Gemmell Renews Emphasis on Training

I Don’t Believe It - Richard Wilson is Back in the Lab!

Agenda for Change: NHS Pay Modernisation

A Locum’s Life
It may be hard to believe that Richard Wilson gave up a promising career as a medical laboratory technician in bacteriology and then haematology, only to become grumpy Victor Meldrew in “One Foot in the Grave”.

Richard is pictured below at Luton & Dunstable Hospital with Dr Danielle Freedman, Consultant Chemical Pathologist and Louise McDonald, BMS 3 in Cellular Pathology. He had been invited by Louise, to open the newly refurbished laboratories and was charming and really interested in how pathology has changed since he left the profession in 1963.

Thanks to Richard, the laboratory was featured on a regional TV news bulletin and in the local press and gained some very welcome good publicity.

Danielle Freedman, Louise McDonald and Richard Wilson enjoying a “cupper” at the opening of the newly refurbished laboratories at Luton & Dunstable Hospital.

Falls, Fractures, Food, Fitness and Medicine-Treating and Preventing Osteoporosis

A One Day Conference in Glasgow
28th May 2003

This conference will provide information on current treatment and prevention strategies employed in osteoporosis therapy including diet, medicine and exercise.

For a leaflet and further information contact: Carolyn Fraser, Department of Human Nutrition, Yorkhill Hospital, Glasgow G3 8SJ.
Tel: 0141-201-9264.
Email: cf24f@clinmed.gla.ac.uk

Golden Jubilee Year
Members’ Handbook

The new Handbook will be put together during early May. This is a special edition that for various reasons will be used for reference by members for several years to come and it is essential that YOUR entry in it is correct. You will have received a reminder from the ACB Office providing your current database entry and asking for amendments to be notified to them in writing, by letter or email, as soon as possible. You are urged to ensure this is done in good time if your situation or details are currently incorrect, or will change in the coming months.

Please don’t wait - whatever is in the member database on the 9th May will be included in the Handbook. This applies to Corporate Members and individual members.
ACB Management Course 2003

University of Surrey
22nd-27th June 2003

- Designed for those preparing for MRCPath and senior laboratory management.
- Lectures, workshops, discussions, debates and practicals.
- Led by senior members of the profession, NHS managers and the Postgraduate Medical School Department of Health Care Management.
- Each delegate will receive a copy of the new book by Dr David Burnett ‘A Practical Guide to Accreditation in Laboratory Medicine’ and a companion leaflet cross referencing the course content to the book and its references.

The week will hold a mixture of factual presentations and practical exercises with delegates presenting business cases and critical reviews on issues currently besieging biochemistry laboratories.

The course will look at the NHS, its changing structure, finance and staff groups. With lectures on the psychology of organisation structures, NHS & the law and managing your laboratory budget, it will examine costing tests, laboratory organisational structures, training, job descriptions, employment legislation, ethics, appraisal and people management.

It will explore laboratory quality issues with presentations on CPA, NSF, MDA, Audit and Clinical Governance. Research presentations will examine governance, funding, intellectual property rights and critical appraisal.

With course places restricted to 25 and at a cost of £525, interested trainees should apply as soon as possible.

Further details can be obtained from Stephen Halloran (s.halloran@btinternet.com) and application forms can be obtained from the Association of Clinical Biochemists administrative office at: Admin@ACB.org.uk

European Thyroid Association 2003

Edinburgh International Conference Centre
18th-22nd October 2003

The 29th Annual Meeting of the European Thyroid Association will follow on from previous meetings held every year, the most recent being in Warsaw, Poland (2001) and Göteborg, Sweden (2002). The European Thyroid Association’s aims are to promote knowledge in the thyroid field (fundamental and clinical) and improve knowledge of the thyroid gland and its diseases. The Edinburgh Meeting will bring together researchers and scientists from around the world.

Emerging details of the scientific programme structure, workshops, social programme, registration procedures etc. will be posted on the ETA website (www.eurothyroid.com). To register your interest in receiving further information about the conference, please use the online form on our website.

For further details contact: ETA 2003 Secretariat, Claire Watson, In Conference Ltd, 10b Broughton Street Lane, Edinburgh EH1 3LY.
Tel: 0131-556-9245. Fax: 0131-556-9638.
Email: claire@in-conference.org.uk

Trent, Northern and Yorkshire Region

A regional meeting is to be held on Friday 27th June 2003 at the Cedar Court Hotel, Wakefield to celebrate the career of Dr Adel Ismail, who is retiring later this year. This will include a ‘mini-symposium’ on interference in immunoassay:

- Immunoassay: the good, the bad and the ugly: A historical review
  Professor Vincent Marks, Haslemere
- Macroprolactins: an update on structure, function and detection
  Mr Mike Fahie-Wilson, Southend
- Spurious biochemistry and the clinician: who needs clinical acumen?
  Dr Bill Burr, Leeds

Other subjects include male osteoporosis, androgens in sport, testosterone and SHBG

The meeting will be followed by a dinner in the evening.

Further details will be posted on the mailbase, or contact Ian Hanning, Hull Royal Infirmary.
Tel: 01482-607716. Email: ian.hanning@hey.nhs.uk
Royal Trainee Meets “The Master”

Glasgow Royal’s Grade A trainee, Gillian Gray, spends a relaxing breakfast with Professor Gemmell Morgan at his country club

The invitation to meet Professor Gemmell Morgan, retired head of my base training department, seemed like an excellent morning away from the bench. I was not really sure what to expect but it turned out to be an interesting time! First impressions of Professor Morgan were of a soft spoken man, but then first impressions can be deceptive! This was clearly someone with a twinkle in his eye; almost like he was on his best behaviour until he understood the situation. Things got more interesting as breakfast progressed and we got to know each other. Our venue was the Lakeside Country Club, our breakfast - a round of bacon butties and coffee - and my chaperones Jonathan Berg and Richard Spooner, stalwarts of ACB News.

