

ACB News

The Association of Clinical Biochemists • Issue 458 • 20th June 2001



**Focus swings
into the Sixties**

**PPP offers
Grants for
Electronic
Resources**

**Statin use in
Renal Disease**



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: 07973-379050/0121-607-3261
Fax: 0121-765-4224
Email: jon@bergfamily.co.uk

Associate Editor

Dr Richard Spooner
Biochemistry Department
Gartnavel General Hospital
Glasgow G12 0YN
Tel: 0141-211-3470/3353
Fax: 0141-211-3455
Email: richard.spooner.wg@northglasgow.scot.nhs.uk

Situations Vacant Advertising

Please contact the ACB Office:
Tel: 0207-403-8001
Fax: 0207-403-8006
Email: acbadmin@compuserve.com

Focus Handbook Editor

Dr Sandra Rainbow
Central Middlesex Hospital

Display Advertising & Inserts

PRC Associates
The Annexe, Fitznells Manor
Chessington Road
Ewell Village
Surrey KT17 1TF
Tel: 0208-786-7376
Fax: 0208-786-7262
Email: mail@prcassoc.co.uk

ACB Administrative Office

Association of Clinical Biochemists
130-132 Tooley Street
London SE1 2TU
Tel: 0207-403-8001
Fax: 0207-403-8006
Email: acbadmin@compuserve.com

ACB Chairman

Mr Mike Hallworth
Department of Clinical Biochemistry
Royal Shrewsbury Hospital
Mytton Oak Road
Shrewsbury SY3 8XQ
Tel: 01743-261157
Fax: 01743-261159
Email: mhallworth@compuserve.com

ACB Secretary

Dr Peter Wood
Regional Endocrine Unit, Level D, South Block
Southampton General Hospital
Tremona Road, Southampton SO166YD
Tel: 02380-796707
Fax: 02380-796898

ACB Home Page

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

Printed by Piggott Printers Ltd, Cambridge
ISSN 0141 8912

© Association of Clinical Biochemists 2001

ACB News

Number 458 • June 2001

General News	4
Focus 2001	
Corporate Members' Evening	6
ACB News	
Internet Growth and Broadband	8
IT Links	
Website of the Month - BoneKEy Osteovision	10
Examinations	
Chemical Pathology Autumn 2000	14
Trainees Committee	
Training and Retention	15
MRCPath Short Questions	
Deacon's Challenge No. 4 Answer	19
Meeting Reports	
Statin Use in Renal Disease	20
Federation News	
Part-timers and Pensions	21
Forthcoming Meetings	23
Corporate News	26
Situations Vacant	28

Front cover:

Delegates had a great time at the Focus '60s night!

focus2002
GLASGOW • SCOTLAND • 21-24 MAY
**The Association of Clinical
Biochemists National Meeting**

SECC, Glasgow

Tel: 01223 404830 Fax: 01223 404841

Email: info@focus-acb.org Web: www.focus-acb.org

June 2001 • ACB News Issue 458 • 3

PPP Grants for Electronic Resources

PPP Healthcare Medical Trust, has announced a £1m annual grants programme to support electronic learning resources in healthcare. The Trust will provide grants of between £15,000 and £120,000 for up to three years.

“At present, a wide range of electronic learning resources exists, but their quality varies considerably and there are major gaps in subject coverage,” said David Carrington, Chief Executive of PPP Healthcare Medical Trust. “In addition, a lack of information skills amongst healthcare providers and consumers is a major barrier to effective use of these resources, along with patchy access to the networks that carry such resources”.

The aim of this programme is to support the general public, those providing health services to the public and those supporting the provision of healthcare to:

- Develop new information skills
- Produce electronic learning resources (within the context of adding to existing electronic library collections and/or producing resources for internet access)
- Improve access to these resources

PPP Healthcare Medical Trust aims to support projects that intend to:

- Develop information skills to find and use electronic resources more effectively, e.g.
 - Training in searching for health information on the internet, in databases and other electronic sources;
 - Training in the development and production of new resources including website design
- Improve access to existing virtual libraries and electronic resources, e.g.
 - Facilitate outreach and information support to socially and geographically isolated communities
 - Providing resources in alternative formats

to reach groups with special needs

- Develop new learning resource content, e.g.
 - Fill gaps in subject areas, e.g. complementary medicine
 - Fill gaps in content for certain target audiences, e.g. schoolchildren
- Support information research about the use of electronic resources in healthcare, for example:
 - Research on the implications of the internet on medical education and patient care
 - Research skills training to assist in developing an evidence-based approach to service delivery.

Voluntary sector organisations, academic institutions, NHS Trusts and other public sector organisations can apply for funding for projects. In particular, applications are invited from knowledge managers, public librarians, healthcare librarians, healthcare professionals and teachers. All applications must be received by 7th September 2001.

Priority will be given to funding projects that address the needs of socially and geographically isolated and disadvantaged groups or community-based healthcare providers, which promote cross-sector and cross-discipline co-operation.

PPP Healthcare Medical Trust is an independent grantmaking charity, set up with a large endowment from the sale of the PPP Healthcare group. In 2000, the Trust's first full year of grantmaking, it awarded almost £18.5 million to help improve healthcare in the UK.

For further information on the application process, please contact David Carrington, Chief Executive.

PPP Healthcare Medical Trust
 13 Cavendish Square
 London W1G 0PQ
 Tel: 020-7307-2622
 Fax: 020-7307-2623
 Email: ppptrust@ppptrust.org.uk
 Website: www.ppptrust.org ■

Sixties Front Cover

Yet again the Focus Corporate Members have broken new ground. Austin Powers look-alikes were the main attraction and were wherever you looked and usually misbehaving. This was a great start to the Focus meeting, held in London in May. For the next few months we will be giving readers a pictorial feel for different aspects of the meeting, starting this month with a double page spread of the Corporate Members' Evening. We will also be bringing write-ups of various parts of what was an excellent scientific meeting.

ACB Brings European Meeting 2005 to Glasgow

In recent months the Association has been working on a bid to host the European clinical chemistry congress in 2005. This has involved choosing a venue then producing a detailed proposal of how the meeting would be run.

