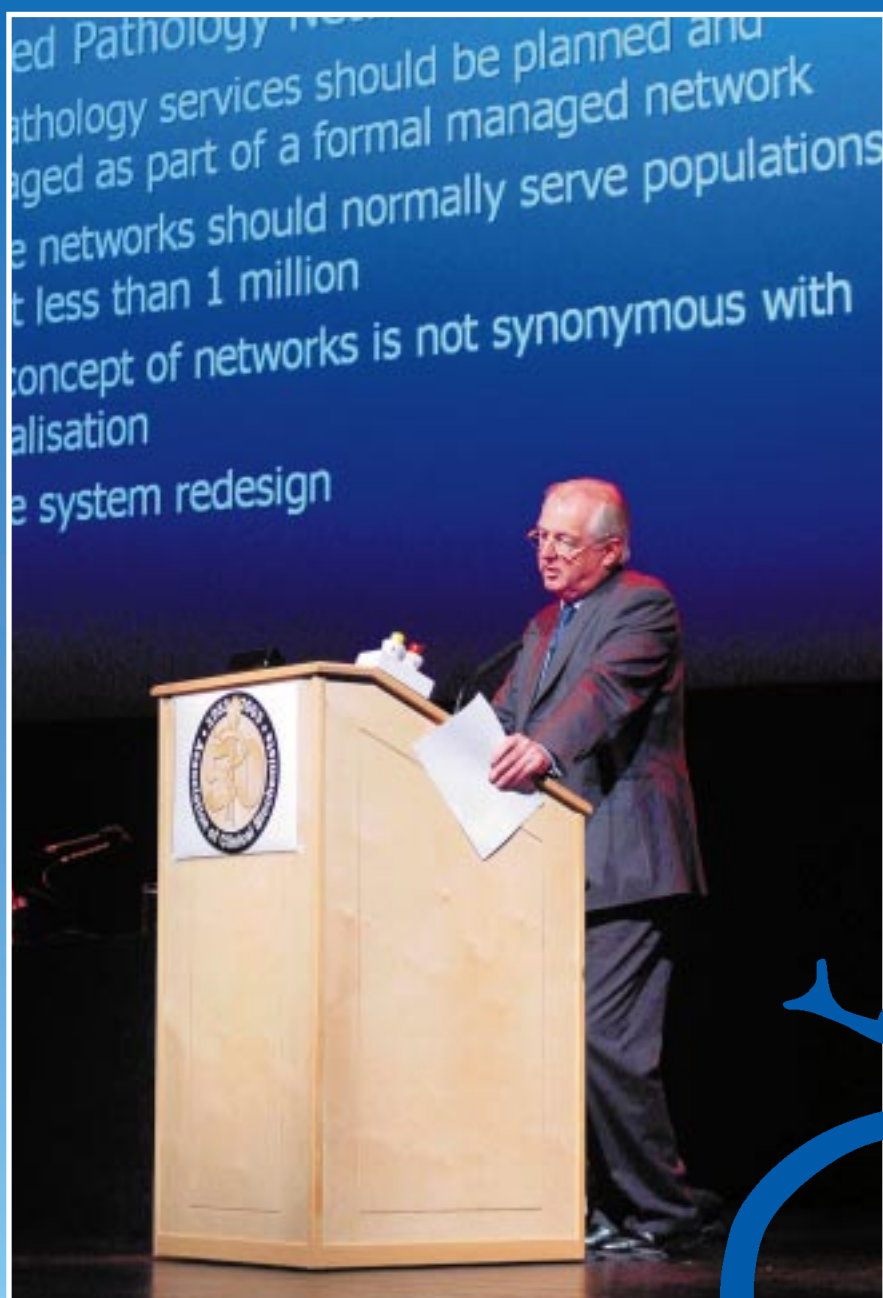


ACB News

The Association of Clinical Biochemists • Issue 482 • 20th June 2003



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and Diabetes
in India**

**Grade B Advert
Bonanza!**

**Professors Prize
Applications
Requested**

**Westgard Rules
on WWW!**

**Bristol Training
Course**

**MRCPath
Examiner
Explains All**



About ACB News

The monthly magazine for Clinical Science

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

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Front cover:

Dr Ian Barnes delivering the 2003 ACB Foundation Award

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

FCS Members Accept Agenda for Change

Geoff Lester

Secretary, Federation of Clinical Scientists

12 May 2003

In the recent ballot of FCS, clinical scientist members on the Agenda for Change – Proposed Agreement, 60.8% of the eligible membership registered their votes by the closing date. Of these, 76.1% voted for acceptance of the AFC package, 23.5% voted against and the remainder were spoilt papers.

Many thanks to the ACB Administrative Office staff who processed and counted the ballot papers and to retired member, Dr Stan Evans, who acted as returning officer and assured the integrity of the count.

During the consultation exercise FCS Officers and Representatives spoke to over 40% of the voting membership in meetings spanning from Exeter to Dundee and Aberdeen and from London to Belfast.

Next steps: We have already expressed in our literature that the key step once implementation starts is the matching of agreed job descriptions to lead the Trust Matching Panels to the right conclusions about banding for clinical scientists. This exercise will involve clinical scientists describing what their roles really involve in terms of the 16 factors of the NHS job Evaluation Scheme. For those posts matching a published profile you will have to document this on the local “matching committee’s” proforma. For other posts requiring full application of the JE Scheme you will need to complete a job evaluation questionnaire. It is emphasised that this

exercise is something that can only be done by post holders themselves though FCS will be publishing further guidance on the actions necessary. All members are advised to read the details of the JE Scheme and of the matching processes that are contained in the “Job Evaluation Handbook” published on the Agenda for Change web site: www.doh.gov.uk/agendaforchange

We are also aware that a lot of preparative work is already in progress in Trusts across the country, not only in the Early Implementers (EIs). Some of this work may be a little premature as we still have to learn the lessons of the EIs. Nevertheless, where sub-groups and implementation project structures are being formed, it goes without saying that local FCS representatives need to be involved. If a Trust employing clinical scientists does not have an accredited FCS representative, we emphasise the vital importance of their role in the exercise. Only your organisation will be looking after your interests.

The whole of Agenda for Change, during the years of work on its ideas and concepts, has been a “partnership” exercise. This partnership approach will (must) continue to be the case during local implementation. Hence we believe that membership of an appropriate trade union is going to be an important asset. If any ACB/FCS member is aware of a colleague in any area of clinical science who is not a member please bring this to their attention. Once implementation starts FCS’s (and all other union’s) energies will be focussed primarily on their own members. ■

HPLC Fluorescence Detector Urgently Required

Have you got an HPLC fluorescence detector tucked away in a cupboard that is no longer used? Well how would you like it to be put to good use? If you can help please contact Loretta Ford at Tel: 0121-507-5353 or Email: loretta.ford@swbh.nhs.uk ■

Locum Principal Biochemist Required

The Princess Alexandra Hospital, Harlow, Essex, is urgently looking for a locum clinical biochemist for a few months. For details please contact: Dr S Thomas, Consultant Biochemist on Tel: 01279-827035 or Mr Michael Horley, Laboratory Manager on Tel: 01279-827336. ■

Ismail Sending Equipment to Sudan

Small analysers such as bench-tops used in A/E or ICU departments for basic biochemistry and haematology can be put to use in Sudan.

If you have any such redundant equipment, please contact me by phone or email. Large, automated or sophisticated equipment are of no use in these endeavors. Tel: 01924-212311/01924-814824 to discuss or email dr.ismail@panp-tr.northy.nhs.uk ■

**Got something to air?
Write to ACB News!**

Dream on With NESTA Fellowship

The National Endowment for Science, Technology & the Arts (NESTA) invests in UK creativity and innovation by supporting talent, innovation and creativity in science, technology and the arts.

The 'Dream Time' awards now offer up to twelve exceptional individuals across science, technology and the arts up to £40,000 to innovate and explore new ideas and associations that may emerge through periods of intense personal development over the course of up to one year. Dream Time Fellows can use this funding on a full or part time basis, working in tandem with their professional careers or in a period of time away from the constraints of their employment before returning to work and putting what they have discovered to good use within their sector.

Dream Time is a development of NESTA's existing Fellowship Programme, which has helped talented and creative individuals to pursue their ideas and fulfil their potential. As with all its awards, NESTA is looking for people who demonstrate excellence, promise, creativity, innovation and commitment. For Dream Time, NESTA is also looking for people who can demonstrate evidence of exceptional achievement. This would include a significant body of work collated over a minimum ten-year period in their field, the ability to work in new ways and a commitment to the proposed area of exploration. For further details visit NESTA's website: www.nesta.org.uk/dreamtime ■

ACB Scholarships

Applications are invited for ACB scholarships to be awarded in 2003.