Dundee Back in ’56

Gemmell told us about his time in Dundee and how he built up the Biochemistry department and apparently that “It was so much better than Glasgow at that time”. He did original research on vitamin D in the Dundee laboratory, including pointing out that levels of calcium supplements in food were too high and a cause of hypercalcaemia. His first “analyser” was the ubiquitous EEL colorimeter. Right from the start Gemmell promoted a patient-focused approach. He is still evangelical about this and disparaging about those that look upon clinical biochemistry as a numbers factory. There was plenty of advice on how to take a laboratory forward. Three things above all else were essential, said Gemmell, “The space to grow, dynamic staff and training to take the speciality forward”.

Specialisation was seen as fundamental and there was little time for recent ideas on amalgamating pathology disciplines. Gemmell saw this as clear evidence of a “general dumbing down for economic reasons”, The alternative approach was to “get a good basic service, add in some research and teaching and by this gain the respect of your clinical colleagues”.

[Image: Professor Gemmell Morgan meets Gillian Gray, with Richard Spooner in attendance!]

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During his time in Glasgow Gemmell had certainly demonstrated how to get laboratory space. He produced a department that other Pathology disciplines literally looked up to. Then he went about filling it with teams to offer support to every medical discipline... toxicology, nutrition, lipids, calcium metabolism the list went on and on. Gemmell had used persuasive arguments to build a central laboratory, rather than have academic units all developing their own little research laboratory empires.

**Emphasis on Training Vital to Future**

With regard to personal development Gemmell’s advice was that “you need to be purposeful and to plan your career”. To the old interview chestnut of “Where will you be in ten years” you need to retort “Consultant!”.” The follow-on question of “Then what will you do with it?” is the real tester that will get you the job.

Professor Morgan’s emphasis on training was uncompromising. When he heard there was currently just one Grade A clinical scientist trainee in Glasgow, Gemmell exploded, “Dreadful... awful... we have not ourselves over. During my time in Glasgow we purposefully built a centre of excellence to offer stimulation to the whole of the west of Scotland”. Now we were getting to the stronger views that I had been told to expect! Gemmell’s advice was that two thirds of our efforts need to be in training and we need to “Get to the movers and shakers” and get some new training posts sorted out and “... do not take no for an answer!”

We talked for two hours and although we ate our bacon butties, and Jonathan a second, Gemmell still had most of his left on the plate together with a cold cappuccino when we said goodbye. He insisted on driving the ACB News editor back to Glasgow Airport saying “Not many people would let an eighty-year old drive them round the city!” This had certainly been an interesting meeting and a lesson in assertiveness training for us all.

**Balkans Invitation**

The 11th Meeting of the Balkan Clinical Laboratory Federation will be held from 24th to 27th September, 2003 in Belgrade, Yugoslavia. This congress has been organised under the IFCC and FESCC Auspices.

Complete information about this interesting event including the scientific programme and the registration form are available from http://www.dmbj.org.yu.

**Postponement of ACB IT Workshop**

Unfortunately, due to unforeseen circumstances, the ACB IT workshop, due to be held on the Monday prior to Focus 2003 has had to be postponed. The ACB informatics group hope to run this course in October 2003 and further details will be posted in ACB News and on the ACB website at a future date.

**UK Newborn Screening Blood Spot Card**

Back in 1998, the contract for the newborn screening dried blood spot card was won by Schleicher and Schuell, UK. The cards are manufactured in the USA (at a competitive price!) and, to date, have been distributed by Schleicher and Schuell themselves. The company has now split into two arms and the cards will have a new distributor this year - the cards will continue to be manufactured by Schleicher and Schuell in the USA.

From 1 April 2003 order them from:

- The Astron Group
- Causeway Distribution Centre,
- The Causeway, Oldham Broadway Business Park
- Chadderton
- Oldham OL9 9XD
- Tel: 0161-683-2376 Fax 0161 683 2396

Catalogue numbers and prices remain the same.

**London Congestion Charges**

NHS staff needing to use their cars in the course of NHS duties (not travel to and from work) can reclaim charges for entering the central London congestion charge zone. A briefing paper can be obtained from FCS Representatives.

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**15th IFCC - FESCC European Congress of Clinical Chemistry and Laboratory Medicine**

22nd National Congress of the Spanish Society of Clinical Biochemistry and Molecular Pathology (SEQC)

Further details from:
Tel.: +39 02 69006444 Fax: +39 02 6686699
E-mail: euromedlab2003@mzcongressi.com
WHAT? only one grade A clinical scientist trainee in Glasgow? DREADFUL! Awful!
Thanks to Sandra Rainbow for suggesting this month's website of the month. This US site is mirrored in the UK on the University of Leeds server. It could be useful for those members who have to do various levels of teaching and also to some of the trainees in order to brush up on their basic biochemistry. Huge lists of medical conditions are available and are covered in good depth. Details include a description, clinical features, biochemical features, diagnostic criteria, clinical management and for some diseases, the genetic components. The work appears to be fully referenced, and it’s easy to see why the site has won so many awards.

- 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).
Deacon’s Challenge
No. 25 Answer

A centrifugal analyser is designed so that the light travels on a longitudinal path through the rotating cuvette (which has a constant cross-section $C$ cm$^2$) rather than perpendicularly through the sides of the cuvette as is more usual. A solution of a light absorbing compound $Y$, volume $d$ µL at a concentration of $y$ mmol/L, is diluted with a volume $D$ µL of an optically clear reagent.

Using the Beer-Lambert equation, prove that the absorbance of light through the diluted solution of $Y$ is independent of the volume of diluent ($D$) when absorbance is measured longitudinally in this system.