The ACB bid was presented last month at the European meeting in Prague. Our proposal was pitched

against an Italian society bid based on Naples. The ACB held a reception in Prague, which included a whiskey tasting and a lively presentation by Mike Hallworth. Plans for a Glasgow meeting were so well received that the Italians withdrew their proposal before the formal voting could take place. The ACB bid involved a lot of work by the ACB Executive along with help from the Scottish Exhibition Centre and Glasgow Tourist Board and we record our thanks to them all here. ■



Professor Alan Shenkin, ACB President, explains the intricacies of whiskey tasting to delegates in Prague.

Farewell to Julie and Rebecca

The Focus meeting office in Cambridge said goodbye to Julie Hogston and Rebecca Whitehouse after Focus 2001. Both Julie and Rebecca have become well known to us over recent years as they have answered all our queries about the annual meeting. Rebecca has now completed her degree and is moving to London to take up a position as a graphic designer. Julie has started work as a personnel banker for NatWest. We wish them both well for the future. ■

Trade Union Statement

Section 32A of the Trade Union and Labour Relations (Consolidation) Act 1992 requires the annual statement to members to be published as follows:

“A member who is concerned that some irregularity may be occurring, or have 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 such one or more of the following as it seems appropriate to raise it with: the officials of the union, the trustees of the property of the union, 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 should consider obtaining independent legal advice.” ■



Rebecca, Nikki and Julie on duty at the Focus 2001 reception desk and . . .



. . . enjoying themselves at the Corporate Members' evening!

Corporate Members' Swinging Sixties Evening

This year the Corporate Members' Evening had a 60s theme. The event was held at the Britannia International Hotel in Canary Wharf. Of course, many delegates seem to have found it very easy to find some authentic gear ... they just looked in the back of their wardrobe! See how many of the Focus 2001 committee you can spot among this lot!



It's black and white for James



It's coool in Hampstead man



David and the gang from North Wales



Diane and Gwyn united in style



Colour co-ordinated - not!



Pure quality from County Antrim

Yet more of David's girls



Too many office parties!



... And the band played on.

The Growth of Internet Traffic and Broadband

LINX

The London Internet Exchange (LINX) is a non profit-making organisation that links the networks of 120 internet service providers in the UK and handles about 90% of UK data flow. In the 1990s internet traffic doubled every 100 days and presently growth is 10% a month. With the introduction of broadband internet access another explosive growth is likely.

Presently peak internet activity occurs in the late afternoon and continues into the early evening. Increasing evening traffic reflects home users where the rising broadband connection use, with its 24 hour fast access and larger capacity, is having an effect. Real-time statistics can be seen on www.linx.net.

Broadband (ADSL) Internet Connection

Broadband is now becoming widely available in the UK. An Asymmetric Digital Subscriber Line (ADSL) uses more of the capacity of a phone line. Voice and traditional modem calls modulate a signal in a limited frequency range while broadband sends a digital signal over a much wider frequency. There are a number of broadband service providers using both conventional copper telephone lines and fibre-optic cabling. With a broadband connection downloading can presently be 40 times as fast as a conventional modem link and uploading is also significantly quicker.

The BT offering has the trade name "Openworld". For the ACB News editorial office the reality of this system has been a dramatic increase in internet access speed which has given major advantages in download time, especially of email files with large attachments.

The BT broadband service uses a conventional telephone cable to provide 24 hour internet access and you can still make and receive voice calls at the same time on the same line. You need to be within three miles of your local exchange to use the service. The installation cost is £150 and the monthly payment £40. This gives unlimited internet access time and includes BT email service and website facility. For ACB News the package gives major savings over the previous internet provider business account.

Of course new technology rarely comes totally trouble-free and some BT Openworld users are not happy. The site www.openwoe.org.uk tells you more. We have experienced few problems and for us it makes a huge difference in using the internet. You should also check out the broadband products of your local cable company and there should be more companies entering the broadband supply market soon.

Website of the Month: BoneKEY Osteovision

By Ian Godber, Nottingham City Hospital

Webbsite of the Month' is something we hope to make a regular feature in ACB News. Websites of interest to ACB members will be chosen and reviewed, also a link will be placed to them from the ACB website for ease of access. New websites come on-line every month, and therefore if members come across a website which they find useful, please email me (igodber@ncht.trent.nhs.uk) and I'll try to include a review of it in the near future.

This Month's Website: BoneKEY Osteovision (www.bone-key.ibms.org)

This is the information resource site of the International Bone and Mineral Society (IBMS). It's currently a free site, however you will require membership of the IBMS or payment of a subscription fee from February 2002. Those interested in bone metabolism can currently benefit from access to over 10,000 selected abstracts of articles in the bone field, and a number of full-text journal articles. Also, news, original commentaries and perspectives, a calendar of events and educational resources are also freely available.

The site appears to be aimed at both clinicians and researchers and provides a 'one-stop' resource for information in this field. A discussion forum is also available where any questions you may have can be aired. Overall it's well worth a visit even if its just to have a look at how easy it is to obtain information from a good website. ■



Training in Clinical Biochemistry & Molecular Biology Meeting

University of Surrey, Guildford
Tuesday 3rd July 2001

**Joint Southern ACB & University of Surrey
Scientific Meeting**



09.30-10.15 Registration and Coffee

10.15-12.15 **Session 1:** Chair: *Professor Gordon Ferns*

Environmental Exposures to Mercury

Dr Andrew Taylor, Royal Surrey County Hospital, SBLs Guildford

Her2-Neu, Herceptin and Breast Cancer: A New Role in Cancer Testing for Clinical Biochemistry?

Dr Roy Sherwood, King's College Hospital, London

Phaeochromocytoma: Still a Problem Diagnosis?

Dr Bill Bartlett, Birmingham Heartlands & Solihull Trust, Birmingham

Small and Dense or Fluffy and Puffy: Is There a Choice Measurement and Management of LDL Particles?

Dr Robert Cramb, Queen Elizabeth Medical Centre, Birmingham

The IVD Directive: Regulation of Manufacturers and of Users?

Dr Bryan Allman, Boston Scientific (Europe)

12.15-13.45 Lunch

13.45-14.45 **Session 2:** Chair: *Dr John Wright*

So We Think We Can Measure Growth Hormone?