Every year the Association of Clinical Biochemistry awards scholarships to Association members to assist in research, training and development. These scholarships are open to all ACB members, and although initially designed for training, can be used for varied purposes, including funding basic clinical biochemistry research projects; helping to develop novel techniques in a laboratory and travel bursaries for furthering research and learning new techniques.

Scholarships are judged on merit by the Scientific Committee of the ACB. The awards are not intended to fund full salaries, but may be used as part-funding for some salary costs. The size of awards this year will be up to a maximum of £5000. At least 3 scholarships are likely to be available.

The closing date for applications is the 1st August 2003. Successful applicants will be informed in October 2003. Further details about the Scholarships and application forms can be obtained from either Dr R P Hill, Secretary of the Scientific Committee, Department of Clinical Chemistry, King's Mill Hospital, Mansfield Road, Sutton-in-Ashfield NG17 4JL. Tel: 01623-672381. Email: robert.hill@sfh-tr.nhs.uk or from Professor Ian Young, Chairman of the Scientific Committee, Royal Group of Hospitals, Department of Medicine, Mulhouse Building, Grosvenor Road, Belfast, Northern Ireland, BT12 6BA. Email: i.young@qub.ac.uk ■

Horn Original Hung at Tooley Street



Tony Horn, a long standing ACB member from the DOH has graciously presented the Association with an original oil painting which is hung in the reception area of the 4th floor for everyone to see

The Professors' Prize in Clinical Biochemistry

Applications for the 2004 Award

The Professors of Academic Departments of Clinical Biochemistry established this prize as a prestigious award for research achievement within the field of Clinical Biochemistry.

Applications are invited from Clinical Biochemists, Chemical Pathologists, or those in related disciplines, such as Biochemistry, Molecular Biology or Clinical Medicine. Applicants should be under 40 years of age on the 30th April 2004 and will not yet hold a professorial appointment. Applications will consist of a 500 word summary of research achievement, curriculum vitae and three best publications, together with a supporting statement from a senior scientist or clinician sponsoring the application.

The prize will consist of an honorarium that will be presented at the National Meeting of the Association of Clinical Biochemists in Birmingham in May 2004. The Prize Lecture will be delivered as a Plenary Session at that meeting.

Applications (five copies) should be submitted to: Professor E R Trimble, Department of Clinical Biochemistry, Queen's University of Belfast, Institute of Clinical Science, Grosvenor Road, Belfast BT12 6BJ by 19th September 2003. ■

The Westminster Crew

Sometimes a Clinical Biochemistry Department manages to keep on producing the goods. The 'Westminster' was one of those places. Here some colleagues who went through the department get back together during an interlude in the 50th Anniversary banquet during Focus 2003. ■



Jack Hobbs, Linda Smith, Joan Zilva, Ian Barnes, Philip Price, Tony Everitt and Martyn Knapp

Clinical Biochemistry Interactive

Wednesday 17th September 2003

The Royal College of Pathologists



- 10.00 Introduction to technology
Controversies in clinical biochemistry
Chair: Dr Graham Beastall, Glasgow Royal Infirmary
- 10.05 Which cardiac function tests should be offered and in which clinical circumstances?
Dr Paul Collinson, St George's Hospital, London
- 10.40 What lipids should we measure and how should we express the results?
Dr Graham Bayly, Bristol Royal Infirmary
- 11.15 Coffee
- 11.35 Are prenatal and neonatal screening programmes effective and ethical?
Professor Tim Reynolds, Queens Hospital, Burton-on-Trent
- 12.10 Can we manage thyroid function testing in a rational way?
Dr Geoff Beckett, Edinburgh Royal Infirmary

- 12.45 Lunch
- 13.30 So Clinical Biochemistry is Easy? – Part 1
Dr Gordon Challand, Dr William Marshall and Dr Jacqui Osypiw will present a series of thought-provoking clinical cases
- 14.45 Tea
- 15.05 So Clinical Biochemistry is Easy? – Part 2
Continuation of the case presentations

A summary of the day will be given by Dr Graham Beastall.

Registration fees are: RCPATH Members £85.00; Trainees/BMS/Nurses/Retired £50.00; Non-members £120.00.

Contact: Michell Casey on Tel: 020-7451-6740 or by email: michelle.casey@rcpath.org ■

Trade Union Statement

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

“A member who is concerned that some irregularity may be occurring, or have occurred, in the conduct of the financial affairs of the union may take steps with a view to investigating further, obtaining clarification and, if necessary, securing regularisation of that conduct. The member may raise any such concern with such one or more of the following as it seems appropriate to raise it with: the officials of the union, the trustees of the property of the union, the auditor or auditors of the union, the Certification Officer (who is an independent officer appointed by the Secretary of State) and the police.

Where a member believes that the financial affairs of the union have been or are being conducted in breach of the law or in breach of rules of the union and contemplates bringing civil proceedings against the union or responsible officials or trustees, he should consider obtaining independent legal advice.” ■

Practicalities of Pathology IT

**Thackray Medical Museum, Leeds
7th July 2003**

An opportunity to network with Pathology IT Colleagues from other Trusts, private hospitals, and IT suppliers and keep up to date with what's happening in Pathology IT

- The Role of the NHSIA as a National Service Provider
Janet White, NHSIA
- Path IT Networking
John O'Hara, Lincolnshire & B Goole Hospitals NHS Trust
- Document Control
David Drew, Sheffield Teaching Hospitals NHS Trust
- Pathology Messaging: What Next
Margaret Heslop, NHSIA
- 21st Century IT: we can deliver it
Ted Woodhouse, Leeds Teaching Hospitals NHS Trust
- Medical Digital Dictation
Colin Wormald, Voicepower
- The Key role of Pathology in the Integrated Care Record Service
Donald Saum, wwa-Sysmed

Registration: £95, including lunch and refreshments and admission to Museum galleries. For further details please contact: Diane Young on Tel: 0113-2064107. Email: diane.young@leedsth.nhs.uk ■

Tumour Markers and Cancer

**Tuesday 15th July 2003
Postgraduate Centre,
Frenchay Hospital, Bristol
ACB South Western and Wessex Region**

- | | |
|-------------|--|
| 10.00-10.30 | Registration and Coffee |
| 10.30-11.15 | CA-19-9 in the diagnosis and monitoring of pancreatic cancer
Mr H Ali, Department of Surgery, University of Bristol |
| 11.15-12.00 | CA-125 in the diagnosis and management of ovarian cancer
Mr Rufford, Gynaecology Oncology Unit, Barts & The London School of Medicine & Dentistry |
| 12.00-13.15 | Lunch |
| 13.15-14.00 | Screening for colorectal cancer
Dr B Starkey, Department of Clinical Biochemistry, Royal Surrey County Hospital |
| 14.00-14.45 | Current state of tumour markers assays in the UK
Dr C Sturgeon, UK NEQAS Edinburgh |
| 14.45-15.15 | Tea |
| 15.15-16.00 | Insulin-like growth factor as a risk predictor and screening tool in prostate cancer
Mr B Barrass, Department of Surgery, University of Bristol |
| 16.00-16.45 | Current approaches to PSA testing
Mr H Schwaibold, Bristol Urological Institute, Southmead Hospital |

This meeting is CME and CPD accredited.

Grateful thanks to our sponsors: Abbott Diagnostics and Beckman Coulter.

All laboratory staff are welcome to attend.

Registration fee: £15. Closing date: 3rd July 2003.

