

# ACB News

The Association of Clinical Biochemists • Issue 461 • 20th September 2001



**ACB Office  
Goes  
Electronic**

**Phillips on NHS  
Recruitment  
Stand Again!**

**Point of Care  
Futures  
Bradford Style**



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The monthly magazine  
for Clinical Science

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

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# ACB News

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Front cover:

Judi Jackson presents the DPC Poster Prize to Dr Shirley Spoons from Workshop at the Focus 2001 Banquet.

**focus2002**  
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**Email: [info@focus-acb.org](mailto:info@focus-acb.org) Web: [www.focus-acb.org](http://www.focus-acb.org)**

## Mock MRCPath Weekend

It is proposed to run another weekend course in the early autumn. The cost is likely to be approximately £300. Please contact Ruth Ayling for further details and to register:

ruthayling@clinicalbiochemistry.org.uk  
 Department of Clinical Biochemistry  
 King's College Hospital  
 Denmark Hill  
 London SE5 9RS  
 Tel: 020-7737-4000 Bleep 255 ■

## No Longer With Us . . .

The Association records with regret the deaths of the following members:

|                    |                 |
|--------------------|-----------------|
| Dr John Becker     | Founder Member  |
| Dr Peter Dawkins   |                 |
| Dr Alan Gowenlock  | Emeritus Member |
| Dr Roland McSwiney | Emeritus Member |

An obituary to Dr Gowenlock, a pioneer of Clinical Chemistry in the North West, appears in this issue. ACB News is always able to receive an obituary but does not have the resources to spend much editorial time in chasing for these to be written. Ideally, an obituary should be no longer than 400 words, and a photo is always welcome. It is often the Head of Department in the last laboratory where a member worked who takes on the organisation of this task.

If any member would like to write their own obituary, thus saving their colleagues from this onerous task, then we are happy to put it on file for use in an issue - hopefully, a long way into the future! ■

## More Humorous Lines . . . Appraisal Blues

**Quotations taken from employee annual appraisal forms in a large US Corporation**

*"He would be out of his depth in a parking lot puddle."*

*"This young lady has delusions of adequacy."*

*"Works well when under constant supervision and cornered like a rat in a trap."*

## EQA Pilot Scheme Funding 2002

CPA would like to invite applications for the fifth annual round of EQA Pilot Scheme funding. Bids will be welcomed from both established EQA providers and from others.

Applications must be received by CPA by 31st October 2001 and successful applicants will receive funding before the end of the current financial year.

Application forms are available from: Miss Rachel Boyer at CPA (UK) Ltd, 45 Rutland Park, Botanical Gardens, Sheffield S10 2PB. Tel: 0114-2686151.

Fax: 0114-268-6251. Email: office@cpa-uk.co.uk ■

## North West ACB 50th Anniversary Meeting

### Friday 28th September

Leyland Jarvis Hotel  
 Just South of Preston

Speakers will include:

### Immunoassay

|                                     |                           |
|-------------------------------------|---------------------------|
| The Past                            | <i>Dr Mike Addison</i>    |
| The Present                         | <i>Dr Graham Beastall</i> |
| The Future: An academic perspective | <i>Dr D McCreavy</i>      |
| An industry perspective             | <i>Mr J Lamont</i>        |

### Phaeochromocytoma: Investigation and Diagnosis

|             |                          |
|-------------|--------------------------|
| The Past    | <i>Dr Cyril Weinkove</i> |
| The Present | <i>Dr Bill Bartlett</i>  |
| The Future  | <i>To be confirmed</i>   |

The scientific programme is to be followed by a celebratory dinner in the evening.

Please contact Dr Catherine Wardle as soon as possible on:

Tel: 01772-710123

Fax: 01772-710125

email: catherine.wardle@patr.nhs.uk



# Cloning Around!

# Website of the Month: IFCC Website

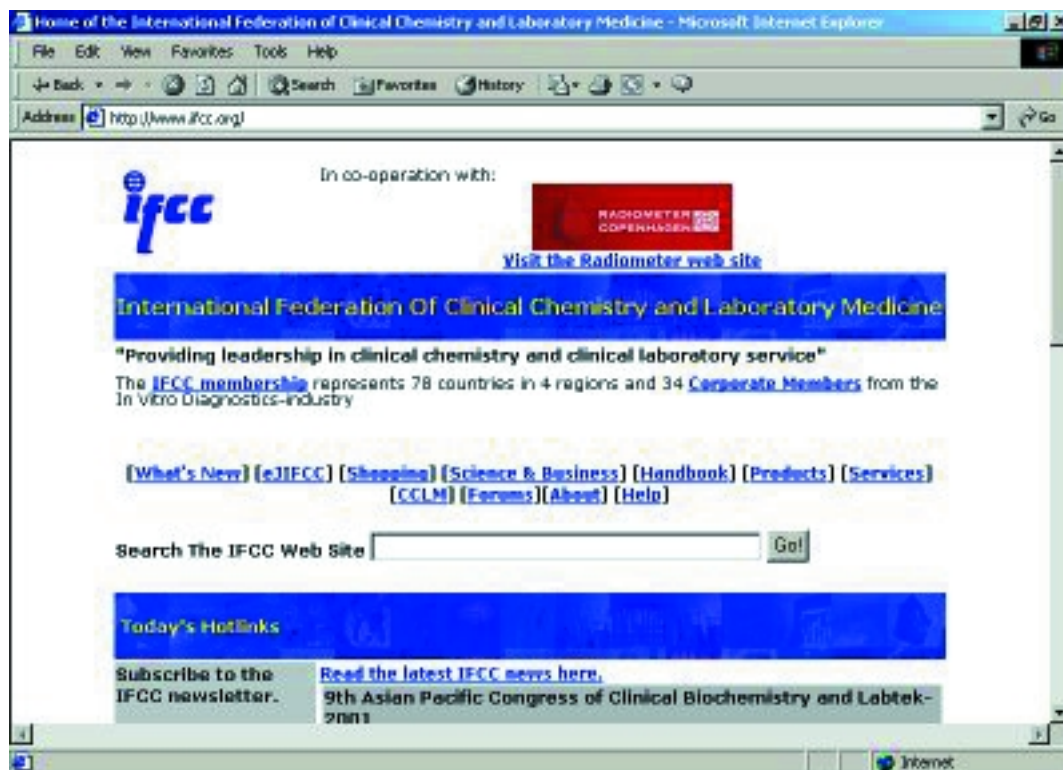
By Ian Godber, Nottingham City Hospital

<http://www.ifcc.org>

The website of the International Federation of Clinical Chemistry and Laboratory Medicine (IFCC) has recently undergone a complete overhaul and deserves its place as this month's web of the month. ACB members have frequently visited the site in the past, with a popular download being the free electronic journal of the IFCC (eJIFCC) available via the site. The site also contains a comprehensive worldwide meetings database for those thinking of travelling a little further in the name of work, as well as new forums for topical discussion.