The Beer-Lambert equation is:

$$A = \varepsilon \times l \times c$$

Where

- $A$ = absorbance
- $\varepsilon$ = molar absorbtivity
- $l$ = path length
- $c$ = molar concentration

Volume of cuvette $= \text{Cross sectional area} \times \text{path length}$ \hspace{1cm} (i)

Where

- $C$ = Crosssectional area (cm$^2$)
- $l$ = Depth of solution in cuvette (cm)
- $(D + d)$ = volume of cuvette (µL)

Since $1000$ µL = $1$ cm$^3$, \hspace{1cm} \frac{(D + d)}{1000} = \text{volume of cuvette (cm$^3$)}
Questions MRCPath Short Questions  MRCPath Short Questions

Substitute these values into equation (i) and rearrange to give an expression for $l$ in terms of $D$, $d$ and $C$:

$$\frac{(D + d)}{1000} = C \times l$$

$$l = \frac{(D + d)}{1000C}$$

Calculate the concentration of $Y$ in the cuvette:

$$\text{Concn in cuvette (mmol/L)} = \frac{\text{Initial conc} \times (y \text{ mmol/L}) \times \text{Vol of } Y \times (d \text{ L})}{\text{Final vol} \times (D + d) \text{ L}}$$

$$= \frac{(y \times d)}{(D + d)}$$

Substitute these derived values for path length ($l$) and final concn of $X$ into the Beer-Lambert equation:

$$A = \varepsilon \times \frac{(D + d)}{1000C} \times \frac{(y \times d)}{(D + d)}$$

Cancelling the $(D + d)$ terms which appear on both the top and bottom of the equation eliminates the $D$ term:

$$A = \varepsilon \times \frac{y \times d}{1000C}$$

Therefore the absorbance is independent of the volume of diluent ($D$).

Question No. 26

A urine collection was handed in by a patient which he said he had collected over the previous day. Calculate the creatinine clearance given that the sample was found to have a creatinine concentration of 7.2 mmol/L in a volume of 3.2 L. The serum creatinine concentration taken during the collection was 94 µmol/L. Give the most likely cause for this result.

MRCPath, November 2002
This is the second FCS article amplifying some of the issues of particular importance for Clinical Scientists in the NHS Pay Modernisation offer published in January. The full text can be downloaded from the Department of Health website at www.doh.gov.uk/agendaforchange and earlier FCS briefings from the ACB website www.acb.org.uk/federation. It is worthwhile keeping an eye on the DoH site as publication of the “Knowledge and Skills Framework”, which will guide the criteria for passing through progression gateways is expected soon and further editions of the Job Profiles Handbook may be forthcoming.

This month we add more detail to some of the major changes for our profession and speculate a little on the thinking behind them. FCS members need to remember that the new careers, grading structure and terms and conditions are generic, applying to all NHS staff (except doctors, dentists and senior managers). As such, some of the features of the offer were designed to meet the fundamental objectives of pay modernisation for larger groups of NHS staff, especially nursing. However, they will equally apply to us and may well open new opportunities. That is what the exercise is supposed to be about – opening minds to new and more flexible ways of working!

Throughout the gestation of Agenda for Change there has been much emphasis on management and unions working in partnership. If, or when, we move to prepare for implementation, this idea should take on a new depth of meaning at the local level. Engaging in that partnership will be the most secure way of assuring your own and your colleagues’ professional standing and proper recognition of your roles in your trust. Although it would be a national agreement the local implementation will be the responsibility of all of us. The outcome has every potential for win-win – but we have to be playing the game to have a chance!

Working Hours

FCS has written in these pages before about longstanding misunderstandings of clinical scientists’ working hours. At last all that confusion is resolved. The offer includes a new working week (averaged over an appropriate period) of 37.5 hours (just as now, excluding meal breaks) for everybody. Those hours do not have to be worked as a regular 7.5 hour 5-day week. Reading between the lines of the offer, management and staff are invited, even expected, to construct working patterns to suit both the service needs and the work-life balance of the individual. This further reinforces pressure towards flexible working practices that is part of the Improving Working Lives initiative.

There is a new definition of the times of day during which hours are regarded as “normal” i.e. would not attract extra, unsocial hours payments:

For bands 1-7: 07:00 to 19:00 Monday to Friday
For band 8: 07:00 to 22:00 Monday to Friday or 09:00 to 13:00 Saturday and Sunday.
This does not mean that Band 8s have to work late every day nor every weekend, but what they do work in these times is at base rate. Of course all those hours count towards your average 37.5 hours – so no one should be working Saturday mornings extra for free (as was evidenced for a significant number of biochemists in an FCS survey three years ago).

**Unsocial Hours**

If you are required to work outside these times as part of your normal working pattern, for example resulting from an “extended working day” arrangement, then basic salary will be enhanced by a percentage depending on the average proportion during the unsocial hours periods.

**Table: % enhancements for unsocial hours working**

<table>
<thead>
<tr>
<th>Averaged unsocial hours</th>
<th>% Enhancement</th>
</tr>
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<tbody>
<tr>
<td>Up to 5</td>
<td>Local agreement</td>
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<tr>
<td>&gt;5 but not &gt;9</td>
<td>9</td>
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<td>&gt;9 but not &gt;13</td>
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<td>&gt;13 but not &gt;17</td>
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<td>&gt;17 but not &gt;21</td>
<td>21</td>
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<td>&gt;21</td>
<td>25</td>
</tr>
</tbody>
</table>

**Overtime**

Bands 1-7 are entitled to overtime payments for hours you are required to work over the average 37.5 hours at a single new NHS rate of 1.5 times basic hourly pay (2 times if required to work on public holidays plus entitled to equivalent time off in lieu).

Band 8 staff are not entitled to overtime payments.

The greater impact of the new arrangements for unsocial and overtime hours will be experienced by our MLSO colleagues. For the information of Heads of Departments faced with providing a 24 hour analytical service current local arrangements will be allowed to continue for up to four years but should ultimately be replaced.

**Availability for on-call advice**

The arguments, which sadly some clinical scientists still have to fight to make, for proper recognition of the life restrictions to deliver a 24 hour on-call advisory service, will also be a thing of the past. All staff “required to be available to provide on-call cover outside their normal hours will be entitled to receive a pay enhancement”. This payment is as a percentage of basic pay and covers being available on-call plus any telephone advice given during the period. If as a result of a call you have to attend the workplace then you receive an overtime payment (all bands) at the NHS overtime rate.

The size of the enhancement depends on the frequency of duty, which has notionally been broken down into 12 hour on-call sessions (but this need not worry us). For most clinical scientists in typically sized departments it will be 4.5% (for 1-in-4 to 1-in-6 rota) or 9.5% (for 1-in-3 or more frequent rotas). 1-in-1 rotas are universally recognised as not sustainable.

