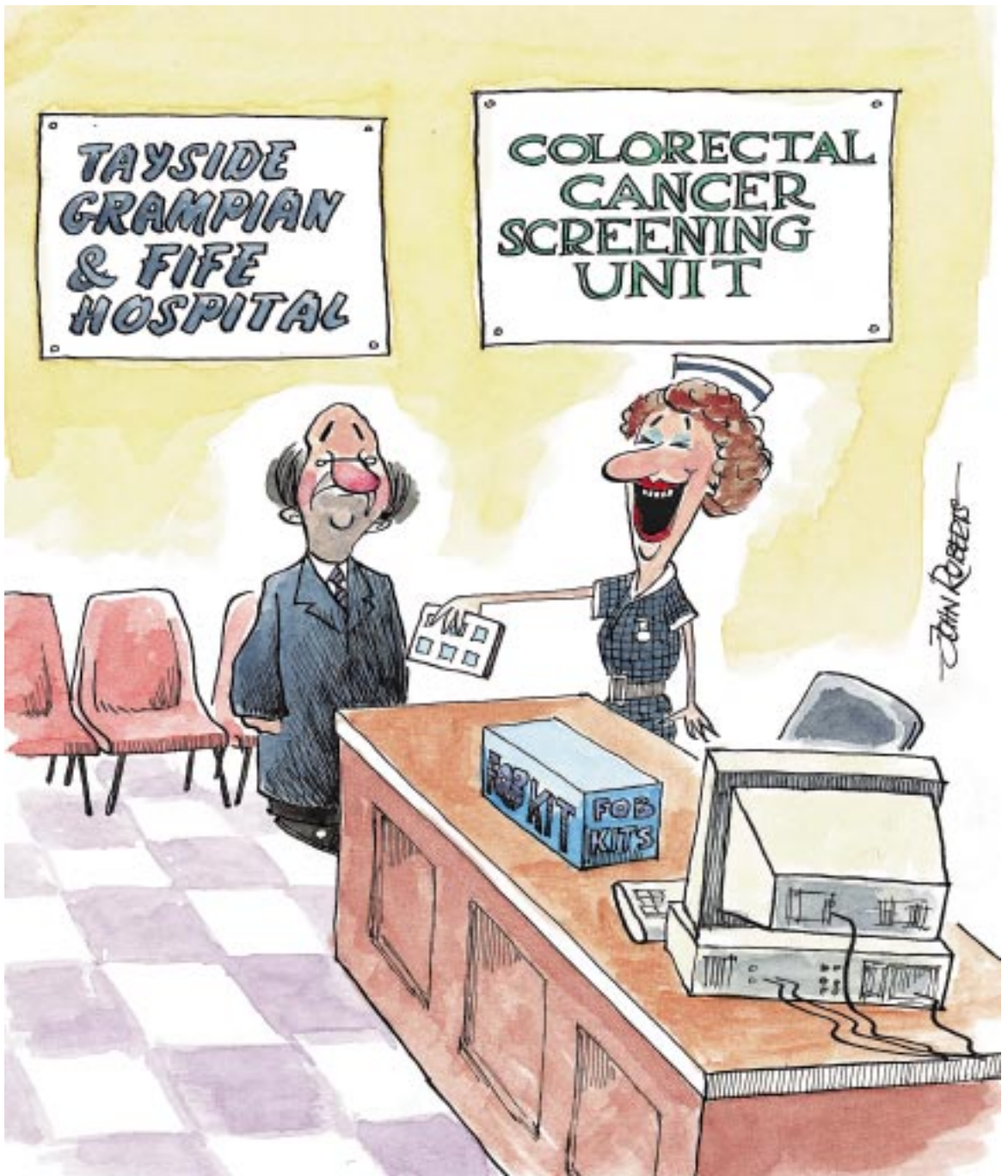
Published by the Association of Clinical Biochemists ■



Stephen Halloran, Publications' Committee Chairman with Roy Sherwood, one of the authors of the new book on liver disease

Northern General Downs Errors

Readers will be aware of the recall of approximately 150 pregnant women who had been given incorrect Downs Screen risk scores in the Sheffield area. The computer software used by the Northern General Hospital in Sheffield was Pathlan. This is only used at the Northern General and Hartlepool Hospital, with only the Northern General using it for Downs Screen risk calculation. It is understood that inquiries into the incident are likely at Trust and Regional level and the MDA is also investigating. ■



“No, Mr Smith – it’s not Scratch & Sniff!”

Electronic Submission of Poster Abstracts for Pathology 2000

John Williams, Piggott Printers, Cambridge

Background

There are a number of advantages to submitting poster abstracts electronically. There should be a significant saving of staff time re-typing text (with the possible introduction of errors) and authors (particularly from abroad) can avoid the vagaries and delays of the postal system. However, there is, as yet, no one definitive system or off the shelf software to handle electronic submission and the process is far from straightforward.

Submission of poster abstracts electronically was first tried by the ACB for Focus 99 using e-mail attachments. This was not satisfactory for three main reasons. First, because with so many different operating systems, e-mailing packages, encoding and compression modes a number of attachments were not received properly first time, second because the rich text format chosen, although theoretically a standard, is in fact implemented very differently by different word processors and third because, once received, considerable work was required to re-format abstracts and check special characters and compensate for software and font inconsistencies. Perhaps a third of abstracts were sent electronically, but as many as half of these had significant problems.

