

ACB News

The Association of Clinical Biochemists • Issue 483 • 20th July 2003



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Scales**

**Trainees Plan
for the Future**

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

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Front cover:

Mike Hallworth presents Professor Carole Spencer with the AACC Transatlantic Lecture commemorative bowl

focus2004
ICC • BIRMINGHAM • 18-20 MAY
The Association of Clinical
Biochemists National Meeting
ICC, Birmingham

Tel: 01223 404830 Fax: 01223 404841

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

Jennie Johnston Takes on the Pyrenees

In September, Jennie Johnston attempts a charity ride in the Pyrenees. This is being organised by Breton Bikes who normally take her on a led cycle touring holiday in September but this year instead of paying them, Jennie is putting her money to Intermediate Technology

Development Group, a charity which helps people in the third world help themselves. The ride takes place over a fortnight, and is about 400 miles, but more importantly takes in mountain passes including the Tormalet which followers of the Tour de France will recognise. But we

won't be just in skinny lycra and on racing bikes, it's touring bikes with full kit for camping! Those of you who know Jennie will realise that this is going to be a real challenge. If you are willing to sponsor her please either email: jenniej@freenet.co.uk or telephone: 01325-743244. ■

Gilbert's Team Delivered . . .

The Focus 2003 debrief recently took place at Droitwich Spa in Worcestershire. Each year, a few weeks after Focus, the Local Organising Committee meet with the National Meeting Committee to take stock and reviews the annual national meeting to try and ensure that we make meetings even better in future years.

This year saw a new style and experimental Focus. It had come about in an attempt to ensure that there were not two major exhibitions in the UK in the same year. With the IBMS congress later in 2003 the ACB meeting tried to tread a difficult path between not having a formal exhibition but yet still retaining corporate participation.

While a huge amount of work went into this concept delivering it was very much left to Gilbert and his team. One should not underestimate the difficulty of getting things right.

Overall Focus 2003 was seen as an excellent meeting. The public debates were enjoyed by delegates, even though they failed to attract the public. The scientific content of the meeting was seen as a huge strength and the poster sessions seem to get ever more popular. The training day and update sessions prior to the meeting are now under increasing pressure and the dramatic increases in trainees around the country means that the Education Committee need to look to ensuring that they can provide enough spaces.

Next month we will have a special feature looking at the ACB 50th Anniversary celebrations which was seen as a very successful event. So overall Manchester delivered, and we must now look forward to the conventional Focus meeting in Birmingham that Jonathan Berg and his team are fortunate to be able to organise. ■



Gilbert Wieringa along with colleagues review Focus 2003. From left to right: Steve Goodall, National Meetings Secretary; Gilbert Wieringa, Focus 2003 Chairman; Lesley Tetlow, Focus 2003 Secretary; Paul Newland, Publicity 2003 and Education Committee Secretary; Catherine Wardle, Focus 2003 Social Programme; and Roberta Goodall, Focus 2004 Scientific Programme Organising Committee

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Diagnostics are the new **UK market leader in Immunochemistry**
whilst retaining their position at number 1 in Clinical Chemistry.

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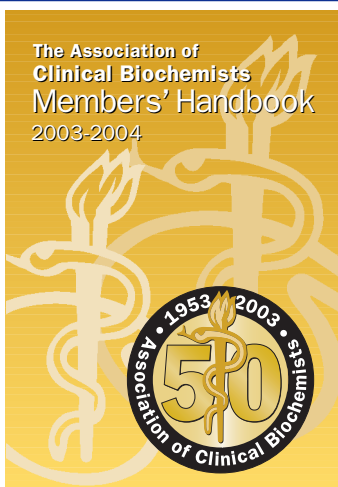
Diagnostics

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50th Anniversary Members' Handbook

To commemorate the 50th Anniversary of Association we have produced a special edition of the Members' Handbook. It contains all the historic information about the Association's previous officers, awards, publications, changes to regions etc. for the first 50 years of the ACB.



This historical information has now been placed on the ACB website in the new history area and will be updated annually. In future years the Members' Handbook will contain only minimal historic data and this 50th Anniversary edition of the Handbook will be the complete record.

Inside this year's Handbook you will also find a very special commemorative golden bookmark emblazoned with the 50th anniversary logo. ■

Preliminary Meeting Notification 1st Training Day in Metabolic Medicine

Metabolic Medicine: The Transition from Paediatric to Adult Care

University Hospital of Wales, Cardiff

The inaugural training day for trainees in Metabolic Medicine under the aegis of the Royal Colleges and the British Inherited Metabolic Disease Group is scheduled for Wednesday 8th October

Preliminary programme:

- The Transition from Paediatric to Adult Care
Dr Phil Lee, Consultant in Metabolic Medicine, UCLH, London
Dr Graham Shortland, Consultant in Paediatric Metabolic Medicine, University Hospital of Wales, Cardiff
- Porphyrias
Dr M Badminton, Senior Lecturer, University of Wales College of Medicine, Cardiff
- Discussion - future training needs:
Trainees and trainers

*For further details please contact
Dr Mike Badminton,*

*Dept of Medical Biochemistry,
University Hospital of Wales, Cardiff CF144XW
Tel: 02920-742809*

Coming Next Month . . .

50th Anniversary Celebrations Reviewed



Do not miss the special issue which will give a flavour of the hugely popular 50th Anniversary celebrations



Website of the Month: UK National Screening Committee

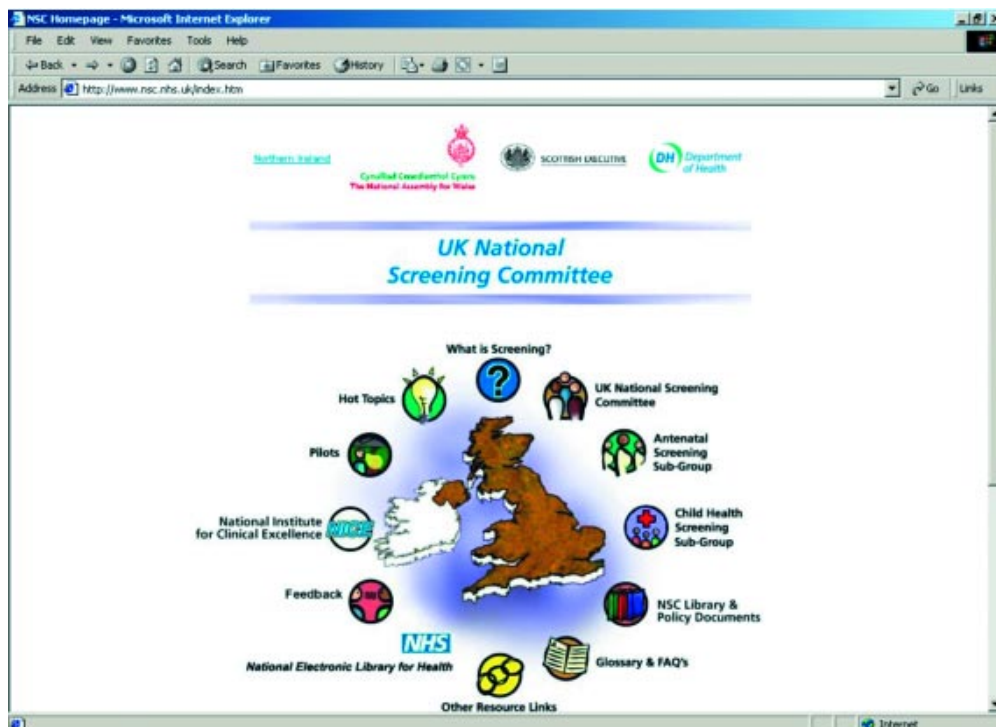
By Dr Ian Godber, Wishaw General Hospital