Dr Peter J Wood, Southampton General Hospital, Southampton

Analytical Evaluation and Potential Clinical Application of NT-proBNP

Miss Sophie C Barnes, St George's Healthcare NHS Trust, London

MSc Projects: Sensitivity, Relaxation and Lip Service

Dr Rousseau M Gama, New Cross Hospital, Wolverhampton

14.45-15.15 Tea

15.15-17.00 **Training in Clinical Biochemistry:** Chair: *Stephen P Halloran and Janet Smith*

Presentation to Dr Jesse Chakraborty

Professor Vincent Marks

Making the Change: A Strategy for the Professions in Healthcare Science

Peter Greenaway, Chief Scientific Officer, Research & Development Division, London

Development of Competence-Based Occupational Standards for Clinical Scientists

Ms Sue Hill, Queen Elizabeth Hospital, Birmingham

Professional Standards for Clinical Scientists

Mr Mike Hallworth, Royal Shrewsbury Hospital, Shrewsbury

TALENT: Teaching and Learning Enhanced by New Technology

Dr Jonathan Kay, John Radcliffe Hospitals, Oxford

17.00-18.00 **Parallel Sessions**

Feedback meeting for MSc Supervisors with MSc Course Organisers and Director

Professor Gordon Ferns

MRCPath Trainees Meeting (for those preparing for MRCPath)

Dr Gordon Challand

18.30-19.00 Pre-dinner drinks hosted by Dr John Wright

19.00-21.00 Dinner

*Further information from: Mrs Maggie Burton, Course Administrator,
MSC Clinical Biochemistry with Molecular Biology School of Biomedical & Life Sciences,
University of Surrey, Guildford GU2 7XH Tel: 01483-876487 Fax: 01483-300374*

**This meeting marks the retirement of Dr Jesse Chakraborty.
All those with a connection to the Surrey MSC Course are particularly welcome to attend.**

Chemical Pathology

Autumn 2000

By Dr Trevor Gray, *Chairman of Examiners in Chemical Pathology*

The following is a summary of the examiner's report on the MRCPPath examinations in Chemical Pathology last autumn. The full report will be published in the Bulletin of the Royal College of Pathologists, but the general conclusions should be of interest to all trainees intending to take the examination.

Part 1 Written Papers

The general problem appeared to be a superficiality of knowledge, particularly of analytical detail, for example HDL methodology or the more traditional cardiac marker measurement. It is interesting that no one attempted the analytical alternative (designed particularly for clinical scientist candidates) to the clinical question. Candidates need to structure their answers and to provide sufficient detail to provide an answer to the questions set. Some candidates lost marks because of the inclusion of irrelevant detail to the exclusion, perhaps through lack of time, of the important facts required for an adequate answer to a question. There were good answers on physiological and biochemical principles but those concerning practical applications in terms of clinical medicine, which is what chemical pathology is largely concerned with, were often relatively poor.

Part I Practical

The first practical required the straightforward assay of a mock cerebrospinal fluid, with a scan for pigments. The second practical involved an iron assay. It required some thought but the actual analytical part was straightforward. The practical elements were generally well done but a few candidates came unstuck on the basic scanning with a non-autozeroing spectrophotometer. Candidates also need to be reminded that they can only be marked on what is written down, and that they must leave time for a clear and logical presentation of their results and conclusions.

Part I Cases and Calculations

The cases were generally straightforward, in order to test the application of knowledge of the subject to the sort of problems that crop up every day on the authorisation bench. Some included assays that might have been unfamiliar (bone and cardiac markers). In general they were well answered.

The calculations were not difficult and most candidates were able to work their way to the right answer with at least some of them. One needed the application of basic knowledge of what 'one standard deviation' actually signified. This proved a problem for some, suggesting that statistics are often done on a computer at the press of a button without any appreciation of the underlying principles.

Part 2

Failure in this part of the exam is usually due to lack of general experience and inability to present a logical train of scientific thought. It can be difficult if candidates are not exposed to a good range of general clinical biochemistry, and candidates in specialist laboratories in particular are recommended to make sure that their general biochemical knowledge is up to date. ■

Training and Retention

By Rachel Edwards

At the training course in Manchester (March 2000), the Trainees Committee invited the new president of the ACB, Mike Hallworth and Dr Howard Worth, Chairman of the Work Force Advisory Committee, to address the trainees on recent developments in training and the workforce plan. These are important issues that will affect all of us in the new millennium.

Mike Hallworth spoke to us about how Grade A and the new higher specialist training (HST) posts had been created. A Government White paper (working paper 10) was published in 1989 that examined the training and education of non-medical professional groups within the NHS. Money was “top sliced” from each NHS region and used to fund “non-medical education and training” or NMET. This allowed the funding of Grade A training posts within clinical biochemistry.

However, the government was unaware at the time that training continued after Grade A and the majority of Clinical Biochemists continued to train until they obtained Membership of the Royal College of Pathologists – as people on the training course would verify!

This coincided with the formation of hospital trusts by the previous government, which meant they had the remit to operate autonomously within refined budgets. Pathology was identified as an area where cuts could easily be made as it was not considered a core service. As a result, in the early 1990s, Grade B posts disappeared and those who had trained as Grade As were unable to get jobs. (guess when I entered the profession!)

Plenty of Jobs in Future

To facilitate movement of people through the career grades Higher Specialist training (HST) posts have recently been created - thankfully! - due to the foresight of senior members of the profession. These are supernumerary positions being part-funded by the NHS region and the Trust where the person is employed. Half of the time spent in HST must be used to contribute to the service requirement of the department.

Although there are insufficient HST posts to account for future staff deficits, it is important to remember that for those completing their training in 1998 only 50% were able to find Grade B positions. The position in recent years has improved significantly.

Mike Hallworth also told us about the work of the Workforce Advisory Committee, which has been designing a staffing model based on succession planning. This enables the ACB to estimate the numbers of biochemists needed to train and be retained in order to maintain numbers within the profession. The current model is however limited by several assumptions made. It assumes there will be no wastage of

A report of meetings between ACB office holders and trainees at the Manchester and Reading ACB Training Courses

posts, the number of people required to maintain the service will remain constant and that the age of retirement is 62. It predicted that we would need to train twice as many Grade A biochemists to replace those who are going to retire between 2005 and 2015. So there will be jobs for us in the future!

A number of additional questions have been added to the ACB membership form in order to collate "manpower" figures - (a strange word to use when there are very few male trainee biochemists!) and create a more accurate staffing model. These will help identify whether those in Grade A and lower Grade B posts are still in training. So please make sure you complete them! - jobs may depend on it.