The Florence IFCC meeting allowed abstract submission via a web form. Although this only allowed a limited range of special characters and relied on the browser rendering html entities for previewing, this seemed to be potentially a more satisfactory route, allowing tighter control of submissions. A variety of other methods of electronic submission have been tried by different organisations, some using standard word processor templates or adobe acrobat pdf files. In many cases however the organisations in question have made a

decision to sacrifice at least a degree of visual uniformity and/or editorial control over the abstract. The challenge facing Pathology 2000 was to devise a system that maintains these.

Character coding and styling

The major hurdle seemed to be how to ensure that characters typed on a variety of operating systems would be correctly received and printed, and that bold, italic, bolditalic, subscript and superscript styling could be maintained. Most computers define each character using 8 bits, giving 256 possible options. The ISO standard character set in theory offers a full range of characters, but in practice only the characters of the old ASCII character set (defined by the first 7 bits of code and occupying decimal slots 32-127) are guaranteed to work consistently on any computer platform. Slots 0-32 and 128-256 are used to represent different characters on Windows, DOS, Unix and Macintosh systems. In addition, certain mathematical or greek symbols fall outside the 256 character set altogether and can only be represented using special fonts. To complicate matters further, most internet data is transferred in only 7 bit format.

We decided to allow the 'safe' 95 odd characters and symbols plus a limited and defined sub-set of special characters and styling options which users would need to encode themselves. The additional character set comprised 11 greek characters, 21 symbols and 27 accented lower case characters which should have covered almost all, if not perhaps every, eventuality.

It was decided to use the standard html escapement codes, where available, to represent characters since they are relatively mnemonic and also represent some sort of existing standard; hence a greek alpha is entered as α an e acute é

and a trademark symbol (one of the most notorious characters for cross-platform problems) ™. Styling codes are a simplified version of html coding where, for example, bold text is enclosed by codes - this is similar to the system adopted by the Florence meeting.

Previewing

It was considered essential that users had the ability to preview the text and codes that they entered and this was achieved by means of a pop-up preview. It was felt wholly inadequate to rely on browsers correctly rendering the html escapement codes. Instead, while html text was used to preview the standard characters and the styling (style codes being temporarily converted to fully compliant html), special characters were previewed as tiny in-line gif images displayed within the text, thus avoiding any cross-platform or software issues. This was designed to be reliable, although the appearance of the .gif images did not always precisely match that of the rest of the text.

Saving

For the convenience of users we made it possible for them to save abstracts that were under preparation so that they could come back to them at a later date and re-edit them or even get colleagues to look at them. When users saved they were given a code number which they could then enter at a later date to retrieve the saved data. Each save generated a new code number so all states of the abstract remained available. Users were warned that they used this function at their own risk.

Submitting

On pressing the submit button a series of JavaScripts (simple programs executed by the user's web browser) were invoked to check that all the mandatory data fields were filled out and that the abstract title and abstract text fields were not overlong. Users were then warned that they must be absolutely certain that the abstract was correct before submission and they must not try to re-submit (multiple submissions being an obvious potential source of problems). They were then taken to a page where they were told that their abstract had been submitted and that they would be notified of acceptance by 4th March. On 'OK'ing this they were taken back to the Pathology2000 home page. They

were also simultaneously sent an email confirming this with the first words of their abstract text in the title (provided they had entered a valid e-mail address).

Abstracts received conventionally as hard copy were entered on the web by the Pathology 2000 office and hence went through the same process as other abstracts.

Exporting and formatting abstracts

For such an automated system to be worthwhile, the data had to be imported into a page layout program and formatted with the minimum of time and effort and the maximum reliability. This was done using the Quark Xpress 'XPress tags' import feature which allows specially coded ASCII text to be imported into Quark Xpress with styling automatically applied. When an abstract was submitted, the relatively user-friendly codes which the authors had used were translated into the more obscure XPress tag codes by specially written scripts running on the web server. The data was saved as an ASCII file in a password protected folder from where it was downloaded by the Pathology 2000 office.

Style sheets were set up within an XPress template for each paragraph element of the abstract and these were activated when XPress encountered the correct tag. For instance a paragraph starting '@address:' automatically invoked the characteristics of the address style sheet in terms of font, size, spacing etc. There were other tags for bold and superscript text and for special characters, many of which were denoted by the specific decimal character reference in the specific font that would be used (for example ampersand is <\#038> in Times New Roman).

Subsequent editing

On receipt, abstracts were temporarily imported into QuarkXPress and printed out unedited for forwarding to the editors for assessment, and thence to the technical editor who incorporated their changes and made any further corrections directly on the original ASCII file using XPress tags as necessary. The abstracts were then re-numbered and combined to make one large file for each day. The combined files were re-imported into QuarkXPress to produce a first page proof.