<http://www.nsc.nhs.uk/index.htm>

Thanks to Tony Hitch in Nottingham for suggesting the National Screening Committee website for review. Many will have already found this site very useful - the latest version of the Draft Standards for Down's syndrome screening are included here, as well as lots of useful links. The 'Hot Topics' section contains further information on the sort of headlines, which appear in the newspapers, while the 'pilots' section details ongoing projects.

It can easily be used as an information resource to point people towards if they have general questions relating to screening, particularly ones that aren't related just to biochemistry.

- Don't forget links to all past and present 'Websites of the Month' are available from the ACB website (www.acb.org.uk). If you wish to suggest a site for the 'Website of the Month', please submit a short review (150-200 words) to Ian Godber at Wishaw General Hospital (webmaster@acb.org.uk). ■



Connectivity enabled?

check.

QC lockout activated?

check.

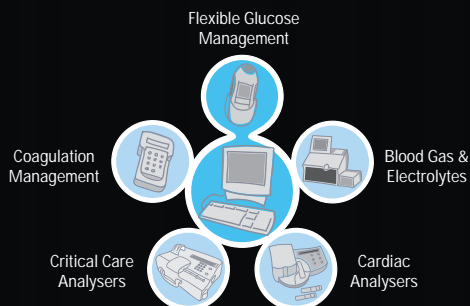
Calibration complete?

check.

Lab clears Accu-Chek Inform for lift-off.

Welcome to the future of blood glucose monitoring. The Accu-Chek Inform is a powerful tool that enables you to proactively manage POC testing - without leaving the lab. Results can be downloaded to a central database when connected to DataCarePOC - a vital safety net in a climate of increasing litigation, where accountability is key.

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Deacon's Challenge

No. 28 Answer

A proposed diagnostic serological test for coeliac disease was evaluated in 200 consecutive patients referred to a paediatric gastroenterology service in whom the condition was suspected clinically. The test result was compared with the diagnosis as established by biopsy, withdrawal of gluten and response to re-challenge. On this basis, 76 children had the condition of whom only 64 gave a positive test result: 10 positive test results occurred in children who were shown not to have coeliac disease.

Calculate the sensitivity and specificity of the test and the predictive value of a positive result.

MRCPath, May 1998

Number of true positives, i.e. positive results in patients with disease	= TP	= 64
Number of true negatives, i.e. negative results in patients without disease	= TN	= ?
Number of false positives, i.e. positive results in patients without disease	= FP	= 10
Number of false negatives, i.e. negative results in patients with disease	= FN	= ?

In order to proceed, first determine the missing values for TN and FN as follows:

$$\text{Total number in population tested, } (TP + FP + TN + FN) = n = 200$$

$$\text{Number of patients with disease, } (TP + FN) = 76$$

Substitute $TP = 64$ and solve for FN:

$$64 + FN = 76, \text{ therefore } FN = 76 - 64 = 12$$

$$\text{Number of patients without disease } (TN + FP) = n - (TP + FN)$$

Substitute $FP = 10$, $(TP + FN) = 76$ and $n = 200$, then solve for TN:

$$TN + 10 = 200 - 76 \text{ therefore } TN = 200 - 76 - 10 = 114$$

The sensitivity of a test is its positivity, i.e. the proportion of true positives obtained for patients with disease:

$$\text{Sensitivity (\%)} = \frac{TP \times 100}{TP + FN} = \frac{64 \times 100}{76} = \mathbf{84\%}$$

The specificity of a test is its negativity, i.e. the proportion of true negatives in patients without disease:

$$\text{Specificity (\%)} = \frac{TN \times 100}{TN + FP} = \frac{114 \times 100}{114 + 10} = \mathbf{92\%}$$

Note that the terms sensitivity and specificity relate to single populations with and without disease respectively and are therefore unaffected by prevalence of disease.

The predictive value of a test describes the reliability of a positive or negative result in the population being tested, which will contain patients both with, and without, disease, and so will be affected by prevalence of disease.

The predictive value of a positive result, PV(+), is the proportion of all positive results which are true positives (i.e. will include false positives, the number of which will depend on prevalence of disease):

$$PV(+) \% = \frac{TP \times 100}{TP + FP} = \frac{64 \times 100}{64 + 10} = 86\%$$

This means that for every 100 positive results, 14 will be from patients without disease.

Although not asked for in this question, the predictive value of a negative result can be similarly calculated:

$$PV(-) = \frac{TN \times 100}{TN + FN} = \frac{114 \times 100}{114 + 12} = 90\%$$

This means that for every 100 negative results, 10 will be from patients with disease. ■

Question No. 29

A male patient (weight 75 Kg) was in a high dependency unit after cardiac surgery. He developed a cardiac arrest just after he had received a bolus injection of an antibiotic through a central line. A junior nurse thought that he had flushed the injection port with Potassium Chloride Concentrate (15%) instead of heparinised saline as he had intended.

The following results were available:

	Serum potassium concentration
Immediately before injection	5.0 mmol/L
Five minutes after injection	6.0 mmol/L

Assuming that:

- 1) the serum potassium concentration reached a peak one minute after injection and was distributed in the intra-vascular space only
- 2) by five minutes the potassium was distributed in the extra-cellular space only
- 3) there was no intra-cellular uptake of potassium:

Estimate

- a) The volume of potassium chloride concentrate that was injected
- b) The peak serum potassium concentration
- c) Comment on the cause of the cardiac arrest.

(Atomic weights: Potassium 39; chloride 35.5)

MRCPATH, May 2003

FCS Chairman Report ACB News

Alan Penny, FCS Chairman

As reported at AGM a ballot of FCS members showed considerable support for the Agenda for Change proposal. It was announced at the HR in NHS conference on 3rd June that all Trade Unions had reported the outcome of their ballots. One organisation voted against 51-49 the other 16 voted in favour, most by over 75%. As a result the proposals will go ahead and the early implementer sites will officially start their role of testing out the process. Management and Staff Side reps have attended joint training sessions on job matching and we have members involved on both sides of the teams.