Contact: Dr Paul Thomas, Bristol Royal Infirmary, Bristol BS2 8HW. Tel: 0117-9282828. Email: paul.thomas@ubht.swest.nhs.uk ■

**Support
Your Regional
ACB
Meetings!**





West Midlands ACB Region hosts

National Clinical Audit Meeting

Queen Elizabeth Postgraduate Centre
University Hospital, Edgbaston, Birmingham
27th November 2003

Morning Session

Chairman: Dr Jonathan Berg, Chairman ACB West Midlands Region

Paediatric Session

10.00-10.30	Sweat tests: from evidence to guidelines	Dr Anne Green
10.30-11.00	Audit of sweat testing protocols	Mr Paul Griffiths
11.00-11.10	Sweat tests: the NEQAS perspective	Mr Findlay Mackenzie
11.15-12.15	Free communications	

Lunch

12.15-13.15

Afternoon Session

Chairman: Dr Julian Barth, Chairman, ACB National Audit Committee

Plenary Lecture

13.15-13.45	Thyroid Function Tests TSH is inadequate as a front line test	Dr Geoff Beckett
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Clinical Validation Session

13.45-14.00	Critical limits	Dr Janet Tillman
14.00-14.20	Interpretative comments scheme	Mr Findlay Mackenzie
14.20-14.40	Clinical authorisation	Dr Peter Prinsloo
14.40-15.00	Do interpretative comments influence outcome?	Dr Eric Kilpatrick
15.00-15.30	Tea	

GI function test session

15.30-16.05	Overview of GI function tests	Dr Peter Hill
16.05-16.30	Audit of GI function tests	Dr Andy Duncan
16.30	Meeting closes/depart	

The registration fee is £60 to include coffee, lunch and afternoon tea. Demand is expected to be high so please register early to avoid disappointment, sending a cheque payable to "ACB West Midlands Region" to Dr David Kennedy, ACB West Midlands Meetings' Secretary, Clinical Biochemistry Department, Good Hope Hospital, Sutton Coldfield, West Midlands.

Further information, registration and abstract submission forms can be obtained the ACB West Midlands website or email David Kennedy at Meetings@ACBwm.org.uk

www.acbwm.org.uk



*"AFTER the chicken's dead -
inject protein additives AFTER..."*

Deacon's Challenge

No. 27 Answer

A new method for HCG in urine is being evaluated. The concentration in a sample from a pregnant woman is measured at 8240 IU/L. A 50 μ L aliquot of an international standard containing 50,000 IU/L is added to 450 μ L of the same urine sample and the sample mixed. On measuring the mixed sample, the new concentration is found to be 12100 IU/L. What is the recovery of HCG by this method?

MRCPath, Spring 2002

$$\text{Recovery (\%)} = \frac{\text{Amount recovered}}{\text{Amount added}} \times 100$$

A recovery experiment is usually carried out by adding a known amount (the "spike") of standard to a patient's sample ("base sample") to create a "spiked sample". The spiked and base sample are then assayed and the recovery calculated:

$$\text{Recovery (\%)} = \frac{(\text{Spiked result} - \text{Base result})}{\text{Spike added}} \times 100$$

Concentration can be substituted for "amount".

The increase in HCG concentration which should result from addition of 50 μ L of HCG solution, containing 50,000 IU/L of HCG, to 450 μ L of patients sample (i.e. the "spike") is:

$$\begin{aligned} \text{HCG spike} &= \frac{\text{Volume of stock (\mu L)}}{\text{Final volume of spiked sample (\mu L)}} \times \text{Concentration of HCG stock (IU/L)} \\ &= \frac{50}{(50 + 450)} \times 50,000 \\ &= 5000 \text{ IU/L} \end{aligned}$$

“Spiking” of the base sample has also diluted its HCG content so the base value which is to be subtracted from the “spiked value” must be adjusted to take this into account:

$$\text{Base concentration} = \frac{\text{Measured concentration (IU/L)} \times \text{volume of base sample mixed with "spike" (\mu\text{L})}{\text{Total volume (\mu\text{L})}}$$

$$= \frac{8240 \times 450}{(450 + 50)}$$

$$= 7416 \text{ iu/L}$$

$$\text{Therefore, recovery} = \frac{(12100 - 7416) \times 100}{5000}$$

$$= \frac{4684 \times 100}{5000} = \mathbf{93.7\%}$$

Question No. 28

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

Website of the Month: Westgard QC

By Dr Ian Godber, Wishaw General Hospital

<http://www.westgard.com>

Thanks to Callum Fraser for suggesting this website of the month. For those who are under the illusion that this site just contains sets of rules upon which we can assess whether or not to reject a test result, think again! The site isn't dedicated to QC; it's actually a modern way of looking at Quality Management as a whole.

Some people may tire of becoming bogged down in Dr Westgard's thoughts on the need for accurate results and the importance of quality management. However, the site contains some very important and educational information. Topics include the need to examine the truth behind evidence-based guidelines, method validation and the use of Six Sigma Quality Management in clinical laboratories.

Well worth a visit, even just to brush up on your knowledge of quality management by reading articles in the 'lessons' section.

- 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). ■

Westgard QC Home Page © 2003 - Microsoft Internet Explorer

Tools, Technology and Training for Healthcare Laboratories

Westgard Courses: [Intro to Quality Planning](#) ["Westgard Rules" Minicourse](#) [BASIC QC PRACTICES](#) [Basic Method Validation](#) [Levey-Jennings Minicourse](#)

Online Store

CLIA Final Rule: Method Validation Process and Procedures
Starting on April 24, 2003 all non-waived laboratory methods must be validated. This includes methods that were previously exempted from validation. In light of these new responsibilities, Dr. Westgard reviews the process and procedures of method validation.

CLIA: Statistical sense, sensitivity, and significance
Given the new CLIA Final Rule method validation responsibilities, laboratorians have to become smarter about their use of statistics. Dr. Westgard examines the best uses and interpretations of statistics for method validation. Some current practices are not as good as you might think.

LAST CHANCE: Westgard Workshops 2003
This is your last chance for early registration discounts. The Westgard Workshops 2003 take place June 2nd-4th, covering Method Validation and Six Sigma Quality.

CLIA: What does it mean for Method Validation?
Dr. Sharon S. Elmeyer provides more analysis of the new CLIA Final Rule. Now that there are only 2 categories of tests - waived and non-waived - what experiments must be performed on non-waived tests? ICAHO and CAP requirements are also discussed.

CLIA: QC - Quality or Compliance?
Although, the final rule has been issued, there are still 6 to 12 months

Updated 4/24/03
Next Update 5/14/03
[SEE THE CATALOG!](#)

EZ Runs Charting!

Basic QC Practices Manual SECOND EDITION!

National Training Course No. 1: Bristol

21st-26th September 2003

Residential accommodation located at Clifton Hill House, Bristol.
Lectures to be held in modern university facilities,
in the Wills Building, University of Bristol



Clinical Biochemistry

Diabetes mellitus
Hypoglycaemia
Glycogen Storage Disease
Lipids and Lipoproteins
Cardiovascular system
Muscle

Management

Clinical governance and PCGs
Evidence based medicine

Analytical

Evaluation of equipment
Enzymology
Automation

Workshops

Clinical Cases
Abstract/report writing

There will be a range of lectures and workshops together with problem solving and clinical case seminars specifically designed to help prepare for examinations.

Also a full social programme will be arranged - come and explore Bristol!

*For further information please contact Dr Peter Astley, the Course organiser
Cost: £495*

*For a registration pack please contact:
The Administrative Office, Association of Clinical Biochemists
130-132 Tooley Street, London SE1 2TU
Tel: 0207-403-8001 Fax: 0207-403-8006 Email: admin@ACB.org.uk*

MRCPath Part 1

Examination Spring 2003

Comments of the Examiners

Paper 1

- 1. Outline the factors involved in deciding whether to send samples to a distant laboratory for analysis of infrequently required tests, instead of providing the service locally. What are the responsibilities of the laboratory sending the samples and the laboratory undertaking the analysis?**

In general this question was well answered. Most thought that cost was important but while the cost of unused reagents may prompt questions, the main factor is quality (a clinical governance issue). The question is whether laboratories undertaking very few analyses are able to provide a quality service. Few answers mentioned the need for a rapid turnaround for some results even though they are rarely requested (e.g. plasma ammonia) which means they still have to be performed on site. There was also little reference to the responsibility of sending laboratories to check the accreditation status of the laboratory they are sending samples to.

- 2. Outline the principles underlying high pressure liquid chromatography (HPLC). Discuss, with examples, the factors that are important in optimising an assay utilizing HPLC.**

Although most answers dealt with the hardware associated with HPLC, the question asked about the principles underlying the technique which were less frequently mentioned. Few mentioned the choice of internal standard and some forgot to mention the detector, for which choice of the appropriate parameters can be critical. Examples of assay optimisation were rarely given.

- 3. External quality assurance surveys often reveal marked discrepancies in the results from different immunoassay systems. Discuss the origin of these differences and how such assays may be standardised.**

A number of candidates indicated that the main reason for the different results was the use of different analysers! This may well be true but does not answer the question which sought to get at the problems of assay architecture, antibody specificity, standardisation (which was reasonably well covered) and derivation of standard curves. Other problems relate to EQA itself where sample homogeneity or degradation may be a problem, and the issue of spiking with compounds which do not mimic the molecular species or metabolites found in native samples.