Submission: Statistics and Problems

Of 366 abstracts published only some 54 (15%) were submitted as hard copy - the remaining 85% were submitted electronically. Electronic submission started on November 8th 1999 but by the end of the year only 9 abstracts had been received. After January 5th 2000 the rate of submission picked up with on average about a dozen submissions each day, but it was not until the day before the deadline that the bulk of submissions started to arrive, with 42 on January 13th and 217 on January 14th, the deadline day itself. Some duplicate submissions of abstracts were received but this was not as severe a problem as anticipated.

Roughly 20% of abstracts had minor technical submission problems which prevented automatic import of the text. However, most of these problems were minor and very quickly dealt with. Some 15 (5%) of abstracts received had problems serious enough for it to be necessary to contact the author and ask for re-submission. In a significant number of cases this was because the character '<' had not been encoded. In a few cases the main abstract text, and sometimes other fields as well, were missing; the cause of this is currently unknown.

Most worryingly, in three cases only the title was received with no abstract text, author or contact details. Fortunately it ultimately proved possible to trace all three authors.

A number of authors reported some problems with the submission process. In some cases these were solved by switching to a different machine. It is possible that the way in which certain institutional networks are configured with proxy servers caused problems. A few authors also reported problems retrieving 'saved' work; in some cases this seems to have been related to the presence of a percent sign. Regrettably, it was not possible to devise a system which worked with browsers earlier than version 4.0.

As with all web-based processes, speed was not always as fast as users would have liked. However, on the two occasions when users reported slow response times and it was possible to carry out test from a different machine soon after no significant slow-down was observed, implying that local conditions were at least partly responsible.

The Editing Process

After submission there was a considerable amount of work for the editors and technical editor correcting and standardising the submissions. Arguably this workload was slightly greater with electronic submission, for two reasons. First, some problems were discovered in some of the submissions which had to be corrected, for example some apostrophes and dashes were missing and there were problems with some percentage signs. The causes of all of these are not yet known, although some issues may relate to automatic correction functions in word processors. Secondly, when abstracts are submitted as hard copy and typed in by an experienced typist familiar with the conventions of the publication, a number of minor corrections - for example to capitalisation - can be made 'on-the-fly' before the manuscript is seen by the editors.

It is also arguable that the very speed of the process, coupled with the likelihood that many authors may not have seen their work in hard copy form before submission, could have encouraged a less careful approach. A number of abstracts were submitted with codes missing their final semi-colon and these could not have previewed correctly, implying that authors either failed to preview their work as requested or did not check the preview carefully.

Conclusions

Feedback from users and others involved with abstract submission for Pathology 2000 is still being sought. However, below are a few provisional conclusions.

This has been a significantly more difficult process than was originally anticipated. Because web development work can be very expensive, costs could easily have got out of hand beyond what could be justified by the scale of the project. However, it ultimately proved possible to produce a cost-effective solution that worked, even if it was not entirely without problems. The final process of importing text into Quark Xpress seemed to work particularly smoothly and was not, in itself, difficult to set up. While it might be possible to correct some of the outstanding issues, owing to the diverse and developing nature of the internet and web software, even the most sophisticated and expensive solution is likely to experience problems, and it is therefore

important to have adequate mechanisms to deal with these.

The present system could have been improved by publishing on the web site a list of authors and titles successfully received, together with a highlighted list of problematic abstracts whose authors would be asked to contact the office. Authors would have to be made aware from the outset that it would be their responsibility to check this list. This would have been a useful addition to the acknowledgement email which only really signified that something had been submitted without checking content received. In the event such a list was published, but since it was a last minute decision many authors would not have been aware of it so its use was limited.

It would be possible to devise a system which used the web even more effectively, whereby submitted abstracts were be stored centrally in a database on a web server where they could be accessed and edited by editors (and perhaps tracked and even finally approved by authors) before being exported for publishing. However, the cost and problems involved with implementing such a system could be very significant.

Obviously there is a play off between functionality and complexity - the greater the range of options users are offered the more complex the process and the instructions become. In the end, at the possible risk of deterring some users, the instructions were fairly detailed and the range of codes wide. In retrospect, it might have been preferable to provide a shorter list of commonly used codes by default, giving users the option to view a fuller list if necessary.

In counting the number of words in an abstract JavaScript only actually counts the number of characters since counting words is very much more difficult. A character limit was therefore devised to approximate to 200 words with some margin for error. Because words in pathology tend to be longer than average this proved too low and was raised, although even with the raised limit one or two users experienced problems. In future it would be better to specify the limit as a character limit in the first place.

Problems aside, however, there appears to be a strong and growing preference among users for electronic submission; some 85% opted for it over hard copy submission, a significantly higher proportion than expected. This preference is likely to

grow and it would seem arguable that for a similar meeting in 2001 it might be unnecessary to go to the expense of distributing an abstract form to every delegate (although one could still be available on request).

Web capabilities and software generally are developing rapidly and it seems likely that the integration of XML with HTML, the adoption of unicode fonts, the improvement of Adobe's pdf format or other developments may provide the building blocks for a better system in a few years time but in the interim the present system seems a workable and cost-effective solution.