We await the creation of the new Staff Council so that outstanding items such as a band 9 available for Grade C Scientists with substantial responsibility e.g. Clinical Director, SAS Director or Director of a Regional Service can be discussed.

Additional job profiles are trickling through, not yet any more for clinical scientists. Work also continues on refining the KSF and NOS. We continue to be consulted by DoH on a number of areas of modernisation of the service and the workforce.

The agreement of 3rd June has also approved the 3.225% pay rise for all staff and the advanced letters should by now have been received by all employers and hopefully paid at the end of June. The increase is back dated to 1st April 2003. The new pay scales are available on the FCS Website and are reproduced below. London weighting is also increased by 3.225%.

It was also announced by Andrew Foster, Head of NHS HR, at the HR in NHS conference, that IWL assessment although a monumental task of organisation has been effective. All acute Trusts and established PCTs and others had to achieve accreditation by April 2003. 90% passed but importantly 10% failed to satisfy the standards, which are used in the performance management of Trust HR Directors. In general there has been a significant improvement in working conditions and this process continues with heavy emphasis on staff involvement in decisions affecting their working lives and the service they provide. Any members with concerns over working conditions or hours of work should raise them locally under IWL.

Andrew Foster and Hazel Bleer, Health Minister, confirmed that the pay modernisation was fully funded. Extra funds are being given to all PCTs via SHAs with a clear indication that Agenda for Change is one of the priority areas over the next 3 years. If any Trusts claim they cannot afford to fund the salaries on the new spines when clinical scientists are job matched, we must know about it straight away. I will pass the information directly to Andrew Foster and request an investigation.

I must remind all members that it is the job description and not current grade, which determines the assimilation pay band. You must all ensure that your job description fully describes your roles and responsibilities and covers all the 16 factors in the Job Evaluation Profiles. Do not simply copy out the

published profiles but check that a layperson can translate each of your roles to one of the levels for each factor.

It is essential that you read fully the guidance given on FCS website and the documents available on the DoH site.

Also remember your job description must be agreed with your line manager and if called to do so you must both be able to substantiate it with examples.

We are currently working with members in the early implementer Trusts and later in the year we will issue more detailed guidance on preparation of job descriptions. For the moment it is essential that you can produce a detailed list of all the aspects of your roles, responsibilities and duties together with approximate frequencies e.g. all day, once a day, once a week, once a month, once a year.

The assimilation point for trainees is yet to be discussed for any profession. (For us that is Grade A and Grade B pre registration). ■

ACB Southern Region Autumn Scientific Meeting

A Look to the Future



**Thursday 11th September 2003
Benjamin Gooch Lecture Theatre
Norfolk & Norwich University Hospital**

Coffee and Registration

Medicine, Science and Government *Dr Ian Gibson, MP, Norwich*

Investing in the Future *Mr Rob Smith, Department of Health*

Health Professionals: Future Trends *Prof Sam Leinster, Medical School UEA*

Lunch

Diagnostics Delivering Change in Healthcare *Prof Chris Price, Oxford*

Renal Register

Standardisation: Uniting Europe *Prof Wieland Hoelzel, Germany*

Evidence Based Medicine: Underpinning Practice in the Future *Dr Susan Manley, Birmingham*

Cost of Meeting: £15 (free to Grade A Clinical Scientists).

Further information: Dr Garry John, Consultant Clinical Biochemist,
Norfolk and Norwich University Hospital

Tel: 01603-286 933E-mail: g.john@nnuh.nhs.uk

Clinical Scientists

Salaries with effect from 1 April 2003

Spine Point	£ pa		£ pa		£ pa
01	16,302	G	16,302		
02	16,954	R	16,954		
03	17,629	A	17,629		
04	18,334	D	18,334		
05	19,069	E	19,069		
06	19,835		19,835		
07	20,622	A	20,622		
08	21,451			G	21,451
09	22,307			R	22,307
10	23,199			A	23,199
11	24,128			D	24,128
12	25,092			E	25,092
13	26,097				26,097
14	27,141			B	27,141
15	28,224				28,224
16	29,355				29,355
17	30,530				30,530
18	31,748				31,748
19	33,021				33,021
20	34,342				34,342
21	35,715				35,715
22	37,142				37,142
23	38,628				38,628
24	40,174				40,174
25	41,780			G	38,628
26	43,453			R	40,174
27	45,192			A	41,780
28	46,999			D	43,453
29	48,876			E	45,192
30	50,833				46,999
31	52,867			C	48,876
32	54,983				50,833
33	57,183				52,867
34	59,469				*54,983
35	61,850				*57,183
36	64,322				*59,469
					*61,850
					*64,322

Individual posts in Grade B will be assigned a personal payscale of three consecutive points within the range 08 to 24 on the spine

Spine points marked * are for use only when salary scales have been advanced in accordance with paragraph 9.3 in Appendix B of Advance Letter (SP) 1/90. Pay rates should be applied pro rata to sessional staff under Appendix D to Advance Letter (SP) 2/84.

Appendix C: London Allowances with effect from 1 April 2003

Zone	£pa
Inner London	2,676
Outer London	1,592
Extra-Territorially Managed	894
Fringe	251
Resident Staff	559 (Inner and Outer London)
	248 (Extra-Territorially Managed)
	64 (Fringe)

Details of each zone and the provisions governing payment of these allowances are set out in Section 56 of the General Whitley Council Handbook.

What does this mean for me? . . .

By **Sophie Barnes**, *Chair, Trainees Committee*

The aim of the trainees' evening at the twice yearly ACB training courses is to inform Grade A/B clinical scientists in training and SpRs of the new changes, opportunities and developments in our profession. It is also a forum for discussion and feedback on these topics so that we all have a say in our future roles.

On the 31st of March 2003 at the Glasgow training course, Dr Ian Godber, Mr Alan Penny and Dr Graham Beastall were invited to talk about current interesting subjects i.e. ACB training course information, 'Agenda for Change' and paediatric specialisation for clinical biochemists.

Ian Godber

Ian started by asking, "what do YOU want from me?" He was, however, asking the delegates attending the Glasgow ACB training course on the 31st March to 4th April how they wanted course literature to be presented to them.

In my day, a printout of the course slides and a writing pad and pen were enough to be grateful for, but in these days of new technology, trainees were not just given a book of handouts but also a CD with lecture material. They can also revisit the lecturing experience in Glasgow by visiting the ACB training website. I'm also informed that they were given a course photograph of all attendees.

Ian also discussed the new developments of using voice recordings of the speakers alongside each slide of the PowerPoint presentations. This type of interaction based learning may one-day be a feature of future training courses.

Alan Penny

Picture the scene . . . I had just sat down in the tea room with a nice cup of tea trying not to think of the paperwork on my desk, phones ringing and all the samples in the fridge piling up. At that moment our process manager entered the room with an 84 page door stop. It was the new document for the 'Agenda for Change' about which he excitedly said, "you should read this, it affects us all". At that point my mouth dropped, my eyes widened and I just managed to say "What?!...I'll never get through that!".