- 4. Describe the metabolism of vitamin D in health and disease.**

This was generally well answered. Few mentioned the annual variation in vitamin D levels, and even fewer mentioned vitamin dependant syndromes.

5. Discuss the mechanisms underlying water homeostasis in health and the disturbances found in disease.

Answers to this question revealed considerable confusion in some candidates minds about the role of the principal hormones affecting fluid and water balance, ADH, renin/aldosterone and natriuretic peptides, and the stimuli that affect them. This is basic physiology and the foundation for a lot of routine clinical biochemistry. Several candidates omitted thirst and its stimuli when relating normal physiology and only a very few candidates mentioned hypo/adipsic syndromes.

Paper 2

1. Outline the biochemical mechanisms underlying lactic acidosis. What are the principal causes in clinical practice, and how are they treated?

There were a number of inaccuracies regarding the metabolism of lactate and why this results in acidosis. Some appeared to confuse lactic and ketoacidosis. Although many mentioned inborn errors of metabolism as a cause of lactic acidosis, few gave examples and indicated why lactate was generated in these conditions.

OR

Critically evaluate the methods in general use for the measurement of the concentration of bilirubin and its fractions in plasma or serum.

There were some good answers to this question, although some lost marks giving the full clinical biochemistry of bilirubin, which was not asked for.

2. Discuss the characteristic biochemical abnormalities found in Wilson's Disease. How can the laboratory assist in the diagnosis and monitoring of this condition.

A number of candidates has profited from the recent review in the Annals and gave good answers. Several candidates appeared not to realise that in Wilson's Disease, although free copper is high and therefore deposited in the tissues, the largest plasma fraction is still caeruloplasmin-bound so total copper, measured by atomic absorption is reduced. Some appeared to confuse the tissue deposition of copper in Wilson's Disease and consequent clinical abnormalities with the spectrum of iron deposition and clinical sequelae of haemochromatosis.

3. Outline the criteria for a valid screening test. Illustrate your answer by reference to the screening tests for phenylketonuria, haemochromatosis and prostate cancer.

There were some good answers to this question. The question required a list of the criteria for a valid screening test and wanted the above examples used, but not an essay on the clinical biochemistry of each one (e.g. phenylketonuria). The criteria include disease-related issues such as prevalence, whether it is treatable and has a latent asymptomatic phase etc. Those who limited their answer to assay sensitivity and specificity did not gain many marks.

4. Write short notes on:

Pseudohyponatraemia

Pseudohypoparathyroidism

Porphyria cutanea tarda

Surprisingly there was considerable confusion about what actually causes pseudohyponatraemia and why measurements related to activity (direct ISE or osmolality) give the physico-chemically appropriate answer.

The notes on pseudohypoparathyroidism were generally good apart from those who got the clinical biochemistry of this (why it is pseudo-) upside-down.

Porphyria cutanea tarda is not an acute porphyria and is only associated with skin lesions, although the precipitating factor may be underlying liver disease. It is not associated, as some indicated, with neuropsychiatric complications.

It is impossible to write an essay on each topic as some tried, which is why the short note format is requested. What is required is essentially a factual answer. Marks are given for the essential points which can be provided in a series of short sentences.

5. Discuss critically the clinical utility of biochemical markers of metabolic bone disease.

What was required was not an essay on bone metabolism, so only the briefest mention of this was needed. Although many listed the markers, few gave a critical assessment of their place in the assessment or treatment of metabolic bone disease. Few mentioned the high biological variance of most bone markers which limits their clinical utility. Although all mentioned the bone alkaline phosphatase, few mentioned the lack of specificity of most methods for the measurement of this isoenzyme. ■

The Well-Informed Laboratory and “Goodbye to John McVittie”

**Unipart Conference Centre, Unipart House, Garsington Road
Cowley, Oxford OX4 2PG
Thursday 17th July 2003
ACB Southern Region Summer Scientific Meeting**

- 10:00 Coffee and Registration
- 10:30 The need for identifiers and the future of LIMS in the era of the EPRs
Dr John McVittie
- 11:00 Lab Tests Online, communicating with patients about laboratory medicine
Dr James McGuire
- 11:15 Laboratory handbooks: why hypertext is the best medium and how it can help us to collaborate
Dr Christos Bountis
- 11:30 Quality assessment of advice
Dr Gordon Challand
- 12:00 Simulation is cheaper than experiment
Dr Brian Shine
- 12:30 Laboratory information at the difficult side of the clinical-laboratory interface
Dr Jonathan Kay
- 13:00 Lunch
- 14:00 Evidence-based laboratory medicine
Dr Andrew Moore
- 14:40 Lithium and thyroid registers: making sense of the numbers
Dr James Falconer Smith
- 15:10 How clinical outcomes depend on laboratory medicine
Prof Chris Price
- 15:50 Summing up
- 16:00 Close

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

Further information: Mrs Mary Ross, Department of Clinical Biochemistry, Level 4, John Radcliffe Hospital, Headley Way, Headington Oxford OX3 9DU. Tel: 01865-220473. Fax: 01865-220348. E-mail: mary.ross@orh.nhs.uk

Accreditation and Diabetes in India

Reported by Joe Fleming, Department of Clinical Biochemistry, Christian Medical College and Hospital, Vellore, India

When I got the invitation to be a speaker at the pre-conference workshop on Accreditation at the ACBI meeting, I did not need to think twice. Jaipur “the Pink City” is famous in its own right. The tourist guides say that “the hills around Jaipur are dominated by great forts built by the Rajput princes. The city itself is a place of wild contrasts and a veritable feast for the eyes.”

Forty Hours by Train

Jaipur is around 40 hours by train from Vellore but well worth the effort to go. Accreditation is a big issue in India now. Over 30 laboratories have been accredited by the National Accreditation Board for Testing and Calibration Laboratories (NABL) of India, and many more are in the pipeline. The initial accreditation through ISO/IEC Guide 25 has now been made more rigorous through the implementation of ISO/IEC 17025. The challenges faced in writing SOPs and of the inspection visits is very similar to what I read in the ACB news.

My topic was to describe the EQA scheme organised by CMCH with over 1300 participating laboratories. Originally started 25 years ago as a joint venture with the ACBI it has had a tremendous influence on improving analytical quality in Indian laboratories. For an annual subscription cost of just over 10 pounds sterling a monthly specimen distribution is arranged. ACB member Dr Peter Hill, Derby was there at the foundation, while I have a very minor role in the scheme. The persons in charge are Dr R Selvakumar Head of Department, and Dr Swaminathan, Associate Professor.

*29th Annual
Conference of
the Association
of Clinical
Biochemists
of India
ACBI, Jaipur,
Rajasthan, India*



Dr Colin Hyde and Dr Joe Fleming outside the Birla Auditorium

Diabetes in India

The conference itself was extremely well organised in a beautiful auditorium. The major topics of interest were cardiovascular disorders, hyperlipidaemia, free radicals and antioxidants and much interest in molecular probes in diagnosis. There is a huge problem of diabetes in India with CMCH receiving around 1000 specimens per day for glucose estimation. Of particular interest therefore was the work being done on the use of plant extracts to combat diabetes. One example came from Drs Murthy and Pugazhenthay of Delhi University, who described three hypoglycaemic compounds extracted from bitter melon (*Momordica charantia* Linn). There are other particular Indian remedies available. A thin film of silver foil is often placed on Indian sweets and another Dr Sharma of the Maharaja Agrasen Institute, Hissar described the hypolipidemic action of feeding silver foil, silver bhasma and silver sol to chicks and human volunteers without visible signs of toxicity.

Links with the UK

There were a number of international speakers including those from England, Northern Ireland and Germany. Retired ACB member Dr Colin Hyde was also in attendance. He is a regular visitor to Ludhiana Christian Medical College in North India. The fantastic food and settings for the conference evening meals, the day out visiting sites around Jaipur made this a meeting I shall long remember. ■

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Ask a Silly Question . . .

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

The Trainees' Committee was set up as a standing committee of the Association of Clinical Biochemists Council in 1980 to represent the views of trainees within the ACB and to help inform trainees of ACB matters. We define a "trainee" as anyone in a NHS clinical scientist post who has yet to complete their training, more practically defined as those who intend to, but have not yet completed, full MRCPPath. The committee itself reflects this broad range of members, with some representatives being Grade As at the very start of their training and others of us having been around for considerably longer but still the uphill side of the part II viva!