A recent addition to the site is a database of clinical chemistry images put together as a joint venture between the IFCC and the ACB. These can be found at [www.ifcc.org/media](http://www.ifcc.org/media) and the images stored can be used to illustrate and promote laboratory science on the web or in presentations.

If you wish to suggest a site for the 'Website of the Month', please submit a short review (maximum 150 words) to Ian Godber at Nottingham City Hospital ([igodber@ncht.trent.nhs.uk](mailto:igodber@ncht.trent.nhs.uk)) ■



# South Bank Electronic Office

By **Graham Groom**, *Senior Office Administrator*

**T**he five-minute walk from London Bridge station to our new offices in Tooley Street takes you through a mini time warp. Leaving the station you pass the display of fragments of Roman London unearthed during the construction of the Jubilee line underground. You jostle through the queues waiting to visit the medieval London Dungeon. Nod a friendly “Hello” and offer commiseration to the staff dressed as ghosts and other bizarre characters spending the day in heavy woollen gowns in the baking sun. You admire their fortitude (or choice of drugs) in having to put up with the immature visitors – and the visitors’ children.

As you walk along you pass the old wine bar with the welcoming title of “Skinkers”, home of Davy’s wine importers and then the 19th century bonded warehouse holding enough alcohol for at least the opening party of Focus.

Across the road are the modern edifices of Citibank and the 1980’s refurbished Hayes Galleria with its restaurants, gift shops and trinket sellers. As you cross Bermondsey Street, you pass the mobile phone shops that bring you very much into the present electronic age – and to the new ACB offices.

As you emerge into the Conference Suite on the top floor of 130-132 Tooley Street, you gaze across at the Tower of London and, to the right, Tower Bridge. Then your eyes gaze downwards to the vast building complex across the road from us that will be the major development in London over the next five years – and you become fully aware of the importance the area has had, and will continue to have, for London. Sadly the Tower will disappear from view as the intervening shops and offices take shape but the new facilities and improvements will add massively to the value and facilities of the area and the environment.

The office continues to be busy with major projects affecting all members in one way or another.

## Members’ Handbook

July saw the publication and distribution of the 2001-2002 Handbook. The culmination of two months’ endeavour by Gwyn McCreanor, with the help of Sue Ojakowa at our publishers (PRC), to knock into shape the data from the office database of members’ details. The aim is to create a tome which will be a reference for members for the next year – with at least a modicum of accuracy. Of course, it is realised that this is futile as even our own belief in its accuracy was destroyed the day after being sent to the printers in June when amendments and changes were notified to us. Even more of a problem is that, while those that use the book regularly understand its importance and ensure their information is accurate in a timely fashion, others do not. A great number have a more

self-preservationist approach and check their own entry only on the day the Handbook is delivered to confirm to themselves they are still alive and which colleagues have gone off crocheting on the South coast. Only then do they realise that their details have changed and that they have overlooked notifying the Office.

In the past three weeks since you received the Handbook, we have had 93 communications regarding updates in entry details including some corporate members' details. While this is a regular problem, we are still intent on improving this in the future and hope that electronic processing and communications will allow new tools to help us achieve this before too long.

## Communication

I strongly advise members to utilise e-mail for communicating with the Office on [acbadmin@compuserve.com](mailto:acbadmin@compuserve.com) – for any purpose: membership details, enquiries, requests for information or application forms for training courses etc. It's cheaper, faster and more efficient than any other route.

Over the coming year we hope to make electronic access even more useful to members by increasing the use of the ACB website. This will allow on-line amendments to your own database details, a search facility of the address details of other members, as well as being able to register for training courses and meetings or to purchase books and CDs. More on this feature in coming months as it evolves.

E-mail addresses for Association officers will soon become rationalised e.g. [Chairman@ACB.org.uk](mailto:Chairman@ACB.org.uk), so that it will be easier to contact officials without having to remember individual hospital email addresses.

## BACS Payments

Talking of electronic tools brings me to the next project. The Office processes between 100 and 200 cheque payments each month for expense claims or bills. We have now set up a facility for on-line payment using the Bank Automated Clearing System (BACS).

ACB claim forms have therefore been modified to include a request for your personal bank details so that we can make the transfers. This will provide a faster repayment for you and a simpler more efficient system for us.

I want to reassure you that the system is absolutely distinct from the direct debit (DD) of subscriptions from your account. Therefore:

- You must provide your bank details to receive payments, even if you have already set up a DD with us for subscriptions – but only on one occasion, once we have the details we can make payments – unless you change accounts
- you **MUST** notify us immediately in writing of any change in bank details
- the bank details are in two completely different databases – you will not be divulging information that could be used for debiting subscriptions
- you still have to sign a DD mandate before the bank will allow any removal of subscription fees from your account.

I strongly advise members to be more diligent in alerting us to changes in bank accounts in future. It becomes much more critical when you are being paid expenses than when you are paying subscriptions – direct debits that are rejected cost the ACB money (from your subscriptions) – with expense claims it is you who will not be paid if we are not alerted of account changes.

We hope everyone will welcome this change but anyone who prefers not to make use of it and avoid providing bank details will still be paid by cheque – though not quite as promptly.

## Retirement

Finally, a word of clarification for the increasing number of members nearing the time for packing away their auto analyser cups for the last time. The Association values its senior members and encourages them to retain their links with friends and colleagues after retiring from laboratory work. We have had many queries recently regarding retirement and membership status – many under the impression that it means resigning from the ACB.

As indicated in the Handbook, having been a member for at least 10 years preceding retirement, you are able to retain ACB membership in a “Retired” status with no annual fee. You will receive the Members’ Handbook to keep contact with colleagues (and them with you) as well as notification of regional and national meetings which you are welcome to attend. Retired status commences from the next subscription renewal (January) following the month of your retirement.

Those wishing to keep track of the sciences and the gossip may purchase the *ACB News* and/or the *Annals* at concessionary rates of £7.50 and £15.00 per annum respectively, as well as Venture Publications at discounted rates.

Retired members have their own interest group co-ordinated by Dick Mills and Gordon Challand and, like all full active members, are welcome to visit and make use of the Members’ Room at the new offices in London.

So, don’t lose touch after leaving the laboratory by resigning your membership. Instead convert it to a retired status and find out how they are coping without you, by retaining links with friends and colleagues who formed such an important part of your working life. ■



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# Deacon's Challenge

## No. 7 Answer

In health, most of sodium filtered by the glomeruli is reabsorbed at various sites along the nephron. Estimate the effect on urinary sodium excretion in a person with otherwise normal renal function of a 1% decrease in the overall reabsorption of sodium, indicating any assumptions that you make.