The percentage enhancements for on-call and unsocial hours will be additive. Thus if you are a Band 7 and participate in a 1 in 3 on-call rota and work 10
unsocial hours a week your enhancements will be $9.5 + 13.0 = 22.5\%$.

FCS has recently been contacted by members in a trust which wishes to introduce a late night clinical validation duty, delivered from home with access using modern computer communications technology. Such duties should be counted as worked hours as part of your 37.5 average or as paid overtime.

**Interpretation by Geoff Lester . . .**

So what conclusions do these new working hours terms and conditions lead us towards.

The differences in terms and conditions between Band 1-7 and Band 8 staff could cynically be regarded as trying to get the maximum blood out of the experienced, best qualified staff. Rather I would suggest we need to read the messages in them and think more constructively about how the service is best supported by its senior practitioners.

- We should regard them as facilitating new working patterns but the different conditions unequivocally point to using Band 1-7 and Band 8 staff differently. Band 8 staff are our experienced practitioners taking personal responsibility for their own clinical work (currently upper grade B and grade C, consultants).
- Bands 1-7 can boost their pay by working longer hours and/or unsocial hours and are thence the prime service deliverers. They should be able to use the flexibilities in the system to give themselves time at home when they or their family needs it. Those able and prepared to work the most unsocial hours can be paid to do so.
- Band 8 staff in contrast are not paid extra for putting in extra hours. Their senior level roles are naturally more task than time orientated. Staff at this level would be expected to maintain a high level of professionalism rather than adopt a clock-watching mentality but we should recognise the clear message. The role of Band 8 staff is as the expert knowledge base and source of clinical support of the 24 hour service rather than putting in excessive hours. If the “day job” regularly takes significantly more than the average working week we need more Band 8 staff. That is just what “A Profession Under Siege” was telling us.

Perhaps the hardest lesson for those members will be working smarter not harder. Don Berwick, an observer of the NHS reforms from Boston USA said at “HR in the NHS, 2003”: “Simply working harder and putting in more time is a strategy of despair”.

- We should also read the lesson from unsocial hours enhancements. Bands 1-7 reach the maximum enhancement at 21 unsocial hours per week and Band 8 at 9 hours per week. Unless there are over-riding personal circumstances for wishing to work more unsocial hours than this it is best practice to avoid working patterns that require it. The detrimental effects of longstanding night work have been recognised by many bodies, reinforced by special provisions in the Working Time Regulations.
- One potential adverse consequence of the differences between Band 7 and 8 is that on promotion, resulting in a loss of paid overtime, some may experience a reduction in total pay.

**Grading and Assimilation**

The key issue above all else is which pay band your post will be assigned. The profiles in the “Job Profiles Handbook” are intended to help your local trust Matching Panels slot many of the current NHS roles (not current Whitley grades) which could be regarded as “typical roles” into the new system. The profiles help indicate the ranges that clinical
scientists should be aiming for but it is likely that each post, at least those in substantive,
rather than training, roles, is sufficiently specific and unusual to your own department that
they will require a full individual assessment using the Job Evaluation Scheme. That is what
it was designed for.

It is likely that colleagues currently on the same grade B triplet may score differently and
that colleagues currently graded differently will be assigned to the same band. This is an
inevitable consequence of a different grading system with different priorities in scoring.
The new pay bands do not correspond through any formula to any existing Whitley
grade. The broad model is that professions will have trainee, newly qualified (registered)
practitioners, experienced practitioners and consultants. In practice these will be spread
from bands 5 to 8d.

The published profiles are a guide to banding, but nothing more. FCS strongly
recommends that all clinical scientists take a hard look at their job description and the
features of the role they are actually delivering (not always the same, in which case this
should be explored at your appraisal) and reconstruct the description in terms of the 16
factors of the Evaluation scheme. Read the factors and associated level descriptions
carefully to sell your role to its best. Present your local Matching Panel (the trust body
"working in partnership" that will be responsible for assigning bands) with the job ready
done. We emphasise this is a task that can be done only by you on an individual basis. The
most enlightened trusts will be preparing for this process during the early implementer
period.

Once your new pay band has been established, the point at which you assimilate will
depend on your current pay, including any locally agreed payments such as for providing
an on-call service. If current total pay lies within the new pay band you will assimilate at
the same or immediately higher point. If current pay is significantly lower than the
bottom of the assigned band you will join at the first higher transitional point. Provided
you have been in your current post for at least a year there is no need to jump the first,
foundation, gateway and increments should be automatic.

If current pay is above the top of your band you will still get the 3.225% pay uplifts (in
2003 and 2004 for Early Implementer trusts, all three for the rest of the NHS) and
thereafter current salary will be mark-time protected (for up to six years) until the pay
band catches up.

FCS Ballot

The decision to accept or reject the offer will ultimately be for the joint NHS unions, of
which FCS is member. We will be balloting for your views to determine the position we
will take during April. The ballot question will be a simple accept/reject alternative.
Throughout AfC the doctrine "nothing is agreed until everything is agreed" has applied
and that remains true to the end.

During the first week in April ballot papers will be posted to all of our clinical scientist
members in all disciplines in the NHS and special authorities (e.g. NBTS) that will be
affected by AfC (those sections for whom we exercise collective bargaining). Relevant
members who do not receive their paper by 10th April should contact the ACB
Administration Office. Papers must be received at the ACB Office by 17:00 on Monday
28th April.
Fat Soluble in Norwich . . .

Reported by Jeffrey Barron, Eddie Carr and Marion Goodall

The 10th Annual Participants Meeting of the Vitamin A, E and Carotenoid Quality Assurance Scheme was held at the University of East Anglia in Norwich with 43 attendees and coincided with the 25th Norwich Beer Festival with over 200 beers to sample - many participants appeared to be beer affectionados.

John Christophides (West Park Hospital, Surrey) advised that immunoassays based on vitamin D3 have variable recognition of vitamin D2. In the UK most vitamin D originates from sunlight as vitamin D3 and less from exogenous vitamin D2 (ergocalciferol) absorption. Serum 250H D3 is higher at the end of summer, in lower latitudes and in young persons. To determine whether vitamin D deficiency exists, it was suggested that both 25OH D3 and PTH be assayed and regarded as a pair similar to serum TSH and free thyroxine. Serum 25OH D levels <50 nmol/L indicate deficiency and ~40% have secondary hyperparathyroidism. The reference range should be derived from the late summer levels.