The Trainees Committee consists of at least one Regional representative from each of the ACB regions. These representatives are elected at their regional AGM by trainees to stand for three years on the committee. The regional representatives provide information to the trainees committee about the progress of trainees in their region and also about the training that is provided, the funding available and

Sophie Barnes gets down to basics and explains what goes into the Trainees' Committee



Members of the Trainees Committee

tutorials offered. These discussions can highlight areas of discrepancy between regions that can be fed back to the relevant committees and also enable ideas for good training to be shared and discussed.

A Voice on Relevant Committees

The Chairman and Secretary have both previously been regional representatives on the committee. The Secretary attends meetings of the Regional Tutors and the ACB Education Committee to offer trainees' opinions and ideas and also to be a source of information on the topics discussed at these meetings for the trainees committee. Likewise, the Chairman attends ACB Council meetings and also has a seat on the Royal College of Pathologists Trainees' Advisory Committee.

The Committee also have a voice on other relevant committees such as the Workforce Advisory Group and currently another representative is linked in to the Publications Committee with the remit of updating the Recruitment literature provided by the ACB. We have a Grade B and Grade A representative who attend Federation of Clinical Scientist Committee and Executive meetings to raise any trainee related concerns and keep up-to-date with any developments that will affect trainees. We also have a Royal College of Pathologists representative so that we don't just discuss training issues involving only Clinical Scientists but can share initiatives involving Medical colleagues and include them in suggestions made concerning Focus Training Days and the National Training Courses.

We meet twice each year as a committee, typically on the Monday afternoon of the ACB National Training Course to discuss any regional issues, ideas or concerns and provide a response to any documents suggested for discussion by ACB Council, Education Committee or any other relevant committees. In the evening, we host a meeting for all trainees on the course inviting national experts to discuss current topics of interest. Recent speakers and topics have included Mike Hallworth and Janet Smith on Registration, Trevor Gray on the new OSCI style practical examination and Alan Penny on Agenda for Change.

We would love to be able to share relevant information with as many people as possible. If you are a trainee, and remember, this isn't just those in Grade A or HST posts, it would be great if you could give your contact details, particularly your e-mail address, to your regional representative. If you don't know who that is, look in the photos and try to spot a familiar face or alternatively use the website (<http://www.acb.org.uk/training/committee.htm>) or the ACB handbook. While you're on the trainees section of the ACB website, why not visit the discussion list and post a message? This facility was set up after the Training Course in Brighton for trainees to discuss their training, ask each other for advice on training courses etc. Do you ever have a question that seems too silly for the Mailbase but you'd really love an answer? Well, here's your opportunity!

If there's any part of your training that you think could be improved or anything that you think is done well and should be continued, please let one of us know. Remember, we can only represent your views if you share them with us! ■

Standardisation of HbA1c

Reported by Susan Manley, University Hospital Birmingham NHS Trust, & Garry John, Norfolk and Norwich University Hospital

At the satellite meeting in Mie after the recent Kyoto International Federation of Clinical Chemistry (IFCC) meeting, there was considerable discussion about the current position on standardisation of HbA1c. The international participants included Dr Kor Miedema, Dr Cas Weykamp and Prof Jan-Olof Jeppsson who pioneered the IFCC reference method for HbA1c; Dr Randie Little and Dr David Sacks from the US National Glycohaemoglobin Standardisation Program (NGSP). Manufacturers of HbA1c kits, QCs and analysers, and organisers of national QA schemes were also represented. Participating in the meeting from the UK were Dr Garry John, a member of IFCC HbA1c working group on HbA1c standardisation, and Dr Susan Manley, biochemist for the UK Prospective Diabetes Study (UKPDS) and a member of the NGSP Clinical Advisory Committee.

The most important aspect of the satellite meeting was the parallel nature of the data shown for the relationships of the IFCC reference method with methods standardised by the Swedish and Japanese national standardisation schemes, and the NGSP used for the Diabetes Control and Complications Trial (DCCT) and UKPDS. Results from each scheme were highly correlated with the IFCC reference method but all the relationships had different intercepts. The nature of this data therefore confirms the usefulness of the IFCC reference method for HbA1c.

IFCC Reference Method in Place by December 2003

A major step forward at the meeting was the agreement that the IFCC reference method will be used for calibration of all laboratory methods by December 2003, to conform with the IVD Directive of the European Union. This will involve a considerable amount of work for the manufacturers developing new protocols for calibration. It is likely that from the beginning of 2004, there will be two sets of values for calibrators. One set of values will be assigned directly from the IFCC reference method and the other calculated for the system of calibration currently used in each country, for the UK this is the NGSP. In addition, after evaluation, the IFCC reference method will replace the BioRex 70 method as the anchor method for the NGSP. Procedures are now being put in place by the IFCC to ensure the long term reproducibility of the reference method for HbA1c.

A representative from the manufacturers queried at the meeting whether this EU legislation required reporting of 'IFCC HbA1c' results

A report of the IFCC Satellite Meeting in Mie, Japan, October 2002

in the same time frame as referencing of laboratory methods to the IFCC reference method. Professor Wieland Hoelzel replied that although referencing to the highest level available was required by December 2003, there was no necessity to report HbA1c results as IFCC values in the same time frame. There are considerable differences across the assay range for results for HbA1c from the different standardisation schemes for laboratory methods and the IFCC reference method. These differences are reflected in the individual reference ranges; the IFCC reference range can be lower than the current reference ranges for laboratory methods used world-wide by more than 1-2% HbA1c. Changes in HbA1c of this order will be significant in clinical practice.

Standardisation of HbA1c has been discussed in some detail^{1,2} in the UK as the information on the IFCC reference method has become available. A meeting was convened in 2003³ with all the interested professional groups, to discuss the implications of the IFCC standardisation for laboratories, quality assessment schemes, clinicians and most importantly, patient care. Perhaps the time has now come to convene another such meeting in the UK, to discuss the implications of the introduction of the calibration of laboratory HbA1c methods to the IFCC reference method and the question about 'changing the numbers for HbA1c'. Liaison between European and international professional organisations concerned with clinical chemistry and diabetes is essential to ensure the continued welfare of patients with diabetes and the best practice of evidence based medicine. ■

-
- 1 Boulton A J M, Saudek C D. The need for standardisation of glycated haemoglobin measurements. Report on an international workshop held in Dusseldorf, Germany 17th January 2002
 - 2 Little R R, Rohlfing C L, Wiedmeyer H-M, Myers G L, Sacks D B, Goldstein DE. The National Glycohemoglobin Standardisation Program: a five-year progress report. *Clin Chem* 2001; 1985-1992
 - 3 Marshall S M, Barth J H. Standardisation of HbA1c measurements: a consensus statement. *Ann Clin Biochem* 2000; 37: 45-6

Exhibition Booking for Focus 2004

For most of us next May is ages away. However, for Corporate Members the booking of stand space for Focus 2004 in Birmingham International Convention Centre takes place in a couple of weeks time.

Stand space booking for Corporate Members opens on 14th July. Full details are given in the printed information booklet that all Corporate Members should have received. If you need further copies please contact the organisers office at Focus 2004, PO Box 409, Cambridge CB1 4QD. Tel: 01223 404830. Fax: 01223 404841. Email: info@focus-acb.org

Focus 2004 Corporate Sponsors

Next year there will be group sponsorship of the Focus meeting in Birmingham. This was announced at the Corporate Members Meeting in Manchester. So far six companies have decided to become Corporate Sponsors of next years' meeting. There is still room for more Corporate Sponsorship so please do contact Karin Sherwood if you would like to consider joining in this activity. ■



Karin Sherwood is in charge of the exhibition for Focus 2004

Improving Working Lives for Healthcare Scientists

The Department of Health published the “Improving Working Lives (IWL) Standard” in October 2000 (www.doh.gov.uk/iwl). This recognised that modern health services require modern employment practices and that staff work best when they are able to strike a healthy balance between work and other aspects of their lives. The Standard accepted that there was a joint responsibility between employers and employees to develop a range of working arrangements that balance the needs of patients and services. It also stated that staff should be valued and supported, that they should be provided with opportunities for personal and professional development and that they should have access to a range of policies and practices to enable them to achieve a healthy work-life balance.