(MRCPath Nov 1999)

The first step is to calculate the filtered load of sodium presented to the tubules:

$$\text{Filtered load} = \text{rate of filtration} \times \text{plasma concentration}$$

It is conventional to express sodium excretion on a 24h basis. We are not given any numerical data so it is necessary to assume reasonable values for the rate of filtration (i.e. GFR) and plasma sodium concentration. The units used must be comparable.

$$\text{Assume GFR} = 100\text{mL}/\text{min} = \frac{100 \times 60 \times 24}{1000} = 144 \text{ L}/24\text{h}$$

$$\text{Assume plasma sodium} = 140 \text{ mmol}/\text{L}$$

$$\text{Filtered sodium} = 144 \times 140 = 20160 \text{ mmol}/24\text{h}$$

Failure to reabsorb 1% of this will result in an extra 1% being excreted in the urine.

$$\text{Extra Na excreted} = \text{Filtered sodium} \times 1\% = \frac{20160 \times 1}{100} = 202 \text{ mmol}/24\text{h} \text{ (to 3 sig figs)}$$

Therefore a 1% decrease in sodium reabsorption will result in an increase in sodium excretion of approximately 200 mmol/24h.

**Exam tip:** This question is typical of many in that you are not asked to perform a precise calculation but to produce an estimate based on reasonable assumptions. It is your experience and understanding that is being tested. Before the exam make sure that you not only know the common reference ranges but have some idea of values for such parameters as ECF vol, the value of 't' which corresponds to 95% confidence limits etc. ■

## Question No. 8

While trying to follow the National Service Framework guidelines for coronary heart disease a doctor prescribed a statin to lower the cholesterol of a patient with coronary heart disease. The patient's original cholesterol level was 5.8 mmol/L and at the next visit the doctor was delighted to find that it was just below the target level of 5.0 mmol/L at 4.9 mmol/L and discharged the patient. The patient, a statistician, was less sure the treatment had been responsible. Given that the physiological coefficient of variation for cholesterol is 6% and the analytical coefficient of variation is 3%, calculate the least significant change (at  $p < 0.05$ ) in cholesterol as a percentage at his original level, and determine whether the second measurement was significantly different from the first.

(MRCPath November 2000)

# Blue Bags and Squidgy Balls!

By Ian Phillips, *Chairman of Trainees' Committee*

**T**hat time of year had come around again for TWL and Careers Quest 2001 at the Earls Court Exhibition Centre, London. NHS Employment had arranged for NHS Careers to be part of the Department of Health's main exhibition called the Theatre of Teams. This was designed to complement the "Join the team, Make a difference" theme of the current recruitment campaign. The Health Zone comprised of the Theatre of Teams and had a prime position in the centre of the exhibition.

To complement the careers component of TWL the Workforce Development Confederations had a stand in Career-Quest 2001, which was for school children in year 10 and above. Available from this stand was a comprehensive range of NHS Careers information in a very collectable blue bag, which soon became the fashion icon of TWL 2001. It seemed that all those unable to enter Career-Quest headed straight for us for a blue bag! The other "must have" was the ever-popular NHS stress ball.

The Theatre of Teams exhibition consisted of three zones.

Zone 1 contained four plasma screens illustrating the teams involved in the care of Joe after he was knocked down by a car.

Future Health World (Zone 2) consisted of some medical innovations that were on display at TWL for the first time. These included "Prodigits", a powered prosthetic digit system, spray skin graft, keyhole spinal surgery, community telemedicine and the very impressive virtual reality/simulation training for medical students studying surgery. It comprises a computer system that simulates certain surgical techniques. The user wears 3D glasses to give 3D views, to perform simulated surgical procedures which have visual, physical and tactile reality. In the centre of Zone 2 was a large wooden puzzle that could only be completed by working together as a team and helping to consolidate the intricate teamwork that goes into operating the NHS.

## Not Just "Doctors and Nurses"!

Zone 3 was NHS Careers. We had three plasma screens showing a CD-ROM-based version of the NHS Careers website. Over the five days we spoke to about 1,500 visitors. Once the youngsters had realised that they couldn't surf the net or play games (as we had hidden them) most were quite prepared to talk about careers. The most popular career mentioned was medicine, especially surgery, and physiotherapy. Science-based careers were not popular, probably because of the lack of exposure in the media of such careers. Most youngsters failed to name one or two professions available within the NHS, apart from doctors

*A report from  
Tomorrow's  
World Live  
(TWL) 2001*

and nurses. The aim of having us on the NHS Careers stand was to make visitors aware that doctors and nurses alone do not run the NHS, but that there is a vast number of other professions that all work as a team to provide the best possible outcome for each patient episode.

During TWL we met many teachers and career advisers. Some were unaware that NHS Careers existed, and were surprised about the amount of literature available. The question quite frequently posed by teachers, who themselves were not aware of all career opportunities within the NHS, was “Why doesn’t the NHS come to schools like the other professions?” Although there are examples of good practice where this is already happening in England, perhaps this is something that NHS Employment could take up with the relevant professional bodies and in conjunction with Workforce Development Confederations which have a role to play within the recruitment of new NHS staff. Presentations within schools could be targeted at different levels relative to year groups. Similarly, the NHS Careers website could be made simpler for the younger age groups.

Reflecting on the hectic TWL 2001, fellow team members, Alan Simmons, Steve Boxall, Amanda Wylie, and myself, felt that we need to highlight what it is really like working in the NHS, perhaps wearing uniform may help the visitors to the stand to identify the different professions.

We need to make scientific careers within the NHS more appealing. This could be done by having interactive exhibits alongside the high-tech innovations. Any ideas? It needs to be fun, easy and very robust! The exhibition stand could incorporate pictures depicting the healthy and diseased state, and asking the visitors to guess which is which. Perhaps showing a short video, similar to the one used for Pathology 2000, may help.

One frequent comment was that the younger visitors to the stand wanted to see more blood and gore!

An excellent idea by Steve was to offer a prize a day for a daily competition in which the answers would be displayed around the exhibition stand, on the website, or obtainable from stand members. This would promote more interaction. Those sorts of competitions were very successfully run by other exhibitors at TWL 2001, and were very popular with the youngsters.

If, over the 5 days of TWL 2001, we have broadened people’s horizons about scientific careers within the NHS, the participation in such events is something positive for the future. ■



# Post Mortem Toxicology Fees Payable by HM Coroner Joint Negotiating Committee for the Fees of Doctors Assisting Local Authorities

## Fees Payable by the Coroner under Section 24(2) of the Coroners Act 1988

*Provided by  
Dr Stan Evans  
on behalf of  
The Federation of  
Clinical Scientists  
August 2001*

### From Annex to DC Circular No 32 effective from 1st April 2001

Under Section 24(2) of the Coroners Act 1988 local authorities "may from time to time make a schedule of the fees, allowances and disbursements which may be lawfully paid or made by a coroner in the course of his duties". The following fees are included in that schedule:

#### Mileage Allowance

Rate per mile payable to a medical practitioner who travels, at the request of the Coroner, to view a body where it has been found **54.4p**.