EXAMPLES

A sample abstract as submitted by the author:

```
An abstract
A J Author
A hospital somewhere
Sample abstract text about pathology, sample
abstract text about pathology. Here is some
<SUP>super<SUP>script here is some
<SUB>sub<SUB>script here is some bold
<B>bold<B> here is some italic <I>italic<I>.
<BR>Here is a beta &beta; and here is an alpha
&alpha; and here is a gamma &gamma; and here is
a mu &mu;. Here is an at sign &commat;;.
```

XPress tags ASCII file of the abstract:

```
<v1.5>
@number:20
@heading:An abstract
@author:A J Author
@address:A hospital somewhere
@text:Sample abstract text about pathology,
sample abstract text about pathology. Here is
some <+><z7>super<+><z$>script here is some <-
><z7>sub<-><z$>script here is some bold
<B>bold<B> here is some italic <I>italic<I>.
Here is a beta <f"symbol">b<f$> and here is an
alpha <f"symbol">a<f$> and here is a gamma
<f"symbol">g<f$> and here is a mu
<f"symbol">m<f$>. Here is an at sign <\@>.
```

The same abstract imported into Quark XPress:

20

An abstract

```
A J Author
A hospital somewhere
Sample abstract text about pathology, sample abstract text
about pathology. Here is some superscript here is some
subscript here is some bold bold here is some italic italic.
```

Here is a beta β and here is an alpha α and here is a gamma γ and here is a mu μ. Here is an at sign @.

May You Live in Interesting Times . . .

Reported by Sophie Barnes, Greenwich District Hospital

Sixty delegates gathered in Manchester in April to share their knowledge and the facilities of Allen Hall in the final ACB training course of the current series. The course was, as we have come to expect, a hectic week of scientific and not-so-scientific activities!

Fast and Quick . . . but is it Useful?

The lectures covered a range of clinical and analytical topics as well as the more esoteric management and ethics issues. The clinical topics were predominantly endocrinology with an initial overview of the hypothalamic-pituitary axis before focussing on the individual axes. Much time was given to consideration of the gonadal axis and the implications of hormone replacement, infertility and assisted pregnancy. This was complemented by lectures on the thyroid and adrenal glands, cortisol and growth hormone replacement and multiple endocrine neoplasia. The other clinical lectures focussed on the changes in clinical biochemistry during pregnancy and the paediatric and neonatal periods.

The analytical lectures covered a variety of techniques: dry chemistry, biosensors, polymorphism analysis, microarrays and point of care testing. These raised many issues, for example the ever-increasing range of point of care analysers. Just because it is possible to measure something faster and closer to the patient, is it beneficial or cost-effective?

We also explored various management topics. Following the lectures and group exercises on business planning and purchasing I'm sure we are all now well equipped to get the most we can from dwindling budgets despite all the procurement procedures! We also attempted to unravel the mysteries of clinical governance: who is responsible and what does it mean to us?

The week concluded with a presentation from the chair of the NorthWest Multi-centre Research Ethics Committee and a discussion on the ethical dilemmas that face us as clinical biochemists both now and in the future. We re-visited issues concerning the development of microarray techniques that measure many analytes simultaneously. For example, just because it is possible to measure something at no extra cost does that mean we necessarily should?

Stars in Our Eyes and a Pluto Buffet . . .

We were greeted on arrival in Manchester with the traditional quiz night. However, it was a very light-hearted quiz that had us all racking our brains for continuations of song lyrics, that elusive part of the Coronation Street plot and trying to discern the exact flavours of

*Review of
National Training
Course No. 6 -
Manchester
2000*

unlabelled crisps. A few handy hints from one of the quiz masters and we were still none the wiser!

The trainees committee hosted the biannual trainees' night at which Howard Worth spoke about the work of the Workforce Advisory Committee. Howard and Mike Hallworth (then ACB Chairman elect) then opened the floor for discussion of the issues that had been raised and other pertinent training issues.

Tuesday was a change to the traditional training course programme and was a free night to either relax or enjoy your chosen Mancunian delight. The organised social programme continued the following evening with a trip to Jodrell Bank, home of the Lovell radio telescope. As our stomachs expanded following the Pluto buffet, we were treated to a lecture on the history and major discoveries of cosmology. However, what we as a universe are expanding into is still a mystery! After this it was heads back and a crick in the neck for the planetarium show as we were given a whistle stop tour of the sky at night and an entertaining running commentary from Jodrell Bank's comedian-in-residence!

The gastronomic and social finale was a banquet at the famous Yang Sing restaurant in Manchester's Chinatown enjoyed by all the delegates and many of the organising committee and speakers. The traditional post-dinner outing into Manchester however did not run quite so smoothly, a minor incident resulted in one of the delegates requiring the services of Manchester Royal Infirmary!

I'm sure I speak for all the participants in thanking the organising committee for hosting such a varied and interesting course. The course handbook greeted us with a Chinese curse: "May you live in interesting times." I believe we shall. ■

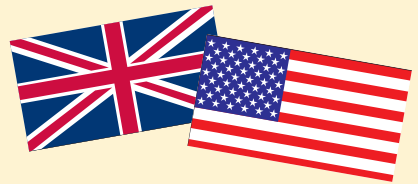
AACC & ACB Joint Meeting New Approaches to Quality Control

28-29 September 2000, Cambridge

For a full programme of this innovative meeting please contact:

The Association of Clinical Biochemists,
Administrative Office,
2 Carlton House Terrace,
London SW1Y 5AF

Tel: 020-7930-3333 Fax: 020-7930-3553



"An essential meeting for laboratories serious about QC"



Letters

Readers speak out

Affinity Chromatography of HbA_{1c}

As the UK distributor of Primus Corporation HbA_{1c} reagents and systems I am writing to clear up some misinformation regarding affinity chromatography methods which is currently being promulgated.