Chris Bates (MRC Human Nutrition Research Institute, Cambridge) advised that the National Dietary Nutritional Survey is a cross section sample of a representative population, with a rolling sequence at 2-3 year intervals. Red blood cell (RBC) membrane tocopherol is measured as an index of long term nutritional status. In free living persons, 25OH D levels are adequate in summer but not in other seasons except with exogenous vitamin D2 intake. All institutionalised subjects had low levels of 25OH D3 including samples taken in late summer. Mean plasma homocysteine levels in persons aged >65 years is higher than the reference range especially if vitamin B12 and folate are low.

Jeffrey Barron (St Helier Hospital, Carshalton) advised that the indications for assay of vitamins A, E and carotenoids are malabsorption and vitamin replacement; retinol in night blindness, chronic infections and idiopathic hypercalcaemia of infancy, tocopherol in neuropathy, retinopathy and abetalipoproteinaemia; vitamin A and E in unexplained anaemia, premature newborns and long term TPN. He explained the need to determine individual carotenoids in xanthoderma.

Robin West (Southampton General Hospital) reported on tocopherol assay problems. It was suggested that, in his assay, protein precipitation probably requires ethanol not methanol and it may be environmentally preferable to use n-heptane for extraction as n-hexane is neurotoxic.

Markers of Malabsorption

Eddie Carr (St Helier Hospital, Carshalton) spoke on the use of ß-carotene as a marker of malabsorption and total triglycerides (tTG), as a marker for diagnosis of coeliac disease (gluten sensitivity).
He presented the results of a preliminary study which showed that ß-carotene was lower in untreated coeliac disease than in treated.

Kathy Williamson (Glasgow Royal Infirmary) reported that serum cholesterol, vitamins A, B6, C, E, carotene and lycopene decrease after elective surgery by as much as 50%, whereas RBC B1, B2, B6 do not. In acute inflammatory states serum vitamin levels may be low and misleading. She showed an inverse relationship between vitamin and CRP levels.

Heather Wheatley (University Hospital of Wales, Cardiff) stated that if untreated, 25% of persons with cystathionine synthetase deficiency have a vascular event. High dose vitamin C improved brachial artery endothelial dependent N0 mediated flow dilation in homocystinuria but had no effect on controls.

Wilhelm Muller (Munich) advised that vitamin C is unstable in stored serum at room temperature without added antioxidants and EDTA samples should not be used. Retinol standardisation using Sigma retinol is different from NIST standards because Sigma retinol has a lower extinction coefficient compared to the published values. He suggested that similar results would be obtained if an allowance was made for this.

Marion Goodall (St Helier Hospital, Carshalton) spoke on the possibility of including gamma tocopherol in the scheme as it is assayed by four participants. From now on, invoicing will be from NEQAS. She said that the next steps towards full integration with NEQAS will be label preparation and data processing from NEQAS.
A Locum’s Life
By Dr John Rattenbury, Locum Consultant Clinical Scientist, Sandwell Hospital, West Bromwich

Medical locums (loci?) are commonplace, clerical ones perhaps less so though they may be familiar in ecclesiastical circles. The term has extended to other professions; vets, solicitors, pharmacists, scientists and even biochemists. A web search brings up ‘Wildlife Locum Services’, not, disappointingly, a means to get a gorilla for your zoo if the resident one is indisposed. More mundanely, it is to provide management services for tourism (and wildlife).

Who is available as a locum? It can be anyone ‘resting between engagements’ or, perhaps increasingly, the (early) retired. A recent social gathering of fifty-somethings revealed a majority who had finished their main employment, retired, and then gone back to work. Why not? If healthy and active and just a little bored after catching up with the garden and DIY, a pension booster can be just the thing. ‘Retirement is for wimps’ but are locums a good idea?

From the service’s point of view they are clearly essential given the number of locums undertaken and the number of agencies to employ and place them. On the other hand there have been well publicised problems with the performance of certain locums, leading to investigations by the Commission for Health Improvement (CHI), the development of a code of practice for trusts employing locums and the formation of an agency in association with the NHS – NHS Professionals.

The Pros and Cons of Locum Life

From the individual’s point of view there are arguments for and against.

Pros:

It pays. After the novelty of finishing work and having all that spare time, you soon realise that the costs of going on holiday and projects at home have to be budgeted within the pension. If they exceed it, then a supplement may become desirable. Many retired people soon discover that the yin and yang of a working life are time and money; you get one or the other but rarely both. Locums on the other hand go some way to resolving this dichotomy, especially if part-time.

Fulfilment. If you liked your career, leaving it can open up a void in your life. A locum position gets you back in.

Choice. Once established in a career, choices become limited, duties and obligations increase. In becoming a locum there is no obligation to take on a location or job description not to your liking.

CPD. It gets you back into the profession, progress continues after you have left it and you will get left behind.

Service. You are likely to be filling a need otherwise you would not have been appointed. Your contribution to the service should be gratifying to yourself and your colleagues.

Domestic. After years of work, you and your partner may not be used

Locum tenens – mediaeval Latin: ‘holding a place’
One filling an office or temporarily taking the place of another, used especially for a doctor or clergyman.

Dr John Rattenbury seated in the locum position
to being around together all of the time. Remember you ’married for better or worse but not for lunch every day’.

**Networking.** An opportunity to meet more colleagues, experience different departments and ways of working.

**Cons:**

**Work.** A curse for the leisured classes. Retirement, early or otherwise, boosts leisure time and is addictive. You sacrifice it by going back to work.

**Living away.** Few locums can commute from home unless in a city. How does your partner view you being away? How much do you miss your own home and hearth?

**Costs.** Additional accommodation, travel, and the greater expense of living away from home. Nice work if some of these are met by your employer.

**Comfort.** There’s nowhere quite like home. Food, environment, accommodation are unlikely to be better elsewhere.

**Hobbies and pastimes.** These may have to be abandoned or put on hold. You leave your social circle as well as your home behind.