Luckily, I discovered that Alan was going to answer all our questions and an excellent summary had already been provided on the FCS website by Geoff Lester. As you can imagine, I was greatly relieved.

And so, to the evening in March . . . Alan started by giving an enlightening and informative synopsis to remind everyone of the key points to the 'Agenda for Change' proposal before question time began. Since many people in the room were Grade A biochemists, the first question to be asked was "Where will we be on the pay scale?" The answer? . . . Not surprisingly, the new proposals have not yet included those at the start of the profession. Since the Grade Bs will probably start on scale 7, it is logical that Grade As will start on scale 5-6. Alan went on to explain how jobs were assessed, all the possible benefits of Agenda for Change and for completeness, the downsides. However, the question that I remember most was "Is there an alternative?" Alan just smiled and calmly replied, "There is no plan B." So what did we make of this? Mr Penny summed it up by telling us all that at

the end of the day we may not have a choice on this. We therefore need to look at our job descriptions, read the information on 'Agenda for Change' and learn to "Sell ourselves" to our NHS colleagues who have little concept of what clinical scientists actually do. This should be our future: positioning on the right pay scale for the job we do. After all, this is the new fair NHS.

Ultimately, Alan reminded us that every clinical scientist (who is an FCS member) has a vote on this matter; I know I'll be using mine.

Graham Beastall

Finally, it was Graham's turn . . . but no! Time was up! There was no need to worry, since he was the organizer for this training course and would therefore be available to discuss the topic of paediatric specialization on an individual basis throughout the week.

And so the night ended with one of the most important questions of all still to be answered . . . "Whose round is it?" ■

The Association of Clinical Biochemists in Ireland

ACBI 2003

The Grand Hotel, Malahide, Co Dublin
November 14th & 15th 2003

Friday Morning, November 14th: Organisation & Management I

Chairman: *Mr Diarmuid UaConaill, Dublin*

10:00-10:45	Legal Requirements	<i>Mr Raymond Byrne, Dublin</i>
11:15-12:15	Work Reorganisation: A Case study	<i>Dr Elizabeth MacNamara, Montréal, Canada</i>
12:15-13:00	Information Management across the Clinical-laboratory Interface	<i>Dr Jonathan Kay, Oxford</i>

Friday Afternoon, November 14th: Organisation & Management II

Chairman: *Ms Olwyn Lanigan, Dublin*

14:30-15:15	Education & Training	<i>Miss Janet Smith, Birmingham</i>
15:15-16:00	Point of Care Testing	<i>Dr James Nichols, Springfield, USA</i>
16:30-17:45	Clinical Governance	<i>Dr Trevor Gray, Sheffield</i>
18:30	Depart to Guinness Storehouse for Exhibition/Reception/Dinner	

Saturday Morning, November 15th: Clinical & Analytical Developments & their Implications I

Chairman: *Dr Ned Barrett, Limerick*

09:30-10:15	Update on HIV	<i>Dr Fiona Mulcahy, Dublin</i>
11:00-11:45	The Trials and Promise of Gene Therapy	<i>Professor Norman Nevin, Belfast</i>
11:45-12:30	Tumour Markers: Current and Future Applications	<i>Dr Joe Duffy, Dublin</i>

Saturday Afternoon, November 15th: Clinical & Analytical Developments & their Implications II

Chairman: *Mr Peter Auld, Antrim*

14:30-15:15	Microchip and Nanochip Technology - Small Things Considered	<i>Dr Larry Kricka, Philadelphia, USA</i>
15:15-16:00	High Performance Immunodiagnostic Systems for the Determination of Small Molecules	<i>Professor Colin Self, Newcastle Upon Tyne</i>
16:45-17:30	Advances in Lipid Metabolism	<i>Professor Paul Durrington, Manchester</i>
17:45-18:30	Annual General Meeting (members only)	
19:30-Late	Wine Reception, followed by Annual Dinner & Entertainment	

Posters on all aspects of Clinical Biochemistry welcomed.

Costs: Conference Package includes: Registration for Friday & Saturday; Handbook; Coffee; Lunches; Guinness Evening; Annual Dinner. ACBI Member 'Early Bird' - register and pay before September 26th €200. Non-member 'Early Bird' - register and pay before September 26th €255. ACBI Member - register and pay after September 26th €240. Non-member - register and pay after September 26th €295. (ii) Day Registration (includes: Lectures, Lunch, Coffee, Handbook) €90. (iii) Single Session (includes: Lectures, Coffee, Handbook) €50.

Accommodation: Grand Hotel, Malahide - Single Room €125, Double Room €164.

Travel: Good value flights to Dublin Airport can be booked at the following websites:

Aer Lingus: www.aerlingus.com, Ryan Air: www.ryanair.com, British Airways: www.britishairways.com, British Midland: www.flybmi.com

Booking forms are available from the ACBI website (www.acbi.ie),
or from Mrs Máire Oakley, Conference Secretary, ACBI 2003, Heronford House, Heronford Lane,
Brides Glen, Dublin 18, Ireland. Tel/Fax: (+353-1-) 282 2503. Email: moakley@eircom.net

CIC: Back from the Grave

By Doug Hirst, Bradford

It was still pitch black as I drove through Colne on a cold November morning on my way to Manchester airport. I guess this is the best way to see Colne. However, I was en route to Dusseldorf, which isn't much of a step up. It was Medica time again, and another CIC sunset meeting had been convened. Once again Roche were hosting the meeting on their river-boat moored next to the exhibition centre. It wasn't raining this time, but the height of the river was a bit worrying. Being a veteran canal bargee I carefully checked the knots before boarding the vessel.

The meeting was introduced by Horst Merkle from Roche – as host of the meeting and a key player in the development of the CIC standards. The key theme was about developments following on from the Communications Standards, cutting edge stuff, so we were at the sharp end of the boat.

The key speaker was Thomas Norgall from the Fraunhofer Institut. Thomas is involved in several international standardisation committees, and is one of a small elite band that actually understands how the systems work.

Thomas described the relationship between ISO and CEN (Europe), which has been defined in the Vienna agreement. ISO has a one-member one-vote system for National Standardisation bodies (e.g. BSI), whereas CEN has a weighted voting system.

Within CEN the interest in the CIC POCT communications standards rests within the Technical Committee TC251, Working group 4 (Technology for Interoperability). This group liaises with other international standards bodies, such as ANSI. This interest is also covered in ISO through working group TC215 (different number, as I pointed out last year) working group 2 (messages and communications).

The current position of the CIC POCT communications standard is that it has been adopted and published by NCCLS (Auto6-A POCT Standard) and is now being considered by ISO as a standard. ISO/TC215 resolved in August 2001 that this would be handled as a "Fast track ballot" – ISO 11073-90100 (sounds like a Beverly Hills postcode).

In August 2002 it was noted that the key problem hindering progress was the lack of a copyright agreement between NCCLS and ISO. The standards were published first by NCCLS so they will not give up the copyright to ISO.

