ACB Southern Region
Summer Scientific Meeting

The Well-Informed Laboratory and
Goodbye to John McVittie

10.00am, Thursday 17th July 2003
Unipart Conference Centre, Oxford

Preliminary Programme for day:
- The need for identifiers, and the future of LIMS in the era of the EPR
  Dr John McVittie
- Quality assessment of advice
  To be announced
- Lab Tests Online
  Mr James McGuire
- Lithium and Thyroid Registers: making sense of the numbers AssayFinder
  Dr James Falconer Smith
- Evidence-based laboratory medicine
  Dr Andrew Moore
- Laboratory handbooks
  Dr Christos Bountis
- Simulation is cheaper than experiment
  Dr Brian Shine
- How clinical outcomes depend on laboratory medicine
  Professor Chris Price

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
E-mail: mary.ross@orh.nhs.uk
Tel: 01865-220473. Fax: 01865-220348.

ACB North West Region
Summer Meeting

The Impact of Theranostics and Pharmacogenomics on Diagnostics

Wednesday 2nd July 2003
The Lowry, Salford Quays

Chairman: Professor C Price
Pharmacogenomics, theranostics, proteomics – their impact on diagnostics
Professor Chris Price, Bayer Diagnostics
Drug targeting in lung cancer through mutation detection in plasma DNA
Dr T Ward, Christie Hospital
Pharmacogenomics of HIV anti-retrovirals
Professor M Pirmohamed, Liverpool University
Thiopurine methyl transferase and azathioprine: a pharmacogenomics model
Dr A Marinaki, Guy’s and St Thomas’ Hospital
Pharmacogenomics in psychiatry: the P450 enzyme system
Dr J Van der Wiede, St Jansdal Hospital, The Netherlands
Overview of biochip array technology
Dr Richard Pallin, Roche Diagnostics Ltd

For further information please contact:
Dr Catherine Wardle
Department of Clinical Biochemistry
Alder Hey Children’s Hospital, Eaton Road
Liverpool L12 2AP
Tel: 0151-252-5486
Email: Catherine.wardle@rlch-tr.nwest.nhs.uk

Focus 2004

Next year the Annual National Meeting will take place at the International Convention Centre in Birmingham City Centre. The meeting will include a full clinical diagnostics exhibition and a packed scientific programme.

The local committee is as follows:

Jonathan Berg  Chairman
Rousseau Gama  Secretary
Finlay MacKenzie  Treasurer
Andrew Day  SPOC
Kate Hall  Social Programme

Loretta Ford  Social Programme
Pippa Goddard  Publicity
Melanie Griffiths  Publicity
David Vallance  Commercial Liaison
Jonathan Middle  UKNEQAS
Euan Donald  Company Representative
Karin Sherwood  Meetings Co-ordinator
Nikki Beeson  Conference Co-ordinator

If you have any comments to make to the committee on any aspect of the Focus meeting please do contact the relevant person on the committee.
West Midlands ACB Region

Cardiac Markers: Fact or Fiction?

Education Centre, Good Hope Hospital
Sutton Coldfield
14.00-18.00
Thursday 19th June 2003

14.00-14.30 Registration and Coffee

Chairman: Dr Jonathan Berg, Chairman, West Midlands ACB

14.30-15.00 Troponins: Problems Looking for Solutions
Dr Alan Reid, Cardiac Markers Scheme Organiser,
SEQAS, Victoria Infirmary, Glasgow

15.00-15.30 BNP in the Laboratory
Miss Sophie Barnes, Principal Biochemist Guy’s & St Thomas’ Hospital
(formerly St George’s)

15.30-16.00 BNP in Clinical Practice
Dr Theresa McDonagh, Senior Lecturer in Cardiology,
Glasgow Royal Infirmary

16.00-16.30 High Tea

16.30-17.00 Troponin: Warts and All
Dr Dermot Neely, Consultant Chemical Pathologist,
Royal Victoria Infirmary, Newcastle-Upon-Tyne