Recruitment and Retention

Howard Worth spoke about the problems in recruiting and retention of trainee biochemists. At the moment there does not appear to be a problem in the recruitment of biochemists (although this may change), but there is a problem in retaining low Grade B biochemists. It was felt that the current triplet scale was restricting movement of people from lower Grade B jobs and that the large majority would be unwilling to move unless they were applying for principal grade or above. Factors such as advertising jobs over more than one triplet would encourage people to apply as they felt they could progress within that post.

He also spoke about the Agenda for Change and the Department of Health's ideas on designing new pay scales that would abolish the current triplet scales. In 1990 when the "triplet scale" was developed it was envisaged that there would be progression through the scales. This has not happened and has resulted in stagnation of the profession. The new pay spine structure may result in the loss of any annual increment unless your role develops within the department. This would be assessed by staff appraisal, contradicting the original idea behind appraisal, which is not supposed to be influenced by money. It is not clear how pay progression will work but it is hoped there will be more flexibility with a larger number of points per scale. The barriers to how far you can progress up the scale maybe determined by knowledge base or by qualifications obtained. This is currently under negotiation.

Role of the Federation

At the September training course in Reading we asked Geoff Lester (Secretary of the Federation of Clinical Scientists) to talk about the role of the Federation and how it may be relevant to people training as clinical biochemists.

The Federation functions as the trade union for members of the ACB. It also represents other clinical scientists such as cytogeneticists, microbiologists, immunologists and clinical embryologists. Each ACB region will have a regional representative trained to handle issues regarding employment rights and there are also local representatives.

Current issues the Federation are involved in include Agenda for Change, the government document on redesigning the NHS pay structure. Geoff Lester emphasised how important this is to us as a profession as we are currently the only professional group recognised as having

consultant-equivalent status. It will be important to protect pay at the top end of the profession to prevent a downward cascade in pay reduction. Any such reduction in pay would have an impact on the recruitment of new trainees into the profession and retention of those already trained.

With the new NHS Plan written by the government, which examines new ways in delivering healthcare, there will be greater involvement of non-medical staff using biochemistry resources. This should strengthen our case for retaining biochemist posts, which will be viewed as essential to prevent waste of resources. Future users of the service may be less well informed.

Geoff Lester also explained the role the Federation has in representing members with employment problems, redundancy cases, industrial accidents and ill health retirement packages. The Federation are also involved with regrading issues, the extended working day (negotiating pay for extra hours), out-of-hours work, harassment cases, and disciplinary cases.

He also emphasised the importance of state registration of clinical scientists. Registration allows us to have a legally protected title and is designed to protect the public. All Grade B biochemists with 4 years' experience are eligible to register. Grade A trainee biochemists are not required to register as they work under close supervision. Trusts should have been notified that they should only employ registered clinical scientists. It is very important to register if you are eligible, as it is likely to become a legal requirement.

One final bit of information from the Trainees Committee for those in training concerns use of the ACB Website. The trainees have a specific discussion group area on the website which allows messages to be left on issues which may concern you. So please use this resource if there are any concerns you have about your training or training of biochemists in general. ■

Deacon's Challenge

No. 4 Answer



A solution containing a substance of molecular weight 400 at a concentration of 3g/L transmitted 75% of incident light of a particular wavelength in a 1 cm cuvette. Calculate the % of incident light of the same wavelength that would be transmitted by a solution of the same substance at a concentration of 4 g/L and calculate the molar absorption coefficient for that substance at this wavelength. (MRCPATH)

There are several ways to approach this problem. The simplest is to do the second part first and calculate the molar absorption coefficient.

$$\text{Absorbance} = \log_{10} \frac{I_0}{I} = \epsilon \times l \times c \dots\dots\dots (i)$$

- where
- I_0 = intensity of incident light = 100%
 - I = intensity of transmitted light = 75%
 - ϵ = molar absorption coefficient = ?
 - l = path length of cuvette = 1cm
 - c = molar concentration = $\frac{\text{conc (g/L)}}{\text{MW}} = \frac{3}{400} = 0.0075 \text{ mol/L}$

Substitute these values into equation (i) and solve for ϵ :

$$\begin{aligned} \log_{10} \frac{100}{75} &= \epsilon \times 1 \times 0.0075 \\ \log_{10} 1.333 &= 0.0075 \epsilon \\ \epsilon &= \frac{\log_{10} 1.333}{0.0075} = \frac{0.1249}{0.0075} = 16.7 \text{ litres cm}^{-1} \text{ mol}^{-1} \end{aligned}$$

For the first part of the question substitute the new concentration (4 g/L) expressed in molar terms, and the molar absorption coefficient into equation (i) and solve for I:

$$\begin{aligned} c &= \frac{\text{conc (g/L)}}{\text{MW}} = \frac{4}{400} = 0.01 \text{ mol/L} \\ \log_{10} \frac{100}{I} &= 16.7 \times 1 \times 0.01 \\ \log_{10} \frac{100}{I} &= 0.167 \\ \frac{100}{I} &= \text{antilog } 0.167 \\ I &= \frac{100}{\text{antilog } 0.167} = \frac{100}{1.469} = 68\% \end{aligned}$$

Question No. 5

In a cancer clinic where the prevalence of ovarian malignancy is 40%, a tumour marker has a specificity of 88% and a sensitivity of 92%. Calculate the predictive value of a positive test result.

If this test was used as a screening tool in all patients attending a general gynaecological clinic with a cancer prevalence of 0.4%, what would be the predictive value of a positive test in this population?

(MRCPATH, November 2000)

Statin Use in Renal Disease

By Michael Holland, *Freelance Medical Journalist*

Statins may be used in patients with renal disease provided clinicians are aware of the potential for interactions with immunosuppressive agents, Dr Alan Jardine, senior lecturer in nephrology in the Department of Medicine & Therapeutics at the Western Infirmary, Glasgow, told a recent Bayer-sponsored meeting entitled *Cardiovascular health: the cost of living*.

In renal medicine dialysis and transplantation were now routine and successful, but as a consequence it was increasingly clear that patients were dying of premature cardiovascular disease, said Dr Jardine. Compared with the general population, the relative risk of cardiovascular mortality among renal patients on dialysis and transplantation is increased 20-fold. Furthermore, he said, the impact of cardiovascular disease was greatest among the youngest patients, with the result that renal patients aged 25-34 had the same cardiovascular mortality as elderly patients in the normal population.