#### Medical Reports

For full written clinical report, without an examination, furnished by a medical practitioner at the request of the Coroner (the payment of this fee is not to be contingent upon the holding or otherwise of an inquest) **£45.30**

For extract from doctor's records (other than over the telephone) **£22.60**

#### Special Examinations

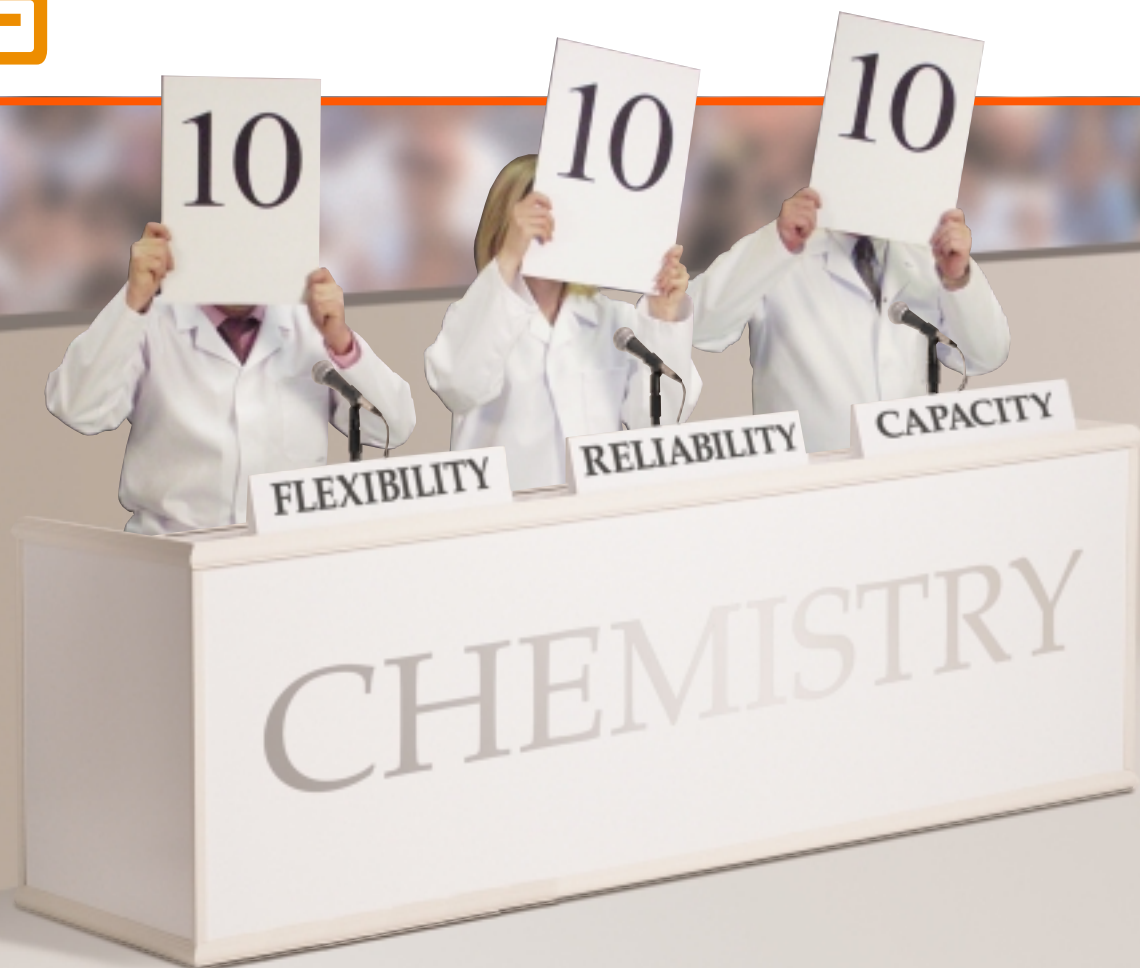
For carrying out a special histological examination at the request of the Coroner (under Section 20(1)(b) of the Coroners Act 1988).

**Not exceeding £215.20 without the express permission of the Coroner (or £23.30 per block, whichever is less).**

For carrying out special bacteriological investigations at the request of the Coroner, not including those provided by the Public Health Laboratory Service in the course of investigations which fall within the overall responsibility of the service. **Not exceeding £215.20 without the express permission of the Coroner (or £23.30 for each direct examination and culture, whichever is less).**

For carrying out a special toxicological examination of organs for identification of unknown poison (under Section 20(1)(b) of the Coroners Act 1988).

**Not exceeding £589.50**



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For examination of blood, urine or other body fluids for a specified substance (quantitative) **£70.00 – (£47.70 for each subsequent fluid in relation to the same case).**

**Other services**

Nothing in this schedule prevents a Coroner from paying an appropriate fee (in consultation with the paying authority) in respect of professional services not covered by a nationally prescribed fee.

**Personal Interpretation**

Notes: My interpretations of these fees with regard to toxicology performed on samples provided following post mortem examinations undertaken on behalf of the Coroner are given below.

1. The 1st fee is payable for the:  
“examination of blood, urine or other body fluids for a specified substance (quantitative)”
2. The 2nd and subsequent fees are payable for the examination:  
“for each subsequent fluid in relation to the same case” for the specified substance (quantitative).

**Examples**

1. The fee payable for the quantitative determination of both ethanol and paracetamol in a single whole blood sample would be  
**2 x £70.00 = £140.00**
2. The fee for a quantitative ethanol determination on both whole blood and urine samples would be  
**£70.00 plus £47.70 = £117.70**

A copy of the above can be found on the ACB’s website at [www.acb.org.uk/federation/coroners.htm](http://www.acb.org.uk/federation/coroners.htm) ■

# Point of Care is Looking Better . . .

Reported by Rachel Carling and Miranda Jones

**W**hat springs to mind when you think of Bradford? Dark satanic mills? A grim town somewhere up north? Or Bill Bryson's infamous quote that 'Bradford exists to make everywhere else look better'? According to chairman, Doug Hirst (Clinical Biochemist, Leeds & Bradford NHS Trust) Bradford is a lot better than people think and he presented slides of the town's more attractive locations while introducing delegates present to the topic of Point of Care Testing (POCT).

POCT is fast becoming an important issue in the clinical chemistry laboratory and this very well attended meeting reflected this as well as the impressive display of vendors and their instruments. POCT is increasing annually by 12% and within the next decade it is predicted to contribute more than 50% of all patient testing. There are serious concerns over quality issues as POCT is carried out away from the core lab and operators are not comprehensively trained. This meeting dealt extensively with these issues through challenging and informative presentations.