The Standard is made up of eight key areas:

1. Resources Strategy and Management – a Trust’s HR Strategy should include improving the working lives of its employees.
2. Equality and Diversity – Trusts should value every member of staff, recognising and supporting their individuality and should have a workforce that reflects the local community in its diversity.
3. Communication and Staff Involvement – staff should be involved in decision making, they should be communicated with effectively and they should have the opportunity to feed back.
4. Flexible Working – staff should have access to a wide range of flexible working arrangements and these arrangements should be promoted and encouraged.
5. Healthy Working – there should be improvements to working conditions, including reductions in bullying, harassment, violence and sickness absence. There should also be a commitment to tackling the long hours culture and compliance with the Working Time Directive.
6. Training and Development – equal access to personal development, career progression and training opportunities.
7. Staff Benefits and Childcare – Trusts should be delivering a co-ordinated child-care provision strategy – there should also be recognition of other caring commitments. Trusts should be promoting the NHS pension scheme and flexible retirement.
8. Staff Attitude Survey – Trusts should be conducting Staff Attitude Surveys and be seen to acting upon their findings.

There was to be a three-stage implementation of the IWL Standard – the first was “Pledge” status – all NHS organisations (with the exception of a few newly formed Primary Care Trusts – PCTs) should have achieved “Pledge” status by April 2001 – i.e. committed themselves to the principles of IWL and implementation of the Standard.

The next stage is “Practice” status, to be achieved by April 2003 – this means that the majority of the Standard is being applied to the majority of the staff, with an action plan in place for implementation of the remainder of the Standard for the remainder of the staff. Trusts are being assessed at the moment to determine whether or not they have achieved “Practice” status. The final stage is “Practice Plus”, implementation of all of the Standard for all of the staff – the Department is currently setting a target date for full implementation.

It has quickly become apparent to the Department that Healthcare Scientists are often in the “remainder of the staff” – in other words, their working lives are not yet being improved. The two areas of greatest difficulty appear to be flexible working and career progression. There appear to be a number of reasons for this:

1. Low profile – HR professionals in Trusts and Workforce Development Confederations may overlook Healthcare Scientists when drawing up IWL implementation plans.
2. Small specialised departments – Healthcare Scientists tend to operate in small specialised teams, with few opportunities for cross-disciplinary working, making flexible working arrangements more difficult to implement.
3. Size and specialisation also create difficulties in career progression, with the higher rungs of career ladders clogged up!
4. Many Healthcare Science departments open on a Monday-to-Friday, 9-5 basis, limiting opportunities for flexible working.
5. Culture and “Scientific” management – managers are often less familiar with flexible working arrangements than counterparts in other professions and may be less comfortable in a less structured and controlled environment.

In recognition of these difficulties, the Department of Health has produced “Improving Working Lives for the Allied Health Professions and Healthcare Scientists” containing sixteen examples of how individual managers are improving the working lives for their Healthcare Scientist and Allied Health Professional staff. The guidance was launched at the Recruitment and Retention conference at York Racecourse in October 2002. It includes examples of implementing flexible working arrangements, career progression for support staff and Advanced Practitioners. The guidance is available on the DoH website (www.doh.gov.uk/iwl) from: Department of Health, PO Box 777, London SE1 6XH, or by phoning 08701 555 455.

The guidance recognises the difficulties in implementing IWL for Healthcare Scientists, including the practical difficulties, problems with resentment and trying to be fair to all staff as well as pointing out the benefits – improved morale, recruitment and retention and an improved service (e.g. greater flexibility in service provision, more productive staff).

One thing is for certain – Improving Working Lives is not going to go away. Every manager is going to have to examine how they could improve the working lives of their staff (as well as themselves) – this guidance may well help them.

Anthony Walsh, Project Manager, Recruitment and Retention of Healthcare Scientists, Department of Health (anthony.walsh@doh.gsi.gov.uk) ■

Applying for an ACB Scientific Scholarship

By Professor Ian Young, *ACB Scientific Committee*

This issue of ACB News contains an advertisement inviting applications for Scientific Scholarships from members of the Association. For the past few years, the ACB has invited applications for these awards approximately twice per year. Successful applicants typically receive up to £5000 to help fund the costs of a research project. While the sums available are modest, some of the funded projects have been very successful. The number of applications in each funding round is often surprisingly small, and on some occasions it has not been possible to make an award. However, in the last funding round three awards were made. The aims of this article are to describe the features which have characterised successful applications in the past, and hopefully to encourage a larger number of applications in the future.

A successful application is likely to address a significant scientific question which is relevant to clinical biochemistry. One or more hypotheses should be clearly stated, and the work proposed must provide an adequate test of these hypotheses. It is important that the goals of the work can be realistically achieved with the resources requested and within the proposed timescale; if additional resources are required, there should be a clear statement of how these are to be obtained. The size of any clinical study should be justified by power calculations showing that a robust and reliable result can be achieved.

Clearly Written

The application should be clearly written. The aims of the study should be given, with an adequate amount of background information, a detailed plan of investigation and justification of the resources requested. The applications are reviewed and scored by members of the Scientific Committee and by independent referees. These are likely to include experts in the area, as well as scientifically informed non-experts. The best applicants can persuade both that their project is important and achievable.

While applications can be made by any ACB member, the Scientific Committee particularly welcomes projects from more junior members of the Association. One of the purposes of the awards is to encourage applicants at the outset of their Scientific careers. If a senior member of the Association wishes to make an application, they should consider doing this in conjunction with a junior member who can therefore benefit from close involvement in the project. If competing applications are given a similar grading and funds are limited, the committee will favour an application from a junior member over one from a more senior member.

Applying for an ACB Scientific Scholarship is worthwhile. In the past, the chances of success have been relatively high compared with other funding sources. If you are looking for a few thousand pounds to fund a small project or to kick-start a more ambitious programme of work, then this may provide an ideal opportunity. If you have any doubts about whether an application is likely to be appropriate or if you would like any additional information, then please contact the secretary or chairman of the Scientific Committee. Otherwise, get writing, and we will look forward to receiving lots of applications for the current funding round! ■

Sandwell and West Birmingham Hospitals 
NHS Trust

Biochemistry Department
Sandwell General Hospital

Grade B Biochemist

Scale points 08-12 depending on experience
37 hours per week

Sandwell and West Birmingham Hospitals is one of the largest Trusts in the country. The Pathology Directorate has two main biochemistry laboratories at Sandwell Hospital in West Bromwich and at City Hospital in Birmingham, which work together to provide a comprehensive clinical biochemistry service. Both Sandwell and City Hospitals have teaching hospital status with extensive links with the University of Birmingham.

We are looking for an enthusiastic person for this new post which will provide opportunities in all aspects of clinical biochemistry. You will be expected to contribute to the clinical services of the department, to participate in service development and to develop an interest and expertise in a specific area of clinical biochemistry. You should have either completed your Grade A training in Clinical Biochemistry or have made progress towards completion. You would be encouraged to prepare for MRCPATH for which appropriate support would be given.

For further information please contact Dr EA Hughes or Dr DT Vallance on 0121 607 3261.

For an application pack, please telephone 0121 607 0280 or write to Centralised Recruitment Office, Human Resources, Sandwell General Hospital, Lyndon, West Bromwich, West Midlands B71 4HJ.

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Blackpool, Fylde and Wyre Hospitals 
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Pathology Directorate, Clinical Biochemistry Department
Clinical Biochemist Grade B

Within range 14-20 dependent upon qualifications & experience £26,293 - £33,269 (pay award pending)

Victoria Hospital is a three star District General Hospital with specialist cardiothoracic and cancer units. It is situated on the outskirts of Blackpool in a pleasant location adjacent to Stanley Park and Blackpool Zoo. There are excellent links to the motorway, rail and public transport networks. The costs of accommodation and general living are relatively low on the Fylde coast.

The Clinical Biochemistry Department provides a comprehensive service to this busy District General Hospital, Community Hospitals and Primary Care Trusts. This is a new post and we are seeking an enthusiastic innovative scientist who will make a positive impact in the development of the biochemistry service.


Applications are invited from suitably qualified, state registered Clinical Scientists for this Senior/Principal Biochemist post. The appointee will be expected to make a contribution to all aspects of the department's activities. Candidates will be expected to possess a minimum of a 2nd class degree in an appropriate science and at least Part 1 MRCPPath. Starting salary will be dependent upon qualifications and experience. For informal discussion/visit please contact Dr Steve Butler, Consultant Clinical Scientist, on Tel: 01253-303743. Closing date: 11 July 2003. Please quote Ref No: PAT11/03.

We have a Trust Nursery based at Blackpool Victoria Hospital and a Childcare Co-Ordinator who can be contacted on 01253 306426.

If you need to relocate in order to take up this appointment, relocation assistance may be available.