**Ownership.** You don’t really ‘belong’ when a locum. Usually you provide a day-to-day service rather than a long term commitment. Soon you will be moving on.

So what is the balance? Probably positive, as locums are a common way of professional life but there are costs, not only financial. A star quality must be flexibility, the opportunity to drop in and out of posts (if available of course). Availability is bound to be less for a small profession like Clinical Chemistry but opportunities will be created if there are shortages in particular grades at particular times.

So if you are retired, bored or fed up, try a locum, you have nothing to lose but… well some of the things listed above, but maybe some gains as well.

Note ‘locum’ has moved beyond its Latin meaning and is now used interchangeably as the person or the post, as here. It has also become verbalised.
There’s more to life than ... Pathology Modernisation!

By Dr Trevor Gray, Sheffield

There is a long history of connections between science and the arts, from artists like Leonardo Da Vinci who sketched possible flying machines, Joseph Wright who illustrated Robert Boyle’s experiment with the air pump, right through to the transplant surgeon Professor Sir Roy Calne who is a gifted artist. Hospitals are becoming increasingly interested in the contribution appropriate works of art can make in public areas in the hospital. In 1989, the Department of Clinical Chemistry at the Northern General Hospital, Sheffield, moved into a new building with a 3m by 2m plain wall on a well-lit staircase. This was an open invitation to commission a work of art to fill the space rather than use one of the boring reproductions of old masters usually supplied by the Trust. However, it was not possible to pursue this objective until the Trust employed an arts co-ordinator who had all the necessary professional contacts. After some deliberation, the department convened a committee (where would we be without a committee!) who prepared a brief for what was wanted. The arts co-ordinator advertised this among artist contacts and seven responded. The designs included collage, painting and sculpture, from which two were short-listed. These artists were asked to develop their designs for further consideration before the final one was selected.

For a variety of reasons there was a 4-year delay before the work was mounted in the department, not unconnected with the fact that this was not core department business! However, the work “Reflect on this” was accepted on November 7th 2002. The artist, Lizz Tuckerman, actually works as a part-time research fellow in the Department of Obstetrics and Gynaecology at the Royal Hallamshire Hospital in Sheffield. She describes the work as follows: “The work is composed of five 1500 cm x 30 cm glass elements, which stand 5 cm out from the wall. Images of laboratory analysers have been manipulated to echo coding systems in recognition of the unique origin of each of the samples that enter the building. The elements are arranged in the same order as the spectrum of white light, linking them to the use of analysis by spectrophotometry, and the relevance of light to life.” The work is entitled ‘Reflect on this’ - Lizz comments: “Each specimen passing through this building is from a unique person and without light there would be no life”. The commissioned artwork ‘Reflect on this’ with the artist Lizz Tuckerman.
At the same time in another sphere of artistic endeavour, members of the department have been contributing to the musical life of the hospital, in a string quartet which performs at functions including Christmas concerts, and individually in the monthly lunchtime musical recitals. There are many musical members of hospital staff who are happy to join in with such musical enterprises. Other members of staff are involved in local amateur dramatic companies, coffee breaks around Christmas time resounding to the muttered learning of lines.

It is all too easy to get bogged down in the mundane tasks involved in working in a laboratory, particularly as one can be removed from the patients who are the reason for our existence. However, despite the “elephantine” squeeze imposed by comrade Milburn, the creative and artistic spirit has not yet been crushed in hospital laboratories in Sheffield.
Preparations for the Euromedlab Glasgow 2005 are already well underway. This will be the 16th IFCC-FESCC European Congress of Clinical Chemistry and Laboratory Medicine and will be organised by the ACB, and held at a venue already familiar to ACB members, the Scottish Exhibition and Conference Centre (SECC) in Glasgow. The meeting will also incorporate Focus 2005, the ACB’s National Meeting.

The organising committee, chaired by Dr Graham Beastall took advantage of budget airline flights to meet up at Stansted Airport in January to discuss the structure of the congress, and the ongoing promotional strategy. They were joined by Lynn Samson and Vicki Grant from the Glasgow based conference organisers ‘Meeting Makers’ who will be overseeing the administration and organisation, and Mauro Zaniboni and Stefano Montalbetti from ‘Emmezeta’ in Milan, who will be organising the exhibition and the associated sponsorship.

Prof Alan Shenkin, Chair of the Scientific Programme, has brought together a committee of Clinicians and Clinical Scientists with a wealth of expertise. They are developing an interactive and novel series of Plenary Lectures, Scientific Symposia, Clinics, Industrial Workshops and delegate participation sessions. Round Tables, with the opportunity to discuss areas of mutual interest or just sit and listen to the expert
debate a particular problem over a leisurely lunch, and Poster Presentations, will be an integral part of each day. The Scientific Committee will also be working with partners in Industry to develop an integrated approach to the Scientific Programme and Industrial Workshops.

We look forward to welcoming you with true Scottish hospitality, to the premier European Meeting of Clinical Biochemistry and Laboratory Medicine in 2005. The 1st Announcement will be going to print shortly and will be sent out to ACB members, however in the meantime visit the conference website at www.glasgow2005.org and register to receive further updates as they become available.

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Dr Steve Smith Treasurer
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Professor Alan Shenkin Scientific Programme Committee Chairman
Dr Sandra Rainbow Scientific Programme Committee Secretary
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Professor Chris Packard
Professor Chris Price
Professor R Swaminathan
Professor Ian Young

focus on the patient
at Euromedlab Glasgow 2005
www.glasgow2005.org
OMNI S – New Blood gas Analyser from Roche

Offering six different parameter combinations, the new OMNI S blood gas analyser from Roche Diagnostics can be customised to meet the individual needs of each critical care setting.

Included within its novel, modular 21-parameter portfolio are: blood gases with measured S02; electrolytes; total haemoglobin; metabolites; and bilirubin. The low sample volume requirement, together with its bilirubin testing capability, makes the new OMNI S ideal for neonatal units.

To enhance and streamline patient care, results are presented on screen as soon as they are available, with the full request being reported in less than one minute.