All Primus methods and systems are certified by the US National Glycohaemoglobin Standardisation Programme (NGSP) and are considered traceable to (or aligned to) the Diabetes Control and Complications (DCCT) reference method.

Primus methods incorporate the use of HPLC using phenyl boronate columns for the measurement of total glycated haemoglobin giving the highest form of precision and accuracy. Data from correlation studies allows an accurate conversion from total glycated haemoglobin to the HbA_{1c} fraction. Primus provides calibrators that have HbA_{1c} values thus permitting a calibrated Primus system to provide direct and accurate patient HbA_{1c} values.

While not belittling the need for standardisation of HbA_{1c} methods it will not be possible until the advent of true reference material, such as that being developed by the IFCC. In the meantime, I would suggest that professionals assess the performance of HbA_{1c} methodologies on other clinically relevant criteria such as assay reproducibility and the quality of HbA_{1c} results in the presence of known interferants.

Brian Conibere

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Pincents Kiln Industrial Park
Calcot
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RG31 7SB

The Role of the Chemical Pathologist Re-visited . . .

I hope that Professor Shenkin's letter (ACB News, March) is not the last letter on the never-ending

debate on "who needs an MRCP?" The comments on the role of the chemical pathologist vis a vis that of the clinical scientist is neither central to the debate nor is it the key issue. I believe one group has MB,BS with licence to practice medicine and the other does not - maybe that counts for naught, as NHS Trusts and other employers are free to hire whoever meets their needs and requirements. Apart from the worries about the future of the profession, the key issue and concern is the insinuation that the current members and fellows of the college (especially those without MRCP/FRCP) are not equipped to take "consultant responsibility for the clinical care of patients with particular metabolic problems"

How do you demonstrate clinical competence? With MRCP? One hopes that any trained Chemical Pathologist with an MB,BS, internship and some SHO/registrar posting can demonstrate that they have "general clinical knowledge, and skills of history taking, examination and patient assessment on which they can build their Higher Specialist Training".

Much of the emotive language that has been used has arisen partly because some of the proposals for training in Metabolic Medicine imply that Chemical Pathologists (medical doctors with MRCPath/FRCPath) somehow lack the relevant Clinical experience to be appointed as Consultants with clinical responsibility in "Metabolic Medicine". This is an incredible admission that the Royal College of Pathologists' training programme is producing Consultants who are unable to function in an area of the specialty! My interpretation of Professor Reynolds letter, scathing as it was, is that it is a challenge to the Royal College of Pathologists to stand up and defend the profession and the training they are conducting. If the college feels that its current training programme does not cover the intricacies essential for the practice of "metabolic medicine", all it needs to do is develop new guidelines for training (and re-training?) programmes to address these defects. The products of this "new" training programme, will have MRCPath and be called chemical pathologists and not (the hybrid) metabolic physicians.

In the USA, Canada and several countries in

Europe, the training programmes include rotations in internal medicine, paediatrics and some other specialties for example oncology. Certainly it is possible for the RCPATH to have such a training programme (if the current one is not viewed as such). With the absence of SHO posts, very few doctors begin their training in Chemical Pathology without SHO/registrars jobs in clinical medicine. Therefore, most Chemical Pathologists must have the training and expertise to be consultants in any aspect of Chemical Pathology of which "metabolic medicine" is but a part. A fact that no one has mentioned is that the Specialist Training Authority (STA) rejected the new proposed CCST training programme (in metabolic medicine) because it "was not substantially different from existing specialty programmes" (RCPATH Bulletin September 1999).

If senior and highly respected members of the profession and officers the RCPATH have failed to defend its training as being adequate, then the college has failed its members and fellows. Having experience in clinical medicine is mandatory and I recommend it to those currently training in my unit. Sitting for the MRCP examination should be an option left open to trainees and it should not be

regarded as the only proof of clinical competence or as an entry point (as proposed to the STA) for training in Chemical Pathology.

Rapid economic, technical and political changes are occurring and the profession needs to adapt. If the adaptation requires Chemical Pathologists "to take increased consultant clinical responsibility" the RCP should propose and prove to employing authorities that its members be allowed to use their clinical and laboratory training for an expanded role in healthcare delivery. This would invigorate its members and fellows as well as boost recruitment. So, lets keep the debate alive - I would most certainly want to read from consultant chemical pathologists who feel unable to demonstrate clinical competence and assume personal responsibility for patients with metabolic problems.