Application package available by telephoning our recruitment line on Tel: 01253-303507 (24 hour answer service) or by writing to the Personnel Department, Blackpool, Fylde and Wyre Hospitals NHS Trust, Trust Headquarters, Victoria Hospital, Whinney Heys Road, Blackpool FY3 8NR or by E-mail:

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The Dudley Group of Hospitals 
 NHS Trust

DEPARTMENT OF CLINICAL BIOCHEMISTRY
CLINICAL SCIENTIST

Job Ref: 108

Grade B 14 - 16

£26,293 rising by annual increments to £28,438 per annum
(pay award pending)

This is a busy, well-equipped department (including capillary electrophoresis and automated PCR) committed to quality and development. It is anticipated that new laboratory accommodation will be occupied in the Autumn. A new laboratory information system is currently being implemented. The department is an evaluation site for new instrumentation and has an extensive research and audit programme. Publications and scientific posters are regularly produced.

You will be an HPC Registered Clinical Biochemist, holding Part 1 MRCPPath and be working towards completion.

You will be expected to contribute to education and training generally in the department.

For an informal discussion on the above post, please contact Dr Mourad Labib, Consultant Chemical Pathologist, Department of Clinical Biochemistry, Russells Hall Hospital on 01384 244078.

For an application form and job description, please call 01384 244233 (24hr answerphone). You can also email: Carol.Share-jones@dudleygoh-tr.wmids.uk or alternatively write to The Business Secretary, Department of Pathology, Russells Hall Hospital, Dudley DY1 2HQ.

Closing date: 11th July 2003. Interview date: 24th July 2003.

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Clinical Biochemist Grade B

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- A supplement will be given for extended hours working • £20,781 - £28,438 pa
- Ref: 1361

The Department of Clinical Chemistry is one of the largest in the country. It is well staffed and equipped offering a wide range of tests and is in the process of a major reprocurement exercise. It provides regional services for hormones and trace elements and is a designated SAS laboratory for bone markers. It has an active and productive NHS and University research programme and is closely involved in teaching and training within the Faculty of Medicine of the University of Liverpool and the Trust. There is a busy Metabolic Bone Disease Unit, which is managed by medical staff within the Department.

The Trust operates across 2 sites, has 1,200 beds and is responsible for various regional services including Cancer, Renal Dialysis/Transplantation and Vascular Surgery. The Department has full CPA accreditation and provides services to the Royal Liverpool and Broadgreen University Hospitals, the Liverpool Cardiothoracic Centre, the Liverpool Women's Hospital and Primary Care Trusts within the city.

Applications are invited from State Registered Clinical Scientists for this Senior Biochemist post. The appointee will be expected to participate fully in all aspects of the Department's activities. There is a well established training programme with rotation through all sections of the laboratory. Candidates would be expected to demonstrate a commitment to working towards MRCPPath. Encouragement will be given to develop a special interest and there will be ample opportunity for research.

For further information or to arrange an informal visit please contact Dr A Scott on 0151 706 4230/4258 or Professor Shenkin on 0151 706 4232.

For further details of this job and other jobs within the Royal Liverpool University Hospitals NHS Trust, see our website: www.rlbuh.nhs.uk

Application form and job description available from the Personnel Office, Royal Liverpool and Broadgreen University Hospital, Prescott Street, Liverpool, L7 8XP, tel: 0151 706 3893/3030. Please quote reference number.

Closing Date: 8 July 2003.

We welcome applications from all sections of the Community and are keen to ensure improved representation in terms of ethnicity and disability. All applicants from these groups in the local community will be invited to interview if they fulfil the minimum criteria for these posts.



Royal Liverpool and Broadgreen
University Hospitals



NHS Trust

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For an application pack, please contact our Human Resources Directorate, tel: 023 8079 6083, or email: personnel@suht.swest.nhs.uk quoting Job No: S370.

Closing date: 4th July 2003.



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NHS Trust

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Principal Clinical Biochemist

DEPARTMENT OF CLINICAL BIOCHEMISTRY

Grade B: Starting point in the range 17 - 24 (depending upon experience & qualifications)

This is an opportunity to join the existing team of senior staff in one of the largest laboratories in the country (core population 600,000, providing regional/specialist services to 1.2 million).

Applications are invited from State Registered Clinical Scientists who are highly motivated individuals with good interpersonal and team working skills. You will ideally possess MRCPath, or equivalent or be actively working towards it and preferably have a higher degree. A broad experience of clinical biochemistry is required, as all medical/clinical biochemist staff are involved in the clinical authorisation of results from all areas of the laboratory, on a rotational basis. You will take the clinical lead for a specified area of the laboratory, by agreement, depending upon your expertise.

The Hull and East Yorkshire Hospitals NHS Trust has 1,400 beds and provides a comprehensive range of acute services to over 200 hospital

consultants and over 300 General Practitioners with a budget of £240 million. The clinical biochemistry laboratories are based at Hull Royal Infirmary and Castle Hill Hospital, Hull and provide a comprehensive service, including endocrinology, toxicology, neonatal/antenatal screening, trace element and limited paediatric sections. The post is based at Hull Royal Infirmary, but will include responsibilities across the Trust.

In October 2003, the Trust attains full teaching hospital status when the Hull York Medical School opens, with an annual intake of 130 undergraduates. A postgraduate medical school is already established.

For further information or to arrange an informal visit, please contact either Mr Ian Hanning, Consultant Clinical Biochemist - Head of Department on 01482 607716 or Dr Eric Kilpatrick, Consultant Chemical Pathologist on 01482 607708.

A job description and application form are available from the Human Resources Department, Alderson House, Hull Royal Infirmary, Anlaby Road, Hull HU3 2JZ on 01482 623072 or email ValJoynton@hey.nhs.uk quoting job reference number HEY253.

Closing date for completed application forms: 15 July 2003.



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Pathology Clinical Services Group Quality Management and Point of Care Testing Team

Applications are invited from suitably experienced Clinical Scientists and/or State Registered MLSOs to join this newly established multi-professional team, which will ensure appropriate quality standards are maintained in POCT across the Trust.

Particular responsibilities will include oversight of all aspects of blood gases, glucose monitoring, critical care analytes, cardiac monitoring, coagulation and urine testing with regard to provision and development of an appropriate quality managed service, including training and maintenance leading to its accreditation through CPA (UK) Limited.

The group will be based in the Department of Clinical Biochemistry, and some posts will also have responsibilities for the Quality Management, Clinical Governance and Risk Management procedures within that department, whilst others will have additional responsibilities in other departments.

Appropriate arrangements for training and/or continuing professional development will be made. Successful applicants will be encouraged to join the out-of-hours service at an appropriate level, which offers a variety of options at additional attractive rates.

Quality Manager

Department of Clinical Biochemistry
Clinical Scientist B (17-19) or MLSO-3 Ref: GICB013
£27,874 - £34,581 p.a. inc. depending on exp.

This is a new post, established to meet the increasing demands of a quality driven service, both within and outside the laboratory. You will be enthusiastic and highly motivated, with experience of the evolving clinical governance, risk management and quality agenda in pathology. You will be conversant with the particular accreditation requirements of CPA (UK) Limited.

You will have the ability to prioritise and organise your own workload, meet strict deadlines and effectively facilitate the incorporation of a quality agenda into the workloads of other staff, both within and outside pathology.

You will have excellent computer skills and may have a formal Quality Management qualification to help facilitate the design, implementation and maintenance of the laboratory's quality system and the organisation's Point of Care services.

Point-of-Care Co-ordinators

£22,570 - £31,030 p.a. inc. depending on exp.

Post 1: Department of Clinical Biochemistry
Clinical Scientist B (08-16) or MLSO-2 Ref: GICB014

This post will be an additional new post within the department of Clinical Biochemistry, working under the direction of the Quality Manager. With other members of the Quality Team, you will have a role in supporting the quality systems within clinical biochemistry including EQA, Audit and Risk Management. You will also help co-ordinate comprehensive support for POCT throughout the Trust, including its implementation, training, quality and continuing management and maintenance, as part of a Trust-wide team of health care professionals.

Post 2: Haemophilia and Haemostasis Unit
Clinical Scientist B (14-16) or MLSO-2 Ref: GIHC018

This post will be an additional new post within the Haemophilia and Haemostasis Unit working under the direction of the Quality Manager. You will have a role in supporting the quality systems within haemophilia including EQA, Audit and Risk Management. You will also help co-ordinate comprehensive support for POCT throughout the Trust including its implementation, training, quality and continuing management and maintenance as part of a Trust-wide team of health care professionals. You will have particular responsibility for the introduction of coagulation testing at Point of Care.

For the above two posts, you will be self-motivating, forward thinking and career orientated. You will also be keen to pursue further professional and educational opportunities, for which funding will be available.