## A Toolbox for Survival

Professor Kenneth Blick, Director of Laboratory Information Systems at Oklahoma University Health Science Centre, USA talked about POCT being part of the laboratory's toolbox for survival. Unless hospital labs have IT systems that can deal with the demands of the clinician wanting a result in real time, other providers will step in and take business away. Clinical Chemistry labs must invest in top quality computers that can interact with automated analysers distributed throughout the hospital and be able to

*The first of two reports on the Point of Care Testing Meeting held on Monday 21st May in Bradford*



Rachel and Miranda are currently trainees in the Yorkshire area

handle huge amounts of data. Management and billing of POCT is carried out manually in most hospitals, resulting in substantial loss of revenue. Improved IT could result in POCT being a profitable service.

The talk concluded with an anecdote - the future laboratory will only have a man and a dog in it – the man is there to feed the dog, and the dog is there to stop the man touching the equipment!

James Nicholls, Medical Director of Clinical Chemistry at Baystate Health System, Springfield, USA updated those present on the 'Connectivity Industry Consortium'. This is a non-profit organisation working to standardise software in POCT instruments with the aim that whatever vendor a particular piece of equipment or computer has come from, a lab would be able to integrate them all into its LIS. James stressed that POCT must lead to better outcomes for the patient than using the core lab especially as it is more expensive. Also, labs need to automate control of operators and instruments as it is incredibly difficult to keep track especially as 300 glucose meters in a hospital trust could easily have five times as many operators!

### Where Do Results Go?

Sean Field from Roche Diagnostics took us through his experiences with linking data managers to LIMS and HIS. Only 30% of results obtained from POCT are entered into LIMS as they have to be entered manually. This results in patient databases having no records of particular tests being performed. The solution is to have POCT devices linked to data managers that are connected to LIMS. Information from the POCT device and the LIMS link up in the data manager. Sean then went into the technicalities of interfacing, mentioning different software and hardware systems that are involved.

Laboratory manager, John Wood from Southampton NHS Trust presented the common problem taking place in most hospitals of POCT results being written on scraps of paper which hopefully do get into patient notes, probably won't get into the LIMS but more than likely will end up in the waste paper bin! The Southampton solution was to set up data managers linking POCT instruments, the main patient demographic database and LIMS so that all patient and lab details would meet up with the POCT result and reports could be printed either from the POCT device or the lab.

To exert delegate's brain cells before lunch Dave Browett, product manager from CSW Health Ltd. took us through XML – eXtensible Mark up Language.

XML is a set of rules for designing text formats for structured data, in a way that produces files that are easy to generate and be read by a computer, that are unambiguous, and that avoid common pitfalls, such as lack of extensibility, lack of support for internationalisation/localisation, and platform dependency.

The aim of Dave's talk was to explain the background of the CIC data communications standards, which are based on HL7 data protocols and XML data communication. These protocols have been adopted by the UK government as communication standards. ■



Dave Browett and Jonathan Kay relax over lunch

# Application for Regrading to Grade C or Scale Advancement on Grounds of Professional Excellence

By Alan Penny, *Federation Chairman*

**W**hen a post has been externally assessed for Grade C and the post falls short but the scientist has a good CV, it is sometimes suggested that they apply on the basis of professional excellence.

A significant proportion of applications do not contain all the documentation required to enable a fair judgement. It is therefore appropriate to advise members on the procedure and how it operates.

It is clearly stated in AL (SP) 1/90 that grading under para 9.1d or advancement under 9.3 on grounds of excellence are subject to the prior approval of the joint secretaries. An application by a scientist would therefore be forwarded by the employing organisations to the management side secretariat of scientific and professional staffs council at Quarry House, Leeds. The Chief Scientific Officer then distributes copies to two management side assessors and the staff side secretary distributes copies to two staff side advisers. The application is considered by each on the evidence provided and the definitions of excellence given in 9.1d and 9.3. Having taken advice the joint secretaries then discuss each case and a decision is reached to which there is no appeal.

It is therefore important that a scientist considering an application should ensure that all available evidence is submitted, as there is only one attempt.

The primary points considered are:

- Quality publications in refereed journals (about 50).
- A good, consistent and continuing rate of publication.
- Evidence of National or International Reputation such as invited contributions to conferences and membership of National Advisory Bodies.
- Attracting research grants or holding patents.
- Other publications and contributions.

These are moderated by other circumstances:

- Level of service commitment and proportion of time available for research.
- Managerial responsibility held and the grade given for this.
- The range of users of the service provided and frequency of use.
- Evidence of support.

The documents to be submitted would therefore consist of:

1. An application clearly showing the present grade and the grade or point applied for.
2. A detailed CV containing contributions and notable achievements.
3. A list of publications sectioned into:
  - refereed papers (including those submitted but not yet published).
  - invited review articles and book chapters.
  - letters and abstracts.
4. A detailed agreed job description.
5. An organisation and management chart.
6. Any testimonials available.
7. Three copies of 6-8 of the best publications, together with a commentary on personal involvement and the impact of these publications.

Obviously it is not essential to meet all the points above but decisions are made on the balance of the quality and quantity of points fulfilled. The assessors and advisers can only reach a judgement on the information supplied; they will not seek out further details.■

# North West Foundation Stone

**Alan Hadfield Gowenlock BSc, MSc, PhD, MB, ChB, CChem, FRSC, FRCPath**  
**Born 4th March 1923, Died 26th July 2001**

*The death of Alan Gowenlock marks the end  
of an era in Manchester*

**A**lan Gowenlock was born in Oldham in 1923 and went to Oldham High School. At the University of Manchester he studied chemistry, gaining a First Class honours degree in 1944, an MSc in 1945 and a PhD in biochemistry in 1947. Following a post-doc Alan studied medicine, qualifying in 1953. This marked the beginning of a long and fruitful association with the Manchester Royal Infirmary where he was to spend the majority of his working life. Alan was appointed as Consultant Chemical Pathologist (the first in the North West Region) and Head of the Clinical Biochemistry Department at the United Manchester Hospitals in 1968, where he succeeded Harold Varley.

Alan became a Founder Member of the Royal College of Pathologists in 1963. Throughout his career he was active in the profession. He was the first Secretary of the ACB Scientific Committee (1963-64) and was involved, with among others Professor Tom Whitehead, in organising one of the first inter-laboratory surveys in the United Kingdom and from this EQA schemes evolved. He was ACB Secretary from 1965-1968 and served as Council Member. He made contributions to many national and regional committees. The Association honoured him in 1983 with the Wellcome Prize – “for a Clinical Biochemist who has made a significant contribution to the quality of laboratory practice” and he was elected to ACB Emeritus Membership in 1987. Particular mention must be made of Alan’s contribution to training. He was a born teacher and always seemed to revel in the weekly departmental sessions to which those in training came from far and wide. Alan was active in the Manchester Medical Society becoming President in 1980, of which this humble man felt justifiably proud.