Patient-specific data can be entered while the analysis is in progress, either manually or via a barcode scanner.

In addition to speed and versatility, the OMNI S has been designed with both minimal servicing and user intervention in mind. Under the Roche T4C (Time For Care) concept, long-life, maintenance-free sensors are used throughout, and there is an optional integral auto QC module that also takes care of all the necessary documentation. For further convenience, cleaning and conditioning has been automated as well.

Reagent replacement is simple. Even when the OMNI S is configured for the maximum number of parameters, only three multi-reagent containers are required. The instrument automatically detects reagent levels and recognises each exchange of containers via a coded radio frequency transponder. Key data are transferred directly to the on-board database. Calibration is effected through the use of a two-point liquid calibrator system, thereby removing the need for gas cylinders.

All interaction with the new OMNI S is via a large touch screen, and is based on an intuitive user interface. This provides context-dependent information and functions that lead the operator through the workflow. For complete sampling flexibility, there is a choice of three sample inputs – injection via syringe, aspiration from syringe and aspiration from all other common sample containers, including capillaries, microsamplers and ampoules.

StreamLAB™ at Addenbrookes

The Dade Behring StreamLAB™ Analytical Workcell has provided the opportunity to improve productivity at Addenbrooke’s Hospital, Cambridge. The automated system enables staff to rapidly process up to 80% of the lab’s workload. Innovative features eliminate the human error factors inherent in manual handling.

The launch was overseen by Dr Mary Archer, Chairman of the Trust. StreamLAB links four Dade Behring Dimension™ Analysers to streamline approximately three million tests the lab conducts each year. StreamLAB includes a centrifuge, a sample de-capper and a sample sorter.
Abbott Diagnostics Showcases New Analysers

Abbott Diagnostics has announced the launch of three new automated systems – the i2000SR immunoassay system, c8000 clinical chemistry analyser, and the ci8200, which combines immunoassay and clinical chemistry testing on one platform. The new systems complement and add to Abbott’s “Architect” family of immunoassay analysers, which was launched in 1999.

A nationwide roadshow kicks off on 28 April with stops in Glasgow, Leeds, Bristol, London and Dublin. Details of dates and venues are available by contacting local Abbott sales representatives. The new ci8200 will be presented and demonstrated in Abbott’s impressive mobile seminar unit, which routinely tours shows and conferences in central Europe.

The new i2000SR is an automated immunoassay system that runs up to 200 tests per hour, performs up to 25 assays at one time and can provide immediate STAT results within 18 minutes. The new c8000 system represents the first clinical chemistry analyser on the “Architect” platform. This modular platform can deliver up to 1200 tests per hour, with capacity for 150 samples and up to 68 assays on board at one time. The ci8200 consolidates the c8000 and i2000SR into one unit to perform clinical chemistry and immunoassay testing simultaneously. The ci8200 system can run up to 200 immunoassay tests and up to 1200 clinical chemistry tests an hour. By combining both immunoassay and clinical chemistry testing capabilities, the ci8200 helps improve laboratory productivity and efficiency.

The key unique feature of the new systems is the novel Retest Sample Handler (RSH) that delivers multi-dimensional sampling capabilities. Improved efficiency and productivity are afforded by accommodating the technologist’s need to access samples at any time and processing routine samples and more urgent STAT samples on one unit at the same time without compromising sample integrity. This capability eliminates conventional testing bottlenecks seen with the more traditional track-type sampler handlers.
Senior Clinical Biochemist  
Higher Specialist Trainee - Rotational Post

Directorate of Laboratory Medicine  
Department of Clinical Chemistry  
Trust Grade 9 (equivalent to Clinical Scientist B, Scale points 8-10): £20,856 - £26,354 p.a.  
Hours: 37.5 per week (3-Year Fixed-Term Contract - Job share applicants welcome)

Applications are invited for two post Grade A Senior Biochemist training posts in the Departments of Clinical Chemistry at Sheffield Teaching Hospitals NHS Trust. The appointees will spend 18 months in the specialist toxicology department at the Royal Hallamshire Hospital, working with advanced techniques with both ante- and post-mortem samples, in a laboratory with a national referral practice under the direction of Prof. A.R.W. Forrest. This will be alternated with 18 months in general biochemistry at the Northern General Hospital, which provides the biochemistry service for 1200-bed district general teaching hospital. This laboratory has particular interests in endocrinology, bone markers (for which it is a designated SAS centre), and trace metals.

The post would suit biochemists who have come to the end, or are approaching the end, of their Grade A training and are looking for the chance to broaden their experience and continue their training towards MRCPath. The post offers wide experience in a stimulating environment with good opportunities for training towards MRCPath. Applicants should possess an appropriate degree and have a minimum of 2½ years’ experience on a Grade A training scheme.

For further information, please contact Mr. I. Marsh on (0114) 271 2046, Prof. A.R.W. Forrest on (0114) 273 8721, Dr. T.A. Gray on (0114) 271 4309 or Dr. B.W. Morris on (0114) 271 4248.

Please quote reference number: 1198C  
Closing date: 6th May 2003

Application form and job description available from: Human Resources Department,  
Tel: (0114) 271 2396 (24 hour recruitment line) or E-mail: JobEnquiries@sth.nhs.uk  
www.sth.nhs.uk

Sheffield Teaching Hospitals NHS Trust Promotes Equality of Opportunity and Diversity within the Workplace.
Directorate of Clinical Support Services

Consultant Clinical Biochemist

We are looking for an enthusiastic Grade C Clinical Scientist to lead the Clinical Biochemistry service at Whipps Cross – a post which has become vacant as a result of a retirement.

You will work together with our Grade B Clinical Scientist in a Biochemistry department which currently processes in the region of 239,000 specimens per annum. The laboratory runs in a unique partnership arrangement with Bayer UK (all staff remain employed by the Trust) to provide a comprehensive range of investigations including routine biochemistry, thyroid, peptide and steroid hormones, TDM, HbA1c, PSA, protein electrophoresis, immunoglobulin and paraprotein identification and monitoring together with NPT support for a number of blood gas analysers and other instruments. A range autoantibody screens are also performed/arranged under the guidance of the Clinical Biochemist with ANA’s being screened by microscopy on site.