For further information and/or an informal visit for all posts, please contact Dr Michael Thomas, Clinical Head of Service on 020 7830 2991 or Mrs Linda Boxer, Pathology Business Manager (acting) on 020 7794 0500 ext. 1409.

Application packs for all posts are available from the Human Resources Department, Lower Ground Floor, Royal Free Hampstead NHS Trust, Pond Street, London NW3 2QG. Tel: 020 7830 2064 quoting the appropriate reference or email: hr@royalfree.nhs.uk (quoting the reference number in the subject box).

Closing date: 3 July 2003.

For further information about the Trust and other vacancies available visit our website
www.royalfree.nhs.uk

Applications are welcome from people wishing to job share or work flexible patterns. Committed to Equal Opportunities.



DIVISION OF CLINICAL CHEMISTRY
Senior Biochemists Grade B
£23,373 – £27,874 inc.

Two posts, scale points 8 - 13 dependant on qualifications and experience.

Applications are invited for two senior biochemist posts within Hammersmith Hospitals Trust, one based at Hammersmith Hospital and one at Charing Cross Hospital.

Both posts will involve participation in the provision of routine diagnostic services. This will include result authorisation, clinical liaison, quality assurance, audit, and research and development.

Biochemists.

The Division of Clinical Chemistry supports a number of specialist services, including three designated SAS laboratories for endocrinology and tumour markers, and also has interests in infertility, specific proteins, trace elements and paediatrics. The successful applicants will have the opportunity to gain experience in all specialist areas, and development of a special interests will be encouraged.

Applicants should have a post graduate qualification in clinical biochemistry. State Registration is desirable but not essential if being worked towards in the near future. Support towards completion of MRCPATH will be given, including attendance at meetings and other training events.

For an informal discussion or visit, please contact either Dr. Mandy Donaldson on 020 8383 4681, Hammersmith Hospital or Dr. Bruce Muller on 020 8846 7073, Charing Cross Hospital. For an application form please call our recruitment line on 0870 7702369 quoting reference number P/195.

Closing date for applications is Friday 18th July and interviews will be from 28th July.



HAMMERSMITH HOSPITALS NHS TRUST



Royal Free Hampstead 
NHS Trust

Department of Clinical Biochemistry

Clinical Biochemist

Grade B (Scale Points 22 to 24)
£38,574 - £41,511 p.a. inc.

Joining our team, you will help provide a comprehensive clinical biochemistry service at this major London teaching centre.

You will be a State Registered Clinical Scientist, possessing MRCPATH or equivalent and possibly a higher degree. You must have a broad range of experience as a clinical biochemist, as you will participate in the clinical authorisation of routine results on a rotational basis.

You will be required to take a lead for a particular area of the department's service, and so a specialist interest would be an advantage.

You will also act as the department co-ordinator for research, development and clinical trials. You will share some aspects of departmental management with other staff, and may be required to act as Deputy to the Head of Service and participate in out-of-hours responsibilities.

A team player, you will be self-motivating, innovative and proactive, with excellent interpersonal and communication skills.

The department has a particular interest in the area of cardiovascular disease and biochemical consequences of HIV disease. We have recently undergone a major refurbishment programme and completed the implementation of a fully automated robotic core laboratory for pre-analytical sample processing, classical

chemistry and immunodiagnostics, and are fully CPA-accredited. We are recognised for the training of medical, clinical scientist and biomedical scientist trainees, and participate in the teaching of medical students. The department encourages all staff in the pursuit of further educational achievements and CPD, for which funding is usually available.

For further information and/or an informal visit, please contact Dr Michael Thomas, Head of Department and Consultant Clinical Biochemist on 020 7830 2991.

Application packs are available from the Human Resources Department, Lower Ground Floor, Royal Free Hampstead NHS Trust, Pond Street, London NW3 2QG. Tel: 020 7830 2064 quoting reference GICB017 or email: hr@royalfree.nhs.uk (quoting the reference number in the subject box).

Closing date: 3 July 2003.

For further information about the Trust and other vacancies available visit our website.

www.royalfree.nhs.uk

Applications are welcome from people wishing to job share or work flexible patterns. Committed to Equal Opportunities.



Leeds

EXPERIENCE *variety* excellence



For clinical excellence, leading edge developments and breadth of experience, Leeds Teaching Hospitals NHS Trust is far out in front. The largest teaching hospital trust in the UK and one of the most modern in Europe, 15,500 staff in our eight hospitals are dedicated to delivering outstanding patient care.

Higher Specialist Trainee

Grade: B (8 - 10), £20,781 - £22,474 pa

Applications are invited for this new post in the Clinical Biochemistry and Immunology department at **The Leeds General Infirmary/St. James's University Hospital** on a full time basis. You will provide clinical biochemistry and immunology services to the Leeds Teaching Hospitals Trust and to the Bradford Hospitals Trust. In addition to providing general analytical services the department provides Supra regional trace metal and steroid services as well as supporting a comprehensive range of tertiary referral centres, such as oncology, renal and liver transplantation and paediatric medicine.

You will be expected to complete MRCPath and will be given every support to do this. In addition you will be expected to participate in the routine running of the department e.g. clinical liaison, research and development.

The post holder will spend 50% of his/her time in a research lab in the Cancer Research UK Clinical Centre at St James's University Hospital, specifically working on proteomic projects using SELDI to find new disease markers in cancer and renal diseases.

This will be a challenging and exciting post with great opportunity for personal development.

For further information or to arrange an informal visit contact Mr S R Goodall, Top Grade Biochemist on (0113) 392 3691.

Benefits include:

- Crèche/nursery facilities including holiday play schemes (at most hospitals)
- Professional development
- Variety of discounts from local retailers
- On site gym facilities (at most hospitals)
- Excellent Pension Scheme
- Employee friendly policies, including flexible hours
- Free shuttle service
- Park & Ride service

For an application form and job description please contact Trust Recruitment, 1st Floor Trust Headquarters, St. James's University Hospital, Beckett Street, Leeds LS9 7TF. Tel (0113) 206 6410 (24 hr answering machine) or e-mail central.recruitment@leedsth.nhs.uk Please quote Ref: CS6045/03.

Closing date: 4th July 2003.



We welcome applications from all sections of the community. The Trust is a no smoking organisation.
www.leedsteachinghospitals.com
www.sector1.net for more vacancies within this organisation.

The Leeds Teaching Hospitals **NHS**
 NHS Trust

Birmingham Children's Hospital 
NHS Trust

West Midlands Inherited
Metabolic Disorders and
Neonatal Screening Laboratories
Department of Clinical
Chemistry

GRADE B CLINICAL SCIENTIST

required for exciting new developments in newborn screening
and inherited metabolic disorders (IMD)

Senior Clinical Scientist (B11-16) £23,374 - £28,438

The department provides a comprehensive service for paediatric biochemistry including biochemical services for newborn screening and diagnostic IMD services for the West Midlands. Due to planned expansion of newborn screening: sickle cell disease, cystic fibrosis and medium chain acyl CoA dehydrogenase (MCAD) and our diagnostic IMD services, we are looking for an enthusiastic Clinical Scientist at Grade B level to join our dynamic team of 13 clinical scientists and 24 biomedical scientists. The successful applicant will have opportunities to work in the following areas:

- Newborn screening including the introduction of region-wide testing for sickle cell disease
- Tandem mass spectrometry for newborn screening for PKU and MCAD and other paediatric applications
- Provision of the diagnostic IMD service

The post will involve service provision, clinical liaison, audit and development of new technologies.

This post would suit individuals with MRCPATH Part I (or close to completion) in clinical biochemistry. The successful applicant will be given active support to complete the MRCPATH, including opportunities to undertake a project. Scale points for this post will depend on previous experience. Training and support for CPD will be provided.

If you are interested in this post, please contact Anne Green, Consultant Clinical Biochemist and Head of Department, Paul Griffiths, Consultant Biochemist and Deputy Head of Department, or Mary Anne Preece, Consultant Biochemist, for informal discussions and visits on **0121 333 9916**. The Clinical Chemistry Department has full CPA Accreditation.

For an application form and job description please contact the Personnel Department, Birmingham Children's Hospital NHS Trust, Steelhouse Lane, Birmingham, B4 6NH, telephone 0121 333 8352 (24 hours), or email: suzy.radford@bch.nhs.uk

Please quote reference SR897/03; closing date 11th July 2003.

For all current vacancies at Birmingham Children's Hospital NHS Trust visit us at **www.bch.org.uk** We are committed to Equal Opportunities and actively discourage smoking at work.



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. Advertising rates are available on request