Meanwhile in Europe, in October 2002 CEN/TC251 wg4 resolved to prepare work item drafts for the POCT standard and issue them to the CEN and ISO secretariats. It was noted in the CEN Wg4 minutes that "the ISO/IEEE process will allow more countries to participate in the IEEE ballots than were permitted in CEN or ISO. There will be parallel voting in IEEE/ISO and CEN . . . This parallel process will result in IEEE/ISOs and CEN Ens". Is this, I wondered, all a device to bypass a French veto? I think

A report of the connectivity Industry Consortium meeting looking at point of care testing instruments

it all made sense. We were all nodding, but there were some rather large boats going past and we were rocking (or rolling) a bit.

What about the Future?

Thomas then went on to talk about future standardisation, with a focus on interoperability – the capability of two different systems from different manufacturers to co-operate using exchanged information. In a hospital setting this would involve exchange of information between systems in HIS, Critical Care Units, Pathology, Radiology and other service departments. These systems are historically “interoperability islands” using inconsistent patient information bridged with proprietary data conversion systems. I’m glad I didn’t have to say that! e.g. HIS uses HL7, POCT uses XML (CIC), ICU uses VITAL. Vertical integration would be needed to link these systems.

“Integrating the Health Care Enterprise” is a body established in 1998 (www.himss.org) to promote the integration of healthcare systems especially Radiology systems. Areas that they are concentrating on include scheduled workflow, patient information reconciliation, presentation of images, presentation of grouped procedures, key image notes, simple image and numeric reports. POCT systems should now be included. This reminded me of my involvement with EPR and the message I put out on the mail base, which got only one reply (thanks Ian).

CEN have now taken this on board. They are looking at mapping the different systems, e.g. VITAL, and are moving towards XML based data transfer. This means that the POCT-1A XML standard developed by CIC is in line with these developments. Wow! Did we get something right?

Ken Levy gave us an encouraging report. A survey showed that the majority of POCT companies were planning to implement the CIC standards to varying degrees. There were, however, major problems in closing down CIC because this is very difficult under Californian law. So that is the reason for another Californian sunset meeting, I thought, looking at the grey skies over Dusseldorf.

A new issue was then sprung on us. Apparently there are FDA regulations on the use of software, and external validation of software is becoming more important. This will almost certainly apply to communications software. This means that someone will have to produce some software that checks the communications software. Christian Weigand from the Fraunhofer Institut demonstrated some very impressive software developed for that purpose. Ah but do you need software to check the software that checks the software? With that thought I started dreaming about an interoperability island in the sun and drifted over to Medica for a beer. Could I find a bar in Medica? ■

National Training Course M

21st-26th Sep

Clifton Hill House with Lectures in

Sunday 21st

Arrival and registration from 16:00

Dinner in Clifton Hill House, followed by welcome and quiz in the bar

Monday 22nd

09:00 General introduction to metabolism *Dr A Day*
09:45 What's new in Diabetes mellitus? *Prof E Gale*
10:30 Coffee Break
10:50 Clinical Cases/Workshop on Hypoglycaemia *Dr G Wark*
11:30 Clinical Cases - Focus on Diabetes *Dr H Kemp*
12:30 Lunch
13:45 Genetics of Diabetes Mellitus *TBC*
14:30 Pathogenesis of Diabetes Mellitus *Dr P Bingley*
15:15 Tea Break
15:45 Microbiology *Prof Cartwright*
16:30 Case and Data interpretation session

Evening - Dinner in Clifton Hill House
Trainees Meeting

Tuesday 23rd

09:00 Diabetic Dyslipidaemia *Dr G Bayly*
09:45 Hyperlipidaemia *Dr D Stansbie*
10:30 Coffee Break
10:50 Biochemistry in Acute Coronary Syndrome *Dr J Dwight*
11:30 Clinical Cases -
Focus on Hyperlipidaemia *Dr C Dawkins*
12:30 Lunch

13:45 Role of natriuretic peptide
14:30 Report writing workshop
16:30 Case and Data interpretation

Evening - Social event

Wednesday 24th

09:00 Glycogen Storage Disease
09:45 Automation/Robotics
10:30 Coffee Break
10:50 Evidence Based Medicine
11:30 Rhabdomyolysis
12:30 Lunch
13:45 Metabolic Syndrome/O
14:30 Evaluation of equipment
(including teabreak)
16:30 Case and Data interpretation

Evening - Pub Ferry trip around

Thursday 25th

09:00 Hypertension
09:45 Electrometric techniques
10:30 Coffee Break
10:50 Trust Finance – the com
Primary Care Groups
11:30 Data interpretation –
MRCPPath Practical Exam



No. 1: University of Bristol

September 2003

in the Merchant Venturers Building

...les in heart failure *Dr M Penney*
...o (including teabreak)
...tation session

12:30 Lunch
13:45 Lecture TBC
14:30 National Service frameworks/NICE workshop
on implications for pathology

Evening - Course dinner

...ase
TBC
Dr M Thomas

Friday 26th

09:00 Clinical enzymology
09:45 Mitochondrial Disorders
10:50 Clinical Governance
11:30 Feedback on data interpretation

Dr Y Foo
Dr G Brown
Dr D Freedman
TBC

...osity
...workshop
Prof G Williams

...tation session

...Bristol Docks

Course Organiser: Dr Peter Astley
Department of Clinical Biochemistry
Lewis Laboratories, Southmead Hospital
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Email: Peter.Astley@north-bristol.swest.nhs.uk

Cost: £495 resident and £345 non-resident

...s
Dr S Harper
Dr D Cowell

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Association of Clinical Biochemists
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...mples
Dr P Astley



Hallworth's Passing Shots

Yes we had some fun while Mike Hallworth was Chairman. Here are a couple of examples of the sort of stuff we had to put up with. First a photo from the 50th Anniversary Banquet and secondly a poem which Mike recited at the public debate on the Wednesday lunchtime.