Amongst Alan’s many skills was that of editing, and he served on the Editorial Board of *Clinica Chimica Acta* from 1968 until his retirement. He undertook to produce new editions of the standard bench textbook Varley’s *Practical Clinical Biochemistry*. The fifth edition appeared in two volumes as ‘Varley, Gowenlock and Bell’. This book had a long gestation and was somewhat dated when published, for example not including anything about RIA, which was by then having a major impact on clinical biochemistry. At home this was a particularly difficult period for



Alan, with his first wife suffering from a long and debilitating illness. Alan bore the great burden of her care, until her death in 1982, but little of this was known to his colleagues at the time. Alan set about producing a sixth edition of 'Varley' for which he took the role of Managing Editor and this was published in 1988.

Following his retirement in 1986 he worked for several years as a hospital medical administrator. He also pursued his other interests of gardening, travel and music with his second wife. He was a member of the Hallé Concert Society and was regularly seen in his usual seat at the Free Trade Hall. Prostate cancer, diagnosed in 1996, eventually curtailed these activities. In typical fashion he followed the course of his illness, charting his PSA results in his diary, and was aware of the eventual lack of treatment options. He accepted this with his usual fortitude and retained his peaceful approach to life to the end. He had become a Roman Catholic at Easter in 1999, and was cremated after a Requiem Mass in which many mourners participated in celebrating his life. ■

CJS

# focus2002

## the concept of disease

The Association Of Clinical Biochemists National Meeting  
SECC, Glasgow, Scotland  
21st - 24th May 2002



For further information please contact:  
Focus 2002 Office  
PO Box 409  
Cambridge  
CB1 4QD  
Tel: 01223-404830  
Fax: 01223-404841  
Email: [info@focus-acb.org](mailto:info@focus-acb.org)  
[www.focus-acb.org](http://www.focus-acb.org)

## ACB Southern Region Scientific Meeting

University of Sussex

Wednesday 26th September 2001

10:00 Registration and Coffee

### Future Trends in Pathology

Chair: Dr S Frost, Haywards Heath

10:30 Making the change – the future workforce  
Mr M Hallworth, ACB Chairman

11:05 Evolution, natural selection and NHS  
pathology services  
Prof J Lilleyman, RCPATH President

11:40 Discussion

12:00 Lunch

### Developments in pre- and post-analytical biochemistry

Chair: Dr G Firth, Haywards Heath

13:00 Using IT to invade the post-analytical world  
Dr R Jones, Leeds

13:30 Tracking the ups and downs of modular pre-analytical robotics  
Dr M Thomas, London

14:00 IT tools to improve workflow  
Mr L Sharman, Datalog International

14:30 Tea

### Drugs of abuse

Chair: Dr B Rocks, Brighton

15:00 Drug-related deaths – the coroner's role  
Miss V Hamilton-Deeley, HM Coroner, Brighton

15:35 Rapid drug screening techniques using Tandem Mass Spectrometry  
Dr P Sharp, Brighton

16:10 Clinical Aspects of Drugs of Abuse  
Speaker to be confirmed

16:45 Finish

Registration: £25, but free for Grade A biochemists. Depending on numbers interested we may arrange an event for the evening of the 26th.

To obtain further details, enquire about evening events or accommodation contact: Dr M Firth, Department of Clinical Biochemistry, Princess Royal Hospital, Haywards Heath, Sussex, RH16 4EX. Tel: 0144-444-1881 ext 4727.

## Pathology: A Value Added Service

St Bartholomew's Hospital

London

Thursday 8th November 2001

A meeting organised jointly by The Association of Clinical Biochemists and The Healthcare Finance Management Association

This meeting will address the issues surrounding:

- The role of diagnostic tests in decision making
- The current problems of resource allocation
- The meaning of value and how to assess it
- The role of NICE

And will include some case studies.

Who should attend:

- Chief Executives, Purchasers and Providers
- Trust Finance Directors
- General Managers
- Laboratory Directors
- Laboratory Managers

The cost is £235 (£200 for members of the ACB or HFMA). To register for the meeting please contact: ACB Office, 130-132 Tooley Street, London SE1 2TU. Tel: 020-7403-8001. Fax: 020-7403-8006.

## Warwick University Short Courses

### An Introduction to Bioinformatics: a Practical Approach

5th-6th November 2001

A two day course for those wishing to gain a practical understanding of the applications of bioinformatics.

### Techniques and Applications of Molecular Biology: A Course for Medical Practitioners

10th-13th December 2001

A four day residential course designed to help improve understanding of the principles and applications of genetic engineering techniques.

Details of both these from: Dr Charlotte Moonan, Department of Biological Sciences, University of Warwick Coventry CV4 7AL. Tel: 024-7652-3540. Fax: 024-7652-3701. Email: [Charlotte.Moonan@warwick.ac.uk](mailto:Charlotte.Moonan@warwick.ac.uk)

## Tackling Coronary Heart Disease in Wales

Postgraduate Lecture Theatre

Bronglais General Hospital

Aberystwyth

Thursday 18th October 2001

ACB Wales Autumn Clinical and Audit Meeting

### Morning Session

Lectures will cover the following topics:

- Overview of the NSF for Coronary Heart Disease and the Welsh Assembly document "Tackling CHD in Wales – Implementation through Evidence"
- Use of Cardiac Markers for risk stratification in Acute Coronary Syndromes.
- Natriuretic Peptides – analytical techniques, and use in diagnosis of cardiac failure
- Prospective use of BNP in diagnosis and management of ventricular dysfunction.

To be followed by the Wales Region Audit Meeting.

Registration fee: £10 to include lunch. The meeting will be CPD accredited by the RCPATH and IBMS. Closing date for registration 5th October 2001.

Registration forms available from Mr Gethin Roberts, Biochemistry Department, Bronglais General Hospital, Aberystwyth, SY23 1ER. Tel: 01970-635934.

Fax 01970-635323.

E-mail: Gethin.Roberts@ceredigion-tr.wales.nhs.uk

### Afternoon Session

All Wales Clinical Biochemistry Audit Group Meeting

14.40-15.00 Audit of Lipid Reporting

Dr D Oleesky, Cardiff

15.00-15.20 Draft Standards for Investigating

Renal Stone Disease

Dr C Williams, Wrexham

15.20-15.40 Audit of Ammonia Analyses

Miss H Losty, Cardiff

15.40-15.55 Draft Standards for the Investigation of

Macroprolactinaemia

Dr R John, Cardiff

15.55-16.10 Draft Standards for Thyroid Function

Testing Strategies

Mr I Hanning, Hull

There is no charge for the audit meeting.