Patients with progressive renal disease have a variety of lipid abnormalities that appeared to alter depending on the stage of the disease. Although this had made it difficult to find epidemiological evidence linking hyperlipidaemia with outcome in renal patients, statins were increasingly being used in patients with renal transplantation. Use was also increasing, albeit slowly and pending definitive evidence, in patients receiving dialysis and with chronic renal failure.

Interaction with P450 System

But it was important to consider the potential for interactions with immunosuppressive agents, said Dr Jardine. 'Cyclosporin and tacrolimus are metabolised by the microsomal enzyme - cytochrome P450 3A4. However, they also inhibit this enzyme, and with atorvastatin, simvastatin and lovastatin, you get a much greater effect at regular doses, with a greater risk of side effects, including myositis and rhabdomyolysis. However, fluvastatin, pravastatin and cerivastatin are not metabolised by this pathway to the same extent and do not have the same huge impact on plasma levels making it safe to use these drugs in regular doses.'

Dr Jardine said the ongoing Cerivastatin Heart Outcomes in Renal disease: Understanding Survival (CHORUS) study was looking at the cardiovascular endpoints in dialysis patients and would provide much needed evidence. ■

Part-timers and Pensions

Prior to 1991 the NHS Pension Scheme's rules denied access to part-time employees who worked less than half the standard full time hours. This practice was in common with lots of other occupational pension schemes at the time. In April 1991 the scheme's rules changed to allow part-timers to join, anticipating a change in employment law for part-timers in 1994.

The Equal Opportunities Commission contended that the previous exclusion amounted to indirect discrimination as most part-timers, throughout the employment market, are women. They started legal proceedings using two test cases which went right through the English legal system to the House of Lords, during which clarification of European law was sought from the European Court of Justice. The House of Lords has recently given its judgement, opening the gateway for claims to be processed.

The outcome is that those employees excluded

from access to the scheme between April 1976 and April 1991 might be able to claim compensation for payment of the employer's contributions lost. This is a very technically complex area and, following one of the House of Lords rulings, there are time limits. Therefore your eligibility depends on your employment history.

The process formally involves registering a case at Employment Tribunal but there are so many claims that the issue will probably be settled through a small number of test cases.

If you think you may come into the group of affected members please make urgent contact with the FCS Secretary, Geoff Lester, who will supply a flow chart to help indicate whether you are eligible and a proforma to enable registration of a claim on your behalf. If in doubt contact us. At worst your claim will be ruled ineligible but there is nothing to lose. ■

New Regional Representatives to FCS

The springtime round of ACB Regional AGMs has brought a number of changes to the FCS National Committee:

- Malcolm Baines has retired for Merseyside, replaced by Marten Davies (Crewe)
- Graham Handley retires from North East, replaced by Martin Lee (Sunderland)
- David Sinclair (Portsmouth) has joined representing Wessex

and

- Three new Southern Region representatives are: Maria Firth (Haywards Heath),

Frank Murphy (Harefield) and Andrew Taylor (Guildford).

Graham Handley has been co-opted back to the committee for liaison with the ACB Workforce Advisory and Education Committees. David Goodier has been co-opted to help with issues in the Southern Region whilst the new representatives are trained.

On behalf of the whole membership hearty thanks are due to all our representatives who make an invaluable contribution to keeping up the profile of clinical science and the staff who practise it at local level. ■

Benefits for all Members Under New Industrial Relations Services Contract

Following the mandate given the FCS at the AGM in 2000, we have recently finalised a formal contract for industrial relations services support to provide the backup of legally qualified industrial relations officers for our Regional Representatives handling members' cases. This is not only an important service for all members of the ACB but also helps contain the cost of ad hoc legal fees.

The industrial relations aspects of the contract will be accessed by your Regional Representative on your behalf as, and when, they need them. The contract, however, also includes a number of non-employment related services open to all members. These are:

- Fixed-fee will writing service
- Fixed-fee conveyancing service

- Free non-employment related, non-urgent legal advice
- Free assessment for no-cost accident (non-employment related) injury claims.

If you wish further details or to use any of these services please contact your Regional Representative or the FCS Secretary:

Mr G H Lester
Department of Pathology
Frenchay Hospital
Bristol BS16 1LE
e-mail: ghlester@compuserve.com

As always the FCS will treat any information given by you in strict confidence. ■

Hot Topics in Clinical Diagnostics and Outcome: The Third National ACB Audit Meeting

**Thackray Medical Museum
St James University Hospital
Leeds**

Thursday 4th October 2001

- 09.00-09.05 Welcome
Mr M J Hallworth
- 09.05-09.45 Outcomes of Thyroid Cancer
Professor M J Sheppard
- 09.45-10.15 Sub-arachnoid Haemorrhage: Clinical Issues
Dr J Bamford
- 10.15-10.45 Coffee
- 10.45-11.25 CSF group: Audits and Recommendations
Dr R Beetham
- 11.25-12.10 Troponins: Clinical Requirement
Dr P Groves
- 12.10-13.50 Lunch and poster session
- 13.50-14.20 Cardiac Markers: UK Audit
Mr Wing Tsang
- 14.20-14.50 Troponins: EQA
Mr A Reid/Mrs A Thomas
- 14.50-15.20 Oral Presentations (2)
- 15.20-15.50 Tea
- 15.50-16.20 Oral Presentations (2)
- 16.20-17.00 National Service Framework and Audit: Diabetes
- 17.00-17.10 Closing Remarks

We invite anybody with a completed audit on whatever topic to submit a poster which will be exhibited over lunch. The most interesting of these will be chosen for oral presentation. Please submit an abstract on one side of A4, 250 words maximum, to Robert Beetham, Dept of Clinical Biochemistry, Frenchay Hospital, Bristol BS16 1LE. Email: robert.beetham@north-bristol.swest.nhs.uk by July 31st.

Cost: £45 for ACB members & £70 for non-ACB members (15 places reserved for non-ACB members until 1st August 2001). There are 100 delegate places only for this meeting so please book early.