*North of Dublin, west of England
There's a place called Belfast Town
Where the sick and ill they flock from
miles around
Yes, they come in serried ranks
To see Dr Ian Banks
Because it's here that modern medicine
can be found.*

*But today I have a tale
That will make your skin go pale
Hair fall out and chill you through and
through.
It's the story of a man
By the name of Dangerous Albert
Who came to Dr Banks to be made new.*

*'Twas on a Monday that he came
Nice and clean and still quite sane
He'd brushed his teeth and cleaned behind
his ears
Made himself look really slick
Combed his hair and washed his face
And had a drink to soothe away his fears*

*For Albert was distressed
With a tightness in his chest
And a pain that radiated down into his arm
It started in the night
And the lad was filled with fright
"Please help me doc!" he cried out in alarm
The doctor scratched his head
And eventually he said
The next move's becoming crystal clear
We'll investigate this pox
With reagents from Randox
I think I've got Clem's catalogue right
here.*

*We'll need CK and AST
LDH and ICD
Myoglobin and fibrinogen must be done
And let's get an HBD
And NT pro BNP
And Ischaemia Modified Albumin,
just for fun*

*Albert reeled in total shock
But he said "Well, you're the doc"
"I'll go along with everything you say"
But it sounds a dodgy racket
And it's going to cost a packet
And I'd like to know who's going to have
to pay.*

*Dr Banks said "Don't you fret"
"No need to panic yet"
We'll get it on the good old NHS
They'll pick up all Clem's bill
The money's tight, but still
Some other sod will just get rather less.*

*Albert thought that sounded ace
So he packed himself a case
And set off to his local laboratory
Where he said, "I'm not so good
And they want to test my blood
So they've sent me here to have phle-
botomy"*

*Now the Path Lab girls are quick
They said "Just a little prick"
And Albert lost his temper with a roar
Said, "It may be small to you
But I have to make it do
And everyone's been satisfied before!"*



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*Now our story gets much seamier
For they said he had lipaemia
And the enzyme tests were all a
bit askew
LDH was in the sky
IMA was slightly high
What was wrong? – well, no-one had a
clue!*

*Then Albert saw the light
And said "I know what's right"
"I need a member of the ACB"
Someone who understands this stuff
And can cut through all the guff
And do what's right to say what's up
with me.*

*The biochemist was agog
At this diagnostic fog
And she frowned and breathed a
heavy sigh
"You don't need all that -
Your GP must be a prat
We'll sort you out with a Troponin !!"*

*The test was swiftly done
And it was less than 0.1
And our hero smiled and looked
Albert in the eye
There is no need to fret
Stable angina is my bet
And we'll book you in for a treadmill test
and risk stratification on Thursday.*

*But the moral of this tale
And mark this, without fail
Is to think before you ask for lots of
tests
Don't tick everything in sight
Ask an expert what is right
Because more and more can sometimes
give you less. ■*



Mike Hallworth pointed out at the 50th Anniversary Banquet that the magazine Playboy was also celebrating 50 years and then he got distracted!

'Planning for the Future': The Trainees Perspective

By Dr Graham Beastall, Glasgow Training Course Organising Committee

The delegates were split into eight teams, each of which was to play the role of a planning and implementation group for the cost-neutral modernization of clinical biochemistry services across three hospitals that serve a total population of 1.2 million in a fictitious Strategic Health Authority. Each team was given an identical information pack on the current hospital and laboratory configuration, including workload, equipment, staffing and budget, and each was assigned an individual Clinical Director with whom they would work throughout the exercise. In contrast to the teams the Clinical Directors were given minimal advice on how to conduct negotiations.

After a planning phase the teams were confronted by eight periods of 10 minutes to work with the Clinical Director to implement their plan. Each 10-minute period related to 3 months in real time so that the implementation plan was to be phased over two years. To add an element of competition and fun to proceedings the efforts of the team during each period were rewarded by the issue of drinking straws (see later for significance).

The Clinical Directors each produced a report of the work of their team and the Trainees were each circulated with all eight reports. Some common themes emerged and it was agreed that these might be of interest to readers of ACB News.

The Key Issues

Most teams identified the following issues as being crucial to achieve modernization:

- Formation of a planning and implementation group.
- Consultation with users prior to any change and during implementation.
- Partnership with staff throughout the process.
- Introduction of common IT system across sites.
- Introduction of an effective transport system across sites.
- Development of effective communication strategies with users.
- Rationalization of workload across sites to match clinical specialty need.
- Introduction of common system for out of hours working.
- Rationalization to achieve common equipment platforms.
- Introduction of harmonized reference ranges and standard operating procedures.

At the recent Training Course in Glasgow, the final morning was largely given over to a highly interactive Management Game, which took 'Planning for the Future' as its theme

- Rationalization to a common system for point of care testing
- Recognition of the importance of the quality agenda, including accreditation.
- The need for greater flexibility in staff working arrangements.
- The need to comply with budgetary targets.
- The benefits of a strong departmental staff team spirit.
- The need to consider the future in terms of both services and staffing

The Difficult Areas

The teams showed their inexperience and naivety in the following areas:

- Unrealistic timescales for achieving major change.
- Tendency to look at clinical biochemistry in isolation from other laboratories.
- Lack of understanding of budgeting and finance (capital and revenue).
- Lack of appreciation of the resistance of staff to change.
- The requirement to use defined procedures and designated Trust personnel.

The Learning Points

The teams performed remarkably well in the artificial pressure-cooker environment of the Management Game – indeed most Trainees seemed to enjoy the experience. It became clear, however, that the teams that performed best were those that used the planning phase to maximum benefit and that realized the importance of team working through a division of responsibilities. The high profile and unpredictable role of the Clinical Directors was also a bit of a shock for the Trainees. The differing solutions from the teams to the same problem served only to emphasise that there are no ‘right’ answers to tasks of this complexity – the aim is to produce the best local solution taking into account all the circumstances.

The Drinking Straws

The final task for the teams was to use the drinking straws that they had gained from their efforts to construct a meaningful piece of modern sculpture. The results were fantastic – architects beware. The winning team was judged, using the in-house ‘clapometer’, not on its modernization plan but on its sculpture. Although it was a close run thing the deciding factor was the cardboard figure that proudly sat astride the top of one sculpture to symbolize the ‘rotating biochemist’.

Planning for the Future

The Trainees showed a remarkable understanding of the challenges involved in a project of this nature. Indeed, many senior members of the profession could learn a thing or two from the Trainees about the need for consultation, communication and ownership of planned solutions amongst both users and staff. What the Trainees need now is involvement in real management situations as their careers progress. The profession can take heart – its future appears to be in capable hands. ■



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Meeting of the Lipids in Clinical Medicine Forum

Patients at High Risk of Coronary Heart Disease: Novel Strategies for their Identification and Management

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Royal Society of Medicine

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The ROYAL

SOCIETY of

MEDICINE

- 09.30 Registration and coffee
10.00 Introduction
10.15 Multiple risk assessment: new algorithms for old?
Professor Gerd Assmann, University Hospital, Munster, Germany
10.45 Novel serum markers of coronary risk
Professor Nader Rifai, Children's Hospital, Boston, USA
11.15 Coffee
11.45 Metabolic syndrome and endothelial dysfunction
Dr Naveed Sattar, The Royal Infirmary, Glasgow
12.15 First steps towards metabonomics to diagnose coronary heart disease
Dr David Granger, Addenbrooke's Hospital, Cambridge
12.45 Lunch
14.15 Genetic risk assessment in populations
Professor Kotz, University of Stellenbosch, Tygerberg, South Africa
14.45 Gene therapy: a practical approach
Professor Larry Chan, Baylor College, Houston, USA
15.15 Tea
15.45 Plaque stability and its determinations
Professor Peter Weissberg, Addenbrooke's Hospital, Cambridge
16.15 Novel imaging techniques
Professor Matthew Budoff, UCLA, USA
16.45 Targeting lipids-rifle or shot gun therapy?
Professor Gil Thompson, Hammersmith Hospital, London
17.15 Close of meeting

This meeting is accredited with 5 CME/CPD credits.