## Upcoming College Meetings

### What's New in Paediatric Neuropathology

Wednesday 17th October 2001

This one day symposium includes new insights in brain development, non-accidental injury, HIV, white matter diseases and muscle biopsy.

### The Effects of Sunlight on Skin

Wednesday 24th October 2001

This is the first of a new series of symposia sponsored by the Jean Shanks Foundation. Issues relating to pathology and the environment and disease processes will be considered.

For further details of either of these please contact: Michelle Casey at: The Royal College of Pathologists, Tel: 0207-451-6740. Fax: 0207-451-6701.

Email: michell.casey@rcpath.org

## Clinical Biochemistry Training Day

### Cripp's Postgraduate Medical Centre

Northampton General Hospital

Thursday 11th October 2001

Organised by the Anglia & Oxford Analytical Advisory Group

10.00 - 10.30 Coffee and Registration

### Morning session

Chairman: Mr Brian Dale, Royal Berkshire Hospital, Reading

10.30 - 11.15 Networking Point of Care Analysers – The Southampton Experience  
Radiometer Ltd

11.15 - 12.00 'Healthcare Scientists – A Case for Change' – Implementation strategy  
Mr Alan Potter, IBMS

12.00 - 12.45 Laboratory Accreditation: Why and How?  
Mrs Cheryl Blair, CPA (UK) Ltd

12.45 - 13.30 Lunch

13.30 - 14.00 Commercial Exhibition/Presentations

### Afternoon session

Chairman: Dr Nigel Scott, Northampton General Hospital

14:00 - 14.45 Tandem Mass Spectrometry and its Application to Clinical Biochemistry  
Dr Neil Dalton, Guy's Hospital, London

- 14.45 - 15.30 The Role of the Clinical Biochemistry  
Department in Hospital Nutrition  
Dr Wassif Wassif, Bedford General Hospital
- 15.30 - 15.45 Tea
- 15.45 - 16.30 Analytical and Clinical Challenges  
Open forum
- 16.30 - 16.45 Closing Remarks

RCPATH/IBMS CPD accreditation applied for.  
Registration Fee: £12.00 (including lunch)  
Please make cheques payable to "Anglia & Oxford  
Education and Training Fund".

To register, please contact: Mr Brian Dale, Department  
of Clinical Biochemistry, Royal Berkshire Hospital,  
Reading RG1 5AN. Tel: 0118-987-7710  
Fax: 0118-987-8916.

## Focus 2002

SECC  
Glasgow  
21st-24th May 2002

Full details of the Annual National Meeting will be  
circulated with the October ACB News.

Further information from [www.Focus-acb.org](http://www.Focus-acb.org)

# Date for Your Diary . . .

## Tuesday 9th October

*This year the Annual meeting of the  
Corporate Members Group with the ACB  
takes place at the ACB Offices in London  
on the afternoon of Tuesday 9th October.  
It is hoped that every Corporate Member will  
be represented at the meeting. The meeting  
will be followed in the early evening with a  
dinner on HMS Belfast.*

## Eurogenetics UK Ltd

**A**CB members with e-mail addresses in the ACB handbook will have received a promotional e-mail with multiple attachments from Eurogenetics HQ in Belgium, sent on 1 June 2001. This e-mail was an unauthorised use of the ACB's membership database, and a number of members have complained about being sent promotional material in this way. The Association has made formal representations to Eurogenetics UK about the misuse of the membership database.

Eurogenetics accept that the e-mail was inappropriate, and deeply regret the inconvenience caused to members. They have apologised to Council and to members, have undertaken not to use the e-mail list

again and have made a substantial donation to the ACB's Scientific Development Scholarship fund by way of compensation.

The Association is happy to accept the apology and the associated compensation, and considers the matter satisfactorily resolved. As part of the agreed settlement, a Eurogenetics mailing will be sent to ACB members by surface mail in September. We are very grateful to David Eyre of Eurogenetics UK for his prompt and effective action to resolve the situation, and look forward to continued strong links with the company.

**Mike Hallworth,**  
ACB Chairman

## ACB News Advertising

**S**ince July 1998 all issues of ACB News have been published electronically, as well as in printed form. The PDF files for these issues are still available on the ACB website. In the early days we did not include the corporate advertising. This was both to keep the PDF files sizes as low as possible, to help people accessing the internet with a low speed telephone line and also because some advertisers were still supplying film rather than digital files. Things are now changing with many more users having faster links to the internet available at work and also most advertisers are now able to supply their origination on digital media, making it easier to include in the PDF.

So, over recent months, we have been publishing a PDF file that also includes corporate page advertising. We do not at present have hard statistics on the numbers of people viewing ACB News from the ACB website, however indirect evidence, such as feedback from articles, suggests that ever larger numbers of people are accessing the magazine electronically.


If you are planning a media campaign in 2002, then our advertising agency would be delighted to discuss how we can help. As you may have noticed this month, we are open to all sorts of marketing initiatives to help you achieve your marketing aspirations.

**Call Peter or Sue at PRC Associates on  
Tel: 0208-786-7376 or  
email to [mail@prcassoc.co.uk](mailto:mail@prcassoc.co.uk)**

## Olympus Golf Day

**A** recent Olympus golf day raised £2,600 for Mencap. Seen here is Dr Christine Warren receiving the Olympus trophy from Alan Trinder of Olympus Diagnostic Systems. ■



Barking, Havering   
and Redbridge Hospitals

NHS Trust

**Head of Department of Biochemistry – Ref 319**

**Grade C with 5 discretionary points**

**Scale points 27 – 36, full time £42,259 – £60,147 per annum**

Barking, Havering and Redbridge NHS Trust is looking for a new Head of Department to lead the Biochemistry service in this newly-formed Trust, offering services to Oldchurch, Harold Wood and King George Hospitals. You will be expected to hold membership of the Royal College of Pathologists and to have proven management skills as well as wide experience in the field of Clinical Biochemistry.

The laboratories are all well equipped and computerised, and a new hospital for Romford is planned to replace Oldchurch and Harold Wood in 2005. This large Trust has 1500 acute beds and encompasses a wide range of clinical specialities, including Neurosciences and Cancer.

For information or to arrange an informal visit to the department, contact Mr M Waterson on 020 8970 8012.

**Recruitment pack available from Recruitment Department, Oldchurch Hospital, Waterloo Road, Romford, Essex RM7 0BE. Tel: 01708 708003 quoting reference No. 319 or visit our website on [www.jobsinhealth.co.uk](http://www.jobsinhealth.co.uk).**

**Closing date: 26th October 2001.**

*Barking, Havering and Redbridge Hospitals NHS Trust is an equal opportunities employer and operates the 'Children's Safeguard Review Policy' and screens applicants accordingly.*



Pinderfields and   
Pontefract Hospitals  
NHS Trust

*Department Of Clinical Biochemistry*

**Clinical Biochemist - Grade B Ref No: PT204**

*£20,059 - £21,693 per annum*

*37 hours per week*

Pinderfields and Pontefract Hospitals NHS Trust provides acute hospital care to a population of 317,000 with a budget of £116m. It has over 1,100 beds on two main sites in Wakefield and Pontefract at present, although approval has been given for a new hospital on the Wakefield site, with Pontefract as a diagnostic and day care unit.