Please register your interest in attending this meeting with Faye Storey, Dept of Clinical Biochemistry and

Immunology, Leeds General Infirmary,
Great George Street, Leeds LS1 3EX. Email:
fayes@pathology.leeds.ac.uk

The venue is suitable for both car and rail transport. Nearby accommodation can be arranged for those unable to make the journey within a day.

RCPATH and IBMS CPD applied for.

Royal Society of Chemistry, Analytical Division, Electroanalytical Group: Electroanalytical Biosensors

**De Monfort Hotel
Kenilworth
Warwickshire
Friday 16th November 2001**

- 9.30 Arrival and Coffee
- 9.50 Introduction
Robert Porter (Chairman)
- 10:00 The Design of Plastic Antibodies for Biomimetic Sensors
Sergey Piletsky and Anthony P F Turner,
Cranfield University at Silsoe, Bedfordshire
- 10:40 Electro-catalytic Oxidation of NADH at Electrodes Modified with Different Dyes Immobilised on Transition Metal Oxides or Phosphates
Lo Gorton, Lund University, Sweden
- 11:20 Coffee
- 11:40 Whole Cell Biosensors for Toxicological Measurement
David Rawson and Barry Haggett, University of Luton
- 12:20 Electrochemical Luminescence in Analysis
David Schiffrin, Robert Wilson and Bruno Pollet,
University of Liverpool
- 13.00 Lunch
- 14:00 Chanalytics: a Palm-test Analytical System
Lisa Hall, University of Cambridge
- 14:40 Design Control and New Product Registration: an Important Aspect of Turning Good Science and Development into Commercial Reality
Grenville Robinson, Inverness Medical
- 15:20 Final Comments and Panel Discussion with Tea
- 16.00 Close

Costs: RSC/Biochem Soc members £75, non-members £95, students £50.

Inclusive of Lunch Coffee and Tea

Make cheques payable to "Electroanalytical Group RSC" and send to Group Treasurer: Prof B J Birch, Luton Institute, 2 Adelaide Street, Luton LU1 5DU.

Kenilworth is ideally situated for travel, within easy reach by road, rail and air networks. There are many local attractions including Castles, the Cotswolds and Shakespeare country.

Accommodation is available at reduced rates (£50/night) from the hotel both before and after the Conference. Weekend Breaks are also on offer. Please contact the hotel for further details. (01926 855944).

ACB Training Course No. 3

Birmingham

Sunday 16th to Friday 21st September 2001

The next ACB National Training Courses will be held at Manor House, a University of Birmingham Hall of residence (all rooms are en-suite). The course is primarily aimed at those intending to take the MRCPPath but the course is also registered for CPD for those who wish to update and refresh their current knowledge. The following topics will be included:

- Renal Function
- Fluid & Electrolytes
- Concepts of Screening
- Hydrogen Ion Metabolism
- Respiratory Function
- DNA Analysis
- Prenatal & Neonatal Screening
- Mass Spectroscopy
- Quality Assessment
- Reference Values

In addition a full social programme has been arranged.

Further information is available from: Dr D Andrews, Department of Clinical Biochemistry, University Hospital, Raddlebarn Road, Selly Oak, Birmingham B29 6JD. Tel: 0121-627-1627

Registration forms are available from: Dr Graham Groom, ACB, 130-132 Tooley Street, London SE1 2TU. Tel: 0207-403-8001. Fax: 0207-403-8006.

Email: acbadmin@compuserve.com

Although numbers of participants are not envisaged as being a problem, the organisers reserve the right to place a threshold on the maximum number of participants. Closing date for registration is Aug 31st 2001.

9th Asian Pacific Congress of Clinical Biochemistry

Ashok Hotel

New Delhi

India

11-16th November 2001

This IFCC Regional Congress is being organised by the Association of Clinical Biochemists of India with the support of the Asian Pacific Federation of Clinical Biochemistry. An exciting programme of plenary lectures, symposia and workshops has been arranged on a wide range of current topics. There is also the opportunity for delegates to display their research findings through poster presentations.

Labtek-2001 is being organised in association with the 9th APCCB and is the largest trade exhibition on Clinical Chemistry and Laboratory Medicine ever to take place in India. Many of the biggest diagnostics companies in the world will be exhibiting their latest equipment, software and test products.

All professionals working in Clinical Chemistry and Laboratory Medicine are invited to attend the 9th APCCB and/or Labtek-2001. Full details of both events, including all registration forms may be obtained by visiting the congress website at <http://www.9thapccbnewdelhi.com/>

Adrenal Endocrinology

Postgraduate Centre

Dorset County Hospital

Dorchester

Thursday 12th July 2001

ACB South West and Wessex Region Scientific Meeting

10.00-10.30 Registration and Coffee

Chairman: Dr M Billingham

10.30-11.15 Congenital adrenal hyperplasia
Dr E Crowne, Bristol Royal Hospital for Children

11.15-12.00 The role of steroid profiling in adrenal disorders
Dr N Taylor, SAS Steroid Laboratory, Kings College Hospital

12.00-13.15 Lunch

Chairman: Dr J Begley

- 13.15-14.00 Pheochromocytoma: a diagnostic problem
Dr P Bouloux, Centre for Neuroendocrinology,
Royal Free Hospital
- 14.00-14.45 The diagnosis of Conn's syndrome
Dr P Kyd, SAS Laboratory, St Mary's Hospital
- 14.45-15.15 Tea

Chairman: Dr P Wood

- 15.15-16.00 The regulation of the stress response and its importance to health
Prof S Lightman, Department of Medicine,
University of Bristol
- 16.00-16.45 Adrenal endocrine cases
Dr K Waklin, Clinical Pathology, Dorset County
Hospital

This meeting is CME & CPD accredited.

Grateful thanks to our sponsors - DPC & Olympus.

Registration Fee £15 (to include lunch).