You should have completed specialist training in Clinical Biochemistry and have the MRCPath (or Mastership in Clinical Biochemistry) and hold State Registration as a Clinical Scientist.

Whipps Cross University Hospital NHS Trust is a major District General Hospital with 750 beds sited in the London Borough of Waltham Forest. The Accident & Emergency unit sees 76,000 patients per annum and is one of London’s busiest. The hospital is situated to the North East of London close to Epping Forest and has good road (M11), underground and rail network connections. The Trust is an Associated University Hospital closely linked with St Bartholomew’s and the Royal London School of Medicine and Dentistry within Queen Mary, University of London. Students of the school attend the hospital for teaching. There is a well equipped Postgraduate Centre and library on site.

A major new hospital development for the Whipps Cross site has been agreed by the Secretary of State and it is expected building will commence by April 2004. Much work is ongoing with respect to new models of working in the new hospital and workforce planning.

For further information or to arrange an informal visit, please contact Dr Colin Goodbourn, Clinical Director on 020 8535 0050 ext. 5354 at dial-tone or 020 8539 5522 ext. 5354 or pager 127.

Closing date: 9th May 2003

Ref: X1214

Application forms and job descriptions may be obtained quoting the job reference number from Human Resources, A6, Whipps Cross University Hospital, Whipps Cross Road, Leytonstone, London E11 1NR. Telephone: 020 8535 6619 (24 hour answerphone), e-mail: recruitment@whippsx.nhs.uk or for more information go to www.whippsx.nhs.uk

We have a strong commitment to equal opportunities and all applications will be considered on merit, and because we understand the need to balance work with home life, we offer a flexible working environment and an on-site nursery.

www.whippsx.nhs.uk
North Glasgow University Hospitals NHS Trust

GLASGOW ROYAL INFIRMARY
CLINICAL BIOCHEMIST GRADE B (Ref: 1520G)
2 posts (Scale Points 8-10)
North Glasgow University Hospitals NHS Trust is the largest in Scotland, providing a comprehensive range of primary, secondary and tertiary services. Clinical Biochemistry services are provided from an integrated department, operating on four busy sites. The department has an international reputation and offers excellent opportunities for training and research.

This is a highly specialist training post, ideally suited to someone completing Grade A training. You will spend time at all sites in the department to receive thorough training in all aspects of the discipline. You will be encouraged to complete MRCPATH at the earliest opportunity and to develop an interest and expertise in an agreed area of Clinical Biochemistry.

For further information or to arrange an informal visit, please contact Dr Graham Beastall, tel: (0141) 211 4632.

Application packs available from the Recruitment Service Centre, General Team, Stobhill Hospital, Glasgow, tel: (0141) 201 4308.

Closing date: 2 May 2003.
Visit our website at: www.ngt.org.uk

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PROFESSIONAL AND SCIENTIFIC SERVICE CENTRE
CHEMICAL PATHOLOGY
Grade B Senior Biochemist
£23,373 - £26,900 p.a. inc. - Spine Points 8 - 12
Ref: PS/16/03

Applications are invited for the post of Senior Biochemist Grade B in the Department of Chemical Pathology. The Department offers a comprehensive diagnostic service to St. George’s Hospital, other Hospitals and other Practitioners.

You will be expected to undertake duties which will include all aspects of the Department's service provision and in particular a shared responsibility for support and development of a Total Quality Management System.

You should have a higher qualification in Clinical Biochemistry. The starting salary and grade will be dependent on the qualifications and experience of the successful candidate.

For further information or to arrange an informal visit, please contact Dr. Frances Boa on 020 8725 2941 or Richard Bush on 020 8725 5920.

For a job description and application form, please contact Recruitment Services, 1st Floor, Grovewort Wing, St George’s Hospital, Blackshaw Road, London SW17 0QT, tel: 020 8725 8393 (24 hour answering phone). Please quote the above reference number.

Alternatively email us on: jobs@stgeorges.nhs.uk

Closing date: 5th May 2003.

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WE ARE AN EQUAL OPPORTUNITIES EMPLOYER
Quality and Risk Manager

BMS 3 ** or Clinical Scientist B (points 15-17)
£30,142 - £33,578 p.a. inc.

Building on existing infrastructure, you will develop, design and implement a Quality Management System for chemical pathology. You will manage and operate the system, which will provide the basis for all records associated with quality and risk management, for example Clinical Pathology Accreditation (UK) Ltd (CPA), Clinical Negligence Scheme for Trusts (CNST), Risk Pooling Scheme for Trusts (RPST), Controls Assurance and equipment management compliance. You will be active in adverse incident and complaint investigation within the department, participating in the implementation of changes as a result of lessons learned. You will also be responsible for organising the laboratories participation in external quality assurance schemes and for reviewing quality control performance within the department.

The objective is that Chemical Pathology becomes progressively more effective in quality terms and meets both regulatory and accreditation requirements.

In order to achieve these challenging objectives, you will demonstrate skills and the ability to work with staff at all levels of the organisation to promote and implement effective quality and risk management.

You will be expected to participate in the development and implementation of a quality management system across pathology as part of a process to implement a common system across all laboratory disciplines.

We offer a unique opportunity for those who wish to broaden their experience.

As part of one of the country’s largest NHS Trusts, the department is fully computerised with a robotic sample handling system. We provide a wide range of services for the Trust, General Practices and other users around the country from our laboratories located at both the Guy’s and St Thomas’ Hospital sites.

You will be expected and encouraged to participate in professional development.

For further details or to arrange an informal visit, please contact Mr Robert Simpson, Laboratory Manager on 020 7928 9292 ext. 2884 or e-mail: robert.simpson@gstt.sthames.nhs.uk

For an application pack, please contact the Recruitment Bureau, Ground Floor, Guy’s Tower, St Thomas Street, London SE1 9RT. Tel: 020 7955 8806 (answerphone), or e-mail: RecruitOne@gstt.sthames.nhs.uk quoting reference number C732.

Closing date: 30th April 2003.

For further information about the Trust, please visit our website at www.guysandsthomas.nhs.uk

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- Social Clubs
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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.