Applications are invited for the post of a Grade B Clinical Biochemist based initially in the Departments of Clinical Biochemistry at Pontefract General Infirmary in Pontefract and at Pinderfields General Hospital in Wakefield. Both sites are well equipped and are fully computerised with ward reporting available via the Trust Intranet.

You will participate fully in all aspects of the department's service, including interpretation and validation of reports, clinical liaison, audit, trouble-shooting, teaching and service development.

Recent experience and a good general knowledge of Clinical Biochemistry are required. You should possess the DipRCPPath and be on the Register of Clinical Scientists. Whilst MRCPPath would be an advantage, consideration will be given to those studying towards it. Such study would be actively encouraged and an area of special interest would be welcome.

*For further information or to arrange an informal visit, please contact Dr Marieke Jordaan, Consultant Chemical Pathologist, on (01977) 606238 or Dr Adel Ismail, Consultant Biochemist, on (01924) 814824.*

**Application information is available from the Human Resource Management Department, West Cottage, Pinderfields General Hospital, Aberford Road, Wakefield, West Yorkshire WF1 4TU or Tel: (01924) 212718 (24 hour answerphone). Alternatively, email: [trust.feedpanp-tr.northy.nhs.uk](mailto:trust.feedpanp-tr.northy.nhs.uk)**


**Closing date: 24 October 2001.**



INVESTOR IN PEOPLE



*The Trust is an equal opportunities employer and operates a no smoking policy*

Barts and The London   
NHS Trust

**Directorate of Pathology**  
**Department of Clinical Biochemistry**  
**Consultant Clinical Biochemist (Grade C) £41,571 - £51,937 p.a. inc.**

Applications are invited for a suitably qualified and experienced full-time Clinical Biochemist to head the Endocrinology/Immunoassay section of this Department.

The Department currently has laboratories at St Bartholomew's and The Royal London Hospital, is CPA and HQS accredited and performs approximately four million tests on 640,000 patient samples per year. In addition to serving the local population, the Department provides specialist services (particularly endocrine tests) for laboratories throughout the UK. The Trust's association with the St Bartholomew's and The Royal London School of Medicine and Dentistry allows opportunities for collaborative research and teaching of medical students.

We are currently planning a new purpose built pathology block at The Royal London which is due to open in mid 2004. In addition, we are working in collaboration with local trusts to develop an integrated pathology service across the whole of East London. A new pathology computer system will be installed next year.

You will play a key role in the management and development of the Clinical Biochemistry service in this Trust and across East London, and will supervise the training of Grade A and Grade B trainee Clinical Biochemists.

Essential requirements are a registered Clinical Biochemist with MRCPPath or MCB, a broad training covering all of the major sub-specialities in Clinical Biochemistry, and more extensive experience in the area of endocrine and tumour marker testing. A research degree is desirable. Ref: 325CB

For an informal discussion/visit, please contact Dr Margaret Browne on 020 7377 7011.

**Homerton Hospital NHS Trust and**  
**Barts and The London NHS Trust.**  
**Consultant Clinical Biochemist (Grade C) £41,571 - £51,937 p.a. inc.**

This is a new full-time post and is a joint appointment between these two trusts. The Clinical Biochemistry service at Homerton currently has no consultant lead and you will act as Head of Department at Homerton. At Barts and The London, you will join a team of consultant clinical scientists and will be involved in the development and management of the service as part of the Executive committee.

The Department at Homerton deals with about 190,000 patient samples per year and that at Barts and The London with about 640,000 samples per year. Homerton has a 'drugs of abuse' screening section that provides services to other hospitals in East London and Essex. The Trusts' association with the St Bartholomew's and The Royal London School of Medicine and Dentistry allows opportunities for collaborative research and the teaching of medical students.

A new purpose built pathology block at The Royal London Hospital is being planned to open mid 2004.

You will play a key role in the management and development of the Clinical Biochemistry service at Homerton, particularly with the achievement of CPA accreditation. In addition, it is the intention of both departments to increase collaborative working with local trusts as opportunities arise.

Essential requirements are a registered Clinical Biochemist with MRCPPath or MCB, broad experience covering all of the major sub-specialities in Clinical Biochemistry and an interest in 'drugs of abuse' screening. Ref: 326CB

For an informal discussion/visit, please contact Dr Margaret Browne on 020 7377 7011 (The Royal London) and Dipak Duggal on 020 8510 7203 (Homerton).

For an application pack for either post, please contact the Recruitment Bureau on 020 7377 7745 (24 hours), quoting the relevant reference number.

Closing date: 10th October 2001.

Good transport links; accommodation in N & E London; interest-free season ticket loans; sports/social facilities; childcare facilities including nursery; flexible working arrangements.

Committed to equal opportunities.





Ceredigion and Mid Wales National Health Service Trust

BRONGLAIS GENERAL HOSPITAL

## Principle Biochemist, B Grade

Salary: £28,548 – £37,567 (Starting salary depending on experience and qualifications)

37 hours per week

We can offer an exciting opportunity based in the University town of Aberystwyth, on the beautiful mid Wales coastline. Our Biochemistry Department provides a comprehensive service to Bronglais Hospital, five surrounding community hospitals and to sixteen GP practices, handling approximately 70,000 requests per annum. There are partnership-working arrangements with Withybush General Hospital, Haverfordwest.

As a State Registered Clinical Scientist with professional qualifications (DipRCpath, MRCpath or MC), you will play a key role in the service provision and development of the department. This will include a degree of deputising for the Consultant Head of Department, consequently some evidence of broad clinical and managerial experience is desirable.

There will be opportunities to gain further experience in clinical liaison, audit, quality assurance and research and development. We have an excellent up-to-date medical library and Postgraduate Centre on site.

For further information, and/or to arrange an informal visit, please contact Mr Gethin Roberts, Consultant Clinical Biochemist on 01970 635784.

Application forms and job descriptions can be obtained from the Personnel Directorate, Bronglais General Hospital, Aberystwyth, Ceredigion SY23 1ER. Tel: 01970 635826 (Answerphone outside office hours).

Fax: 01970 635825.

E-mail: [judith.clifford@ceredigion-tr.wales.nhs.uk](mailto:judith.clifford@ceredigion-tr.wales.nhs.uk)

[www.ceredigion-tr.wales.nhs.uk](http://www.ceredigion-tr.wales.nhs.uk)

Closing date: 8 October 2001.

*We are committed to work/life balance and encourage applications from those wishing to work in a flexible capacity.*



## 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



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