Please make cheques payable to Association of Clinical Biochemists, South West and Wessex Region. Please return by 28th June to: Dr Paul H Thomas, Department of Chemical Pathology, Bristol Royal Infirmary, Bristol BS2 8HW. Tel 0117-9282828. Email: Paul.Thomas@ubht.swest.nhs.uk

North West ACB 50th Anniversary Meeting

Leyland Jarvis Hotel

Just South of Preston

Friday 28th September

Immunoassay

- The Past
Dr Mike Addison
The Present
Dr Graham Beasall

The Future

- Speakers from Industry and Academia

Phaeochromocytoma: Investigation and Diagnosis

- The Past
Dr Cyril Weinkove
The Present
Dr Bill Bartlett
The Future
To be confirmed

The scientific programme is to be followed by a celebratory dinner in the evening. For further information, please contact: Dr Catherine Wardle, Biochemistry Department, Royal Preston Hospital, Fulwood, Preston PR2 4HG. Tel: 01772-710123. Fax: 01772-710125. Email: catherine.wardle@patr.nhs.uk

Labmedics Limited

Labmedics Limited, a distributor of Thermo Clinical Labsystems Oy and a leading UK supplier of laboratory instrumentation, exhibited at Focus 2001 at ExCeL, London Docklands in May.

On show was the Thermo Clinical Automation system linked to the Konelab 60i. This automated, modular sample transport system was developed as a result of the growing need for increased throughput and flexibility, offering open and optimised automated solutions at reduced costs. The intelligent interface helps laboratories save more than 50% in time and costs associated with handling samples in the conventional way.

Labmedics Limited has recently introduced the Konelab 20, which is ideal for small and medium-sized laboratories. The Konelab 20 offers convenient and safe management of sample and reagents for easily adaptable and precise analysis. Incorporating the latest features in practicality, economy and expertise, the Konelab 20 analyser facilitates and speeds up sample processing and reagent handling.

The Konelab 30i is a reliable analyser for routine clinical chemistry tests and electrolytes. The capacity means that it is an excellent solution for STAT tests and special chemistries such as specific proteins.

Labmedics Limited offer a comprehensive portfolio of products including Konelab instrumentation,

Chrono-Log platelet aggregation systems and Alliance continuous flow analysers.

For further information please contact: Terry Pike, Labmedics Limited, Maxron House, Green Lane, Romiley, Stockport, Cheshire SK6 3JQ.

Tel: 0161-406-6086. Fax: 0161-406-6084.

www.labmedics.co.uk ■



The Labmedics Stand at Focus 2001

Randox wins a Fourth Queen's Award for Export

Randox Laboratories Ltd (UK) has been awarded the "Queen's Award for Enterprise: International Trade" for the fourth time in eleven years. Managing Director, Dr Peter FitzGerald states: "Randox has reached this high level of achievement to obtain our fourth Queen's Award through the extraordinary effort of the highly skilled staff throughout the organisation who contribute to our product quality and high level of product services".

Randox is one of the world's fastest growing diagnostic companies, with an estimated customer base of 26,000 laboratories in 128 countries of which Western Europe, China and the USA are the most prominent.

The company produces a range of products for the healthcare market with the core business being the manufacture of human and bovine-based quality control material. Control products range from clinical

chemistry multi-sera, to tumour markers, cardiac, CSF and urine controls. Randox are now offering a new internet-driven software package which is partnered with our quality control sera offering customers quality and service. Analytical performance can be assessed 24 hours a day, 7 days a week with the new Peer Group Reporting software 247 from Randox. Randox's speciality is technical power, which is the company's unique ability to develop dedicated diagnostics for autoanalysers, which currently support in excess of 80 analyser systems with more than 30,000 protocols.

Randox re-invests 28% of gross income in research and development which has been a key element to the company's expansion over the past 20 years. Commitment to quality is highlighted by ISO 9001 accreditation for the development and manufacture of diagnostic test kits.

The Randox International Quality Assessment Scheme (RIQAS) is a quality management service that offers EQA of laboratory data to more than 3,500 laboratories worldwide. There is a variety of programmes available to enable you to choose the correct ones for your laboratory. These include general clinical chemistry, specific proteins, haematology, immunoassay, CK-MB, lipids, therapeutic drugs and human urine.

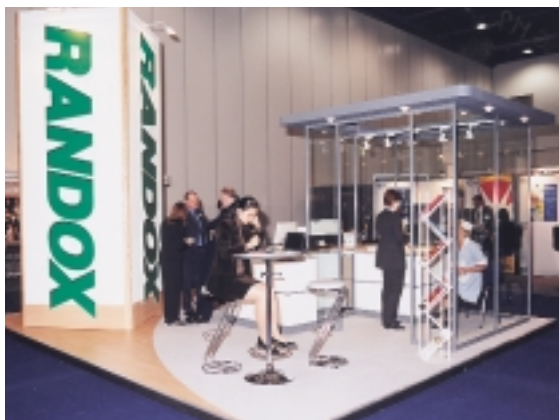
For further information please contact:

Randox Laboratories Ltd, Ardmore, Diamond Road, Crumlin, Co Antrim, BT29 4QY. Tel: 028-9442-2413.

Fax: 028-9445-2912. Telex: 748135 RANDOX G.

Email: mail@randox.com

World Wide Web Page: <http://www.randox.com> ■



The Randox Stand at Focus 2001

Automated 25-Hydroxy Vitamin D Assay

Nichols Institute Diagnostics Ltd announce the imminent availability of a fully automated, non-isotopic, 25-Hydroxy Vitamin D assay on the Nichols Advantage® automated speciality chemiluminescence system.

To get details sent to you quickly, see our new micro-website www.bonetests.com and register for further information.

With the recent launch of fully-automated assays for Thyroglobulin and Direct Renin on the same system,

this brings our automated menu of innovative specialty tests to over 40.

For further information or for a discussion of requirements please contact: James Crofts, UK Sales Manager, Nichols Institute Diagnostics Ltd, Unit B1, Parkway West, Cranford Lane, Heston, Middlesex TW5 9QA. Freephone: 0800-092-9500.

Fax: 0800-092-9501; Email: infode@nicholsdiag.com website: www.nicholsdiag.com ■

Mid Sussex 
NHS Trust

Clinical Biochemist The Princess Royal Hospital Haywards Heath

Grade B Scale point 14 - 16 £25,379 - £27,450 pay award pending

Following the purchase of a Roche Modular automation system, complete with pre-analytical capability, we are in the process of merging our routine and immunoassay section into a single department of Clinical Automation. With retirements pending in both the remaining protein and toxicology sections, we are now planning to merge these into a single section of separation sciences under the scientific control of the new incumbent. The Trust is also in the process of integrating with the Brighton Health Care Trust, hence we are taking this opportunity to eliminate duplication of specialist work whilst ensuring an appropriate mix of such work across the two sites. Interest and experience in separation techniques and catecholamine analysis is desirable for this new post, although additional training will be given.