Olusegun A. Mojiminiyi

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Safat 13110
Kuwait

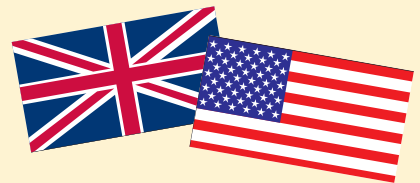
AACC & ACB Joint Meeting New Approaches to Quality Control

28-29 September 2000, Cambridge

For a full programme of this innovative meeting please contact:

The Association of Clinical Biochemists,
Administrative Office,
2 Carlton House Terrace,
London SW1Y 5AF

Tel: 020-7930-3333 Fax: 020-7930-3553



"An essential meeting for laboratories serious about QC"

Biochemical Markers and Cardiology

Education Centre, King's Mill Hospital

Sutton-in-Ashfield

13th July 2000

Yorkshire Trent Meeting

10:00 - 10:30	Registration and Coffee
Morning Chair:	Dr Robert Hill, Sutton-in-Ashfield
10:30 - 11:10	Heart Failure and Natriuretic Peptide Dr M Davies, Birmingham Heartlands Hospital
11:10 - 11:50	Heart Failure and Inflammatory Markers Dr A Cowley, Queens Medical Centre, Nottingham
11:50 - 12:30	Managing the Acute Coronary Syndrome Dr J M Rowley, The King's Mill Centre, Sutton-in-Ashfield
12:30 - 14:00	Lunch
Afternoon Chair:	Dr Eric Kilpatrick, Hull
14:00 - 14:20	New Developments from PerkinElmer Ms Tracy Whittaker, PerkinElmer
14:20 - 15:00	The Logistical and Economic Impact of the New Cardiac Markers Dr P Collinson, Mayday University Hospital, Croydon
15:00 - 15:40	Endocrine Hypertension: The Renin-Angiotensin-Aldosterone Axis Prof D G Beevers, Birmingham City Hospital
15:00 - 16:20	Homocysteine and How To Live With It Dr S Martin, Birmingham Heartlands Hospital
16:20	Tea and Depart

CPD accredited by the Royal College of Pathologists (4 points). IBMS CPD accreditation applied for.

This meeting is kindly sponsored by PerkinElmer Life Sciences.

The meeting is free for ACB members.

Non-members pay £10 (includes lunch). Please make cheques payable to Yorkshire-Trent ACB.

To register contact: Steve Goodall, Clinical Biochemistry & Immunology, Leeds General Infirmary, Leeds, LS1 3EX. Tel: 0113 392 3691. Fax: 0113 233 5672. Email: stevego@pathology.leeds.ac.uk

EUROMEDLAB

14th European Congress of Clinical Chemistry & Laboratory Medicine

EUROMEDLAB is being held from May 26th-31st 2001 in the beautiful, historic city of Prague. A modern congress city is the venue for the usual mix of science, exhibition and social opportunity. A full scientific programme is in place with an emphasis on the practice of clinical biochemistry. The opportunity exists to contribute to the scientific programme by submission of an abstract for oral or poster presentation.

If you are interested in attending EUROMEDLAB please leave an email message with Graham Beastall (100673.3342@compuserve.com) who will arrange to send you a copy of the Second Announcement.

Diabetes and Hypoglycaemia

Postgraduate Medical Centre

Royal Devon and Exeter Hospital

Tuesday 27th June 2000

ACB South West & Wessex Region Summer Scientific Meeting

10.30-11.00	Registration and Coffee
11.00-11.45	Molecular genetics in the diabetes clinic Professor A Hattersley, Exeter
11.45-12.30	Diabetes: leading the paradigm shift in vascular risk assessment Dr K Macleod, Exeter
12.30-13.30	Lunch
13.30-14.15	High specificity HbA1c assays in the post-DCCT-alignment era Dr N Roberts, Liverpool
14.15-15.00	Variation in HbA1c: how wide is the target? Dr E Kilpatrick, Hull
15.00-15.30	Tea
15.30-16.15	Glucose biosensors: towards in vivo monitoring Dr C Dack, Salford
16.15-17.00	Diagnostic strategies in hypoglycaemia Dr J D Teale, Guildford

Meeting approved for CPD by RCPATH (5 credits) and IBMS (0.5 credits). Registration fee: £15. For further details or to register, please contact Dr Andrew Day, Department of Chemical Pathology, Weston General Hospital, Grange Road, Uphill, Weston Super Mare, Somerset BS23 4TQ. Tel: 01934 647019.

Basic Research in Endocrine Dermatology

Teupitz Castle Hotel
Near Berlin
September 17th-20th, 2000
3rd Teupitz Colloquium

Further details from:

Professor Dr Ch C Zouboulis
Department of Dermatology
University Medical Center Benjamin Franklin
The Free University of Berlin
Hindenburgdamm 30
1200 Berlin
Germany
Tel: +49-30-84452808
Fax: +49-30-84454262
Email: zoubbere@zedat.fu-berlin.de

New Millennium Bugs

The Royal College of Pathologists
2 Carlton House Terrace
London SW1Y 5AF
Wednesday 18th October, 2000