Registration Information

- Fellow: £50
- Non-Fellow: £80
- Student: £25
- Student Members: £20
- Trainee: £40
- Trainee - Fellow: £30

Please return your form by Wednesday 5 November 2003 to:
Jo O'Neill, Academic Department, Royal Society of Medicine, 1 Wimpole Street,
London, W1G 0AE. Tel: 020 7290 3918. Fax: 020 7290 2989
Email: lipids@rsm.ac.uk Book on-line at: www.rsm.ac.uk/lipids

The **ROYAL**
HOSPITALS

**CONSULTANT CLINICAL
BIOCHEMIST, GRADE C**

Salary/Wage Spine Points 23-36.

Belfast Link Laboratories are the combined Laboratories of the 2 major teaching hospitals in Belfast operating under a single Directorate of Laboratory Medicine.

Clinical Biochemistry encompasses the Regional Laboratories for Endocrine Biochemistry, Paediatric Biochemistry and Toxicology. Belfast Link Laboratories, Clinical Biochemistry Department, has 4 Consultant Clinical Biochemists each with distinct service responsibilities and 4 Consultant Chemical Pathologists. Head of Department rotates between the Consultant staff.

Applications are invited for this post initially based in the Royal Hospitals. The post holder will be responsible for the Routine Biochemistry Laboratory and Point of Care Testing and will be encouraged to develop their own specialised area of expertise. The successful applicant will be State Registered and hold an MRCPATH qualification and have had experience at a senior level in a Routine Clinical Biochemistry Laboratory and a successful record of service delivery. They will be a team player, with the ability to effectively lead and motivate the laboratory staff. To be appointed to the Spine Points 31-36 and to be eligible for Head of Department the applicant will already have had at least 3 years experience at a Consultant Clinical Biochemist level.

For further information regarding the post, please contact, Brian Sheridan, Dept. of Clinical Biochemistry, The Royal Hospitals, Belfast. Tel. 028 90240503 Ext 3230.

Closing Date: 15th August 2003 at 4.00pm.

Application Forms can be obtained on receipt of large SAE to the value of 41p: Personnel Directorate, Ground Floor, King Edward Building, The Royal Hospitals, Grosvenor Road, BELFAST BT12 6BA.

The Royal Group of Hospitals and Dental Hospital Health and Social Services Trust is an Equal Opportunities Employer and welcomes applications from all, regardless of religious belief, political opinion, gender, marital status, sexual orientation, disability, race, ethnic origin, with or without dependants and age. The Royal Hospitals operates a No Smoking Policy.



Greater Manchester Workforce
Development Confederation
with Central Manchester and
Manchester Childrens Hospitals NHS Trust
(Children's Division)

Clinical Biochemist

Higher Specialist Trainee Grade B (8-10) Paediatric/Metabolic Biochemistry

Salary £20781 - £22474

Applications are invited for the above post from candidates who are nearing completion of Grade 'A' training and now wish to continue their training in general and specialized paediatric/metabolic biochemistry. The post is based in the Manchester Children's Hospitals and will be divided equally between the Department of Clinical Biochemistry and the Biochemical Genetics (Willink) Laboratory. The post carries a 5 year fixed term contract.

You will be expected to complete MRCPATH in post as well as delivering a service commitment, as required by the Trust. Full training for completion of MRCPATH will be provided, including comprehensive seminar/case discussion and exam preparation sessions and opportunities to undertake a project. Attendance at regional/national meetings and other training events will be encouraged and funding is available to support this. Depending on individual needs, short periods of secondment to the adult laboratory can be arranged to supplement training at the children's hospitals.

Relationships between the laboratory and clinical teams are excellent and provide numerous opportunities for input at the clinical interface, as well as participation in audit, teaching and research and development. This is an excellent opportunity to extend Grade A training to complete Higher Specialist Training in a challenging and stimulating environment.

If you are interested in this post and would like an informal chat, please call Lesley Tetlow, Consultant Clinical Scientist and Head of Clinical Biochemistry on 0161 727 2604.

For an application form and further details please contact: The Recruitment Office on 0161 276 6666, quoting ref SS201/29

Closing Date for applications:
1st September 2003



INVESTOR IN PEOPLE

Euro/DPC is the European manufacturing and distribution organisation of the Los Angeles based Diagnostic Products Corporation, the world-wide independent manufacturer of immunodiagnostic kits and instruments for hospitals and veterinary laboratories. Euro/DPC is an ISO 9002 registered company.



Scientific Affairs Manager

Due to the significant growth in DPC UK business, a new role of Scientific Affairs Manager has evolved. Reporting to the UK General Manager the main aspects of this role encompass the management of all external and internal scientific affairs providing support for our DPC UK customers and staff. Travelling is an integral part of this role, but some of the time will be routinely based at our company headquarters in North Wales.

It is anticipated that the successful applicant will have passed the MRC Path examination with a specific interest in the immunoassay arena. The ideal candidate will be a high achiever, of outgoing personality and willing to be an integral part of the UK's most successful independent immunodiagnostic company.

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

Closing date: 1st August 2003

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

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



Good Hope Hospital

NHS Trust
Sutton Coldfield, West Midlands

SENIOR CLINICAL BIOCHEMIST

Grade B Scale Point: 8-13 (£20,781 - £27,342 p.a.)
(Depending upon experience)

State Registered Clinical Scientists appointed at 11-13

Full Time

This department provides a comprehensive clinical biochemistry service in this busy DGH. The 600-bed hospital has a wide range of clinical services including A&E, IT, SCBU and CCU and has commenced building a £16m Diagnostics and Treatment Centre, due to open in 2004.

This post would suit an enthusiastic Grade A trainee, who wishes to gain a broad breadth of experience in all aspects of general biochemistry including clinical liaison, audit, quality assurance and R&D. The department has very strong links with many clinical teams and there is ample opportunity for you to work closely with clinicians to develop your clinical understanding. The department also has a metabolic unit, where biochemistry staff have a major role in the investigation of patients.

The head of department has a wide range of research interests and many recent publications. You will be expected to make a major contribution to R&D.

With suitable training, you will also be expected to play an important role in co-ordinating POCT across the Trust and work in support of our Immunologist.

The department has full CPA accreditation and will fully encourage and support you through state registration and progression towards MRCPath.

For further information or to arrange an informal visit please contact Dr Sud Ramachandran, Consultant Chemical Pathologist on (0121) 378 2211 ext. 2245.

For an Application Form and Job Description please contact Helen or Christine in the Recruitment Office on (0121) 378 6020.

Please quote reference number 5578.


Closing date for applications: 4th August 2003.