We are based in a modern hospital complex in an attractive area of the country with excellent local amenities. As well as serving the local area, we also provide a specialist service to the adjacent neurological unit (e.g. csf oligoclonal proteins) with whom the appointee will liaise closely. This post represents an exceptional opportunity to develop a new service in collaboration with colleagues at Brighton with additional opportunities for relevant R&D. The triplet scale will be reviewed at appropriate intervals.

Those with appropriate skills but not currently qualified for this post will be considered conditional on undertaking MRCPath training and examination plus appropriate short-term modifications to the detailed job description.

For further details, application form and job description, or to arrange an informal visit to the department, please contact Dr Gary Firth, Consultant Clinical Biochemist, on 01444 441881, ext. 4198.

Closing date: July 9th REF: EO 141



Field Sales Personnel

Applications are invited for the position of UK Field Sales personnel. The candidate will be part of a dynamic team, representing a leading British diagnostic company for clinical pathology diagnostics and instrumentation.

The successful candidate should be from a Life Sciences or Biochemistry background and have the drive and ambition to succeed within a demanding industry. Although sales experience is desirable, it is not essential, as full training will be provided. However applicants should recognise the importance of excellent after sales service and customer support.

Randox Laboratories is the world's fastest growing diagnostics company with an estimated 27,000 customers in over 130 countries. As a world leader in the development of protein biochips, Randox will soon advance into a new era of clinical science. We can offer you the chance to make history with a truly dynamic organisation.

Randox will offer the successful candidate a competitive salary, company car, contributory pension scheme and normal business expenses

To apply for this position, please send a CV and covering letter by post, to:

Human Resources Department, Randox Laboratories Ltd.,
55 Diamond Road, Crumlin, Co Antrim, BT29 4QY
or email recruitment@randox.com.

Please quote reference **CFUSAL01** in all correspondence

Closing date:



For more information about current vacancies at Randox Laboratories, visit www.randox.com

HQ, Northern Ireland: Proteomics, Engineering, Life Sciences, Mathematicians, Neural Networks

International: Sales Representatives in France, Germany & Spain

RANDOX

DEPARTMENT OF CLINICAL BIOCHEMISTRY
Whiston Hospital
Principal Clinical Biochemist -
Grade B
Starting point in the range 17 - 24
(depending on experience and qualifications)



We require a suitably qualified, experienced and motivated clinical scientist to work as part of a team providing a comprehensive clinical biochemistry service to the St Helens & Knowsley area, Merseyside. You will have broad experience in clinical biochemistry and possess a relevant professional qualification. You will be involved in all aspects of laboratory work and undertake a leading role in the analytical and clinical sides of the service. Special interests and experience in any area of clinical biochemistry are welcome.

For further information or to arrange an informal visit please contact Dr Mohammad Al-Jubouri, Consultant Chemical Pathologist, on 0151 430 1833.

Application form, job description and information pack available from the Personnel Department on 0151 430 1771.

Closing date: Friday, 27 July 2001.

We are an Equal Opportunities Employer and operate a No Smoking Policy. Crèche facilities available.


St Helens & Knowsley Hospitals 

**BLACK COUNTRY EDUCATION & TRAINING CONSORTIUM
 WITH PARTICIPATING NHS TRUSTS (WEST MIDLANDS REGION)
 HIGHER SPECIALIST TRAINING IN CLINICAL BIOCHEMISTRY**

**Clinical Biochemist
 Grade B (9-13)**

Salary range: £20,859-£24,403


Applications are invited for the above post in the West Midlands Region. The post is designed for Higher Specialist Training in Clinical Biochemistry and is subject to a 5-year fixed-term contract. The successful candidate will be employed on a rotational basis between the two participating trusts (Heartlands Hospital, Birmingham, and Russells Hall Hospital, Dudley). The placement for the final year will be decided based on the training and development needs of the candidate.

The appointee will preferably have successfully completed a grade A training course and will be expected to obtain the MRCPPath while in post. As well as contributing to the service commitment of the department, the appointee will be involved in clinical liaison, audit, teaching and research and development.

This is an opportunity to complete Higher Specialist Training towards the MRCPPath at the Grade B level in a supportive and dynamic environment.

For job description and further information or to arrange for a visit, please contact Mr E. F. Legg, Dept Clinical Biochemistry and Immunology, Heartlands Hospital, Birmingham on 0121-424-0707 (Direct line) or 0121-424-2000 and ask for page 2555. Alternatively E-mail: legge@heartsol.wmid.nhs.uk

Closing date for applications: August 1st 2001

University College London Hospitals 
NHS Trust

CLINICAL BOARD FOR CLINICAL SERVICES
Pathology Directorate

CLINICAL SCIENTIST

Grade B (9-13)

£23,361 - £26,905 p.a. inc.

Ref: AD/101

Applications are invited for the above post within the Chemical Pathology department of this prestigious London teaching hospital. A comprehensive diagnostic service is offered to the various hospitals within UCLH Trust and to local general practitioners. The department is also an SAS centre for certain steroid endocrinology services and acts as a referral site for a number of other specialist services.

You will be expected to contribute to all aspects of service delivery but will also have some scientific responsibility for a defined section of the department.

Applicants should have recently completed, or be close to completing, an approved Grade A training scheme in clinical biochemistry. They will be expected to pursue a programme of Higher Specialist Training in preparation for the MRCPPath Part 1 examination, for which appropriate support will be provided.

For further information or to arrange an informal visit, please contact Mr Colin Samuell, Consultant Biochemist/Head of Service on 020 7679 9205.

Application forms and job description can be obtained from the Personnel Department, 3rd Floor, Vezey Strong Wing, 112 Hampstead Road, London NW1 2LT. Tel: 020 7380 9170 (daytime) or 020 7380 9166 (24 hour answerphone) quoting the reference number.

Closing date: 13 July 2001

*An employer committed to equal opportunities.
Staff benefits include: pension scheme, nursery, play scheme,
flexible working and subsidised catering. All jobs are
open to job sharing with or without a partner.
We actively discourage smoking at work.*

To advertise your vacancy contact:

Dr Graham Groom, ACB Administrative Office, 130-132 Tooley Street, London SE1 2TU Tel: 0207-403-8001 Fax: 0207-403-8006

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