- 09.00 Registration and Coffee
Chairman: Dr Geoffrey Ridgeway, University College London Hospital
- 09.45 New species, old genera
Professor Stephen Gillespie, Royal Free and University College Medical School
- 10.25 Bio-terrorism
Dr Tim Brooks, CDE, Porton Down
- 11.05 Coffee
- 11.35 The threat from multi-drug resistance
Professor Peter Hawkey, Leeds University
- 12.15 Helicobacter, ulcers and cancer
Dr Peter Jenks, Institut Pasteur, Royal Free and University College London Medical School
- 12.55 Lunch
Chairman: Professor S Gillespie, Royal Free and University College Medical School
- 14.00 The pathogenic potential of *Chlamydia pneumoniae*
Dr Geoffrey Ridgeway, University College London Hospital
- 14.40 The infective cause of asthma
Professor L Poulter, Royal Free and University College Medical School

- 15.20 Tea
- 15.50 Infective cause of arthritis
Dr Andrew Keats, Northwick Park Hospital, Harrow
- 16.30 Non-cultivable bacterial pathogens
Dr Mike Barer, Newcastle upon Tyne Medical School
- 17.10 Summing Up and Close

The symposium is open to members of the college, to trainee pathologists and to workers in other disciplines with an interest in the subject. The programme is approved for CPD.

The registration fees are: Fellows/Members £80, Retired/Trainees/MLSOs/Nurses £50, Non-members £100, including coffee, lunch and tea.

Details and application forms may be obtained from:
Scientific Meetings Officer
Royal College of Pathologists
2 Carlton House Terrace
London SW1Y 5AF
Tel: 020-7451-6740
Web: www.rcpath.org

3rd Annual European LIMS Forum

Swallow Hotel
Waltham Abbey
15th-17th November 2000

The European LIMS Forum is establishing itself as a valuable meeting point between theory and practice in the implementation and management of automated chemistry.

For more information please fax your details to:
Melinda Fonda, Third Annual LIMS Forum
on +44 (0) 1392 250 332
or email: mfonda@eclipse.co.uk

New Millennium Bugs

Royal College of Pathologists
2 Carlton House Terrace
London
Wednesday 18th October 2000

Full details and application forms for the above meeting are now available from the above address. Tel: 020 7451 6700. Fax: 020 7451 6701. Email: info@rcpath.org
Internet: <http://www.rcpath.org>

ACBI 2000

Hilton Hotel

Belfast

20th-21st October 2000

23rd Annual ACBI Conference

Friday 20th October

Morning session

- 10.45-10.50 ACBI Chairman's Address
 10.50-11.00 Opening of Conference
 11.00-11.45 Drugs in sport: past, present and future
 Dr C O'Brien, Dublin
 12.30-13.00 Commercial Seminar sponsored by
 Randox Laboratories Ltd
 13.00-14.00 Lunch
 sponsored by Olympus

Afternoon session

- 14.00-14.45 Haemochromatosis
 Prof T Cox, Cambridge
 14.45-15.30 Paediatric metabolic liver disease
 Dr P McKiernan, Birmingham
 15.30-16.00 Coffee
 16.00-16.45 Biochemistry of alcohol consumption
 Prof I Young, Belfast
 17.00-18.00 ACBI Annual General Meeting (members
 only)

Evening

- 19.00-22.00 Reception, Transport Museum
 sponsored by Abbott

21st October

Morning session

- 09.00-09.45 Concentrating on the kidney
 Dr P Maxwell, Belfast
 09.45-10.30 Why does the kidney leak protein?
 Dr D Fogarty, Belfast
 10.30-11.00 Coffee
 11.00-11.45 The erythropoietin cycle
 Dr R M Mullan, Belfast
 11.45-12.30 Dent's disease and renal tubular
 proteinuria
 Dr M Lapsley, Guildford
 12.30-14.00 Lunch

Afternoon session

- 14.00-14.45 Commenting on reports: a personnel
 view
 Dr G Challand, Reading
 14.45-15.05 Case Presentation 1
 Dr S Cunningham, Dublin
 15.05-15.25 Case Presentation 2
 Dr M O'Kane, Londonderry
 15.25-15.45 Case Presentation 3
 Mr P Auld, Antrim
 15.45-16.05 Case Presentation 4
 Dr H Grimes O'Cearbhaill, Galway

Evening

- 19.30-20.00 Wine Reception
 20.00-late Conference Banquet

Please request further details from: Mrs M Oakley,
 Conference Secretary, Heronford House, Heronford
 Lane, Skankill, Co Dublin, Ireland. Tel: (+353) 1
 2822503. Fax: (+353) 1 2822503.

BCLF 2000

Sinaia

Romania

20th-23rd September 2000

8th Meeting of the Balkan Clinical Laboratory Federation

Main topics

- Internal and external quality control in clinical laboratory
- Hypercoagulability investigation in neoplasias
- Laboratory diagnosis in autoimmune diseases
- Laboratory diagnosis in haematology diseases
- Recent advances in organ transplant
- Modern methods for diagnosis in clinical laboratory

Further details from L BCLF 2000 Secretariat, Sos. Stefan
 cel Mare nr 15, bl. 15, sc. E, et. 3, ap. 11-12 72132
 Bucharest, 2 Romania. Tel/Fax: 0040-1-210-58-14
 or 0040-1-211-30-60 or 0040-1-212-27-02 or
 0040-1-21-65-40. Email: ralcom@fx.ro

AACC & ACB Joint Meeting New Approaches to Quality Control

28-29 September 2000, Cambridge



This conference brings together leading experts from the USA and UK to consider topical areas of quality control in an innovative educational setting. The meeting is being held both in the USA and UK. In Chicago last May the first meeting was extremely well received.