Winner of 2
MG Awards
Awards



A Teaching Trust in Partnership with the University of Birmingham Medical School



Lancashire Teaching Hospitals 
NHS Trust

Consultant Clinical Scientist in Immunology

Grade C, Spine Point 23 - 31 £37,421 - £51,215 p.a.

Full Time

The Lancashire Immunology Service provides a regional laboratory and clinical service for Lancashire and South Cumbria. It provides immunology and specialist services for several NHS Trusts within the Lancashire and South Cumbria Strategic Health Authority.

Based at Royal Preston Hospital, the laboratory covers all the principal areas of disease diagnosis with respect to immune deficiency, autoimmune diseases, allergy and lymphoid malignancy. The appointee will work with the Consultant Immunologist to provide a co-ordination clinical and laboratory immunology service.

Applications are invited from registered Clinical Scientists holding MRCPATH or equivalent with six years' experience in diagnostic clinical immunology. The post has become vacant due to the retirement of the present post holder. Ref: LT172.

For further information and to arrange an informal visit, please contact Dr P Vijayadurai, Consultant Immunologist on 01772 522130.

An application form and further details can be obtained by calling 01257 247263 (24 hour answerphone), by emailing hrjobs@lthtr.nhs.uk or can be downloaded from the Trust website at www.lancsteachinghospitals.nhs.uk to view all our current vacancies.

Closing date: 7th August 2003.



Barnet and Chase Farm Hospitals 
NHS Trust

Department of Chemical Pathology

Locum Clinical Biochemist Grade B

£26,293 - £28,438 per annum plus London Weighting per annum (pro rata)

Job Share Scale Points in the range 11 - 16 dependent on qualifications and experience - 15 hours per week

Ref No: RM/44/2078

Barnet and Chase Farm Hospitals NHS Trust provide acute hospital care to a population of 480,000 with a budget of £185 million and direct staffing levels of 3,400.

Applicants are invited from State Registered Clinical Biochemists for the above post on a job-share basis in the Department of Chemical Pathology. Although initially a locum position there is a possibility of the post becoming permanent.

The Trust comprises of two hospitals, Barnet Hospital and Chase Farm. There are laboratory services at both hospitals and the post, although principally based at Chase Farm, will involve duties on the Barnet site.

It is expected that you should have a good general knowledge of Clinical Biochemistry as you will be expected to participate in all

aspects of the Department's service provision, including reviewing results and liaising with clinical colleagues.

You will be encouraged to study for MRCPATH where appropriate.

For further information or to arrange an informal visit, please contact Consultant Biochemist, Mr Charles Andrew, on 020 8216 4699 or Senior Biochemist, Penny Skinner, on 020 8216 4338.

We are committed to equal opportunities and welcome applications from all sections of the community.

For an application pack, please contact The Recruitment Bureau, Chase Farm Hospital on 020 8366 6600 ext 6085.

Closing date: 4th August 2003


Barnet Hospital,
Wellhouse Lane, Barnet EN5 3DJ

Chase Farm Hospital,
The Ridgeway, Enfield EN2 8JL



The Trust offers an excellent benefits package including: final salary pension scheme, flexible working, training and development opportunities, nursery facilities, free parking, short-stay low cost accommodation, Starter Home Initiatives.



The Mid Yorkshire Hospitals 
NHS Trust

Department of Pathology – Clinical Biochemistry

CONSULTANT CLINICAL BIOCHEMIST – GRADE C EQUIVALENT
PRINCIPAL CLINICAL BIOCHEMIST – GRADE B 17 - 24
Ref No: PT 960
Salaries are dependent on qualifications and experience


A full/part time state registered Consultant Clinical Biochemist and Principal Clinical Biochemist are required in the above Trust which includes Pinderfields General Hospital at Wakefield, Pontefract General Infirmary and Dewsbury and District Hospital.

The successful candidate will participate in the scientific and clinical aspects of the department's service in addition to teaching, audit and service development. Each post will be based primarily at either Dewsbury and District Hospital or Pinderfields General Hospital. Opportunities for working across the three sites will be available depending on experience and service requirements.

The appointee should have recent experience and a good general knowledge of Clinical Biochemistry. In order to be appointed as a Grade C, candidates must have MRCPath. Candidates with DipRCPath will be considered for appointment as a Grade B. Applicants should state clearly whether they are applying for a Grade B or Grade C appointment.

Plans are well advanced within the Trust for the development of a new acute hospital with purpose built laboratories. The Mid Yorkshire Trust is within easy access of the motorway network and the cities of Leeds and York. The surrounding area offers a high standard of education, housing and recreational facilities. For further information or to arrange an informal visit, please contact Dr Julie Coore, Consultant Chemical Pathologist on 01924 512083 or Dr Manjive Jordaan, Consultant Chemical Pathologist on 01977 606981.

Application information is available from the Human Resource Management Department, West Cottage, Pinderfields General Hospital, Aberford Road, Wakefield, West Yorkshire WF1 4TU or telephone 01924 212718 (24 hour answerphone). Alternatively, email: human.resources@pamp-tr.northy.nhs.uk
 Closing date: 8 August 2003.



All disabled applicants who meet the minimum criteria will be invited to interview.
 The Mid Yorkshire Hospitals NHS Trust is an equal opportunities employer and operates a no smoking policy.

For more jobs online click www.stockport.nhs.uk

Stockport 
NHS Trust

Stepping Hill Hospital
**Consultant Clinical Biochemist/
 Top Grade Biochemist**
 Directorate of Laboratory Medicine



You will join Dr Gillian Burrows in this well-staffed dynamic department. Stepping Hill Hospital serves a population of 300,000 with a varied and interesting range of pathology. Our laboratory is fully CRA accredited.

You will play an important role in developing and expanding services and will be encouraged to develop areas of special diagnostic interest. We would like to talk to any interested individuals about their career aspirations.

Stepping Hill Hospital provides acute services in all major specialties for Stockport and the High Peak. It also has close links with the Manchester Medical School and this has enabled the development of close working relationships with various university departments. The general environment is a pleasant one with the Cheshire Plain to the South West and the High Peak of Derbyshire to the South East. You should be registered as a Clinical Scientist with the HPC and possession of the MRCPath (or equivalent) is essential.

For informal enquiries, please contact Dr Norman Beave, Clinical Director of Laboratory Medicine on 0161 419 5605. Ref: 196/03/FME.

Closing date: 12th September 2003.
 For an application pack, please contact our 24 hour jobline 0161 419 5642.
 We welcome applications made on a job share or part time basis.

To advertise your vacancy contact:

ACB Administrative Office
130-132 Tooley Street
London SE1 2TU
Tel: 0207-403-8001
Fax: 0207-403-8006
Email: ACBNewsAdverts@ACB.org.uk
**Deadline: 26th of the month
 prior to the month of publication**

Training Posts: When applying for such posts you should ensure that appropriate supervision and training support will be available to enable you to proceed towards state registration and the MRCPath examinations.

For advice, contact your Regional Tutor.

The editor reserves the right to amend or reject advertisements deemed unacceptable to the Association.

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