Topics will include:

- The Clinician's Perspective
- Cutting-edge strategies for QC Management
- Screening Tests and QC
- Multi-site QC
- Leveraging the LIS to improve QC
- Molecular Diagnostics and QC
- Point-of-care QC Practices and the Laboratory's Role in Quality Decision-making



Delegate space for this meeting, which is based at Fitzwilliam College, is limited and early booking is recommended. A detailed brochure and information on registration and accommodation can be obtained from:
The Association of Clinical Biochemists, Administrative Office,
2 Carlton House Terrace, London SW1Y 5AF.
Tel: 020-7930-3333. Fax: 020-7930-3553

***“An essential meeting for
laboratories serious about QC”***

CLINICAL SCIENTIST Grade B Biochemistry

**Salary: Spine Point 14 - 16 £23,703 - £25,638
per annum (Pay Award Pending)**

Full-Time - Ref: WY219/00

Required in our Department of Clinical Biochemistry. A new teaching hospital will open early next year which will provide Regional Cardiology, Cardiovascular Surgery, Cardiac Transplantation, Cystic Fibrosis and Breast Screening services. You should be working towards MRCPPath and probably have completed the theoretical part of the DipRCPath examination. Training progression to MRCPPath will be encouraged and supported. You should have a general knowledge of Clinical Biochemistry as you will be expected to participate in our service commitment of the department including reviewing results and liaising with clinical colleagues. You will also be expected to contribute significantly to the research and development programme where some experience of endocrinology and immunoassay or HPLC techniques would be an advantage.

**For further information please telephone our
Consultant Biochemist, Mr E L Robinson on 0161 291 3613.**

**For application form, job description & person specification
please contact the Personnel Department,
Wythenshawe Hospital on 0161 291 2580
(24 hour answerphone). A 24 hour minicom system is
available for those individuals with hearing disabilities
(Tel: 0161 291 2355).**



*All applicants will be expected to supply evidence
of their competence to communicate
effectively in English.*

Closing Date: 11th July 2000

**WE ARE AN EQUAL OPPORTUNITY
& FAMILY FRIENDLY EMPLOYER**



Norfolk and Norwich Health Care NHS Trust

CLINICAL BIOCHEMIST - GRADE C

Department of Chemical Pathology

£33,736 - £46,170 (pay award pending)

The Norfolk and Norwich Health Care NHS Trust is a large acute Trust offering a wide range of general, specialist and sub-specialist services to the people of Norfolk and beyond. Our new hospital is currently under construction on a greenfield site on the outskirts of Norwich and is due to be completed in 2001. This will provide staff and patients with one of the most advanced facilities in the country.

We are seeking a Clinical Biochemist, who will be responsible for maintaining scientific standards within Clinical Chemistry and will also be the Deputy Head of Clinical Chemistry. The postholder will work as part of a team in order to provide a comprehensive Clinical Chemistry service for clinicians in the Norwich and Norfolk area. A review of staffing numbers within the department is to take place shortly. Applicants should be appropriately qualified (MRCPPath or equivalent.) Assistance with relocation expenses may be available.

For further information, please contact Dr Trevor Tickner, Consultant Chemical Pathologist Tel: 01603 286927. Application form and job description available from the Personnel Department, Norfolk and Norwich Hospital, Brunswick Road, Norwich, NR1 3SR. Tel: 01603 287578 or e-mail personnel.recruitment@norfolk-norwich.thenhs.com

Closing Date: 14 July 2000.

We welcome applications irrespective of age, disability, ethnic origin or gender. Additionally, people with disabilities will be offered an interview provided they meet the minimum criteria for the post. The Trust also operates a job share scheme which facilitates flexible working. We have a no smoking policy.



The ROYAL HOSPITALS

SENIOR CLINICAL BIOCHEMIST, GRADE B

(1 year contract, renewable annually for a maximum of 5 years)

Location: Department of Clinical Biochemistry, Belfast Link Laboratories.

Salary/Wage: £18,188 - £19,671.

Essential Criteria: A minimum of 3 years basic training as a Grade A Clinical Biochemist.

Additional Information: This post is primarily a higher training post in which the successful candidate will progress towards possession of MRCPATH. Further information is available from Mr GS Nesbitt, Consultant Clinical Biochemist 028 90894652.

Closing Date: 4/7/00 at 4.00pm.

Application Forms can be obtained on receipt of large SAE to: Personnel Directorate, Ground Floor, King Edward Building, The Royal Hospitals, Grosvenor Road, BELFAST BT12 6BA.

The Royal Group of Hospitals and Dental Hospital Health and Social Services Trust is an Equal Opportunities Employer and welcomes applications from all, regardless of religious belief, political opinion, gender, marital status, domestic responsibilities, sexual orientation, disability, race, ethnic origin and age. The Royal Hospitals operates a No Smoking Policy.



INVESTOR IN PEOPLE

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.