17.00-17.30 C-Reactive Protein and Cardiovascular Disease:
Old Molecule, New Horizons
Dr Gideon Hirschfield, MRC Clinical Training Fellow,
Royal Free & University College Medical School, London

17.30-17.45 Final Discussion and Meeting Close

Registration for this meeting is free and open to ACB Members and laboratory & clinical colleagues. Due to limited space in the auditorium and to help with catering you must pre-register. To register please contact: Dr David Kennedy, ACB West Midlands Meetings Secretary, Department of Biochemistry, Good Hope Hospital, Rectory Road, Sutton Coldfield, West Midlands B75 2RR. Fax: 0121-311-1800. Email: david.kennedy@goodhope.nhs.uk

CPD scheme points applied for.

Sponsored by TOSOH Bioscience
The 31st meeting of the International Society for Oncodevelopmental Biology and Medicine (ISOBM) will be held in Edinburgh, UK from August 30th – September 4th 2003.

The scientific programme of ISOBM 2003 is intended to provide an up-to-date overview of research on tumour immunology, molecular biology and tumour genetics, as well as focusing on the role of tumour markers in evidence-based medicine. The main topics along with some of the key speakers are shown below:

- **p53**
  - David Lane (UK), Gerard Evan (USA)
- **Screening**
  - Fritz Schroder (Netherlands), Ian Jacobs (UK)
- **Plasma Nucleic Acids**
  - Dennis Lo (Hong Kong)
- **New Technology**
  - Roz Banks (UK), Richard Wooster (UK)
- **New Markers**
  - Herb Fritsche (USA), Il-Håkan Stenman (Finland)
- **Metastasis**
  - Richard Kerbel (Canada), Ian Hart (UK)
- **Immunolocalization**
  - Greg Winter (UK), Dario Neri (Switzerland)
- **Breast Cancer**
  - Peter Boyle (Italy), Gary Clarke (USA)
- **Evidence-Based Medicine**
  - Morton Schwartz (USA), Eleftherios Diamandis (Canada)
- **GI and Liver Cancer**
  - Kohzoh Imai (Japan), Sten Hammarström (Sweden)
- **Lung Cancer**
  - Anna Gregor (UK), Petra Stieber (Germany)
- **Germ Cell Tumours**
  - Sophie Fossa (Norway), Rolf Lamerz (Germany)

The opening lecture on Sunday 30th August will be an overview of p53 given by Professor Sir David Lane. Sir David is Professor of Molecular Oncology within the Department of Surgery and Molecular Oncology at Ninewells Hospital and Medical School, Dundee, Scotland. His pioneering research has focused on p53, “the guardian of the genome”, a gene that is often mutated in the common tumours and the normal function of which is important in preventing cells from turning malignant. The aim of Professor Lane’s research is to use current knowledge of p53 to develop new treatments for cancer. Through the use of modern methods of protein chemistry he hopes to discover novel molecules that will replace p53 or restore its function. The discovery of such agents would potentially offer a powerful and selective new way of treating cancer.

Following the lecture there will be a symposium on ‘Immunolocalization and Treatment’ and ‘Germ Cell Tumours’.

On Monday 1st September there will be a debate entitled ‘Prostate Cancer: To Screen or Not To Screen’ chaired by Dr Graham Beastall. Arguing the case ‘for’ will be Professor Herb Fritsche of the M.D. Anderson Cancer Center, University of Texas, USA whilst ‘against’ will be Professor Fritz Schroder of Erasmus University, Rotterdam, The Netherlands. This will undoubtedly provide an opportunity for some lively discussion!

The debate will be followed by a symposium on ‘Current Issues in Screening’.

The Roche ISOBM 2003 Award Lecture will be given on Tuesday 2nd September by Professor Dennis Lo and will be entitled ‘Plasma Nucleic Acids: Application in Oncology’. Dennis Lo is Professor of Chemical Pathology at the Chinese University of Hong Kong as well as the President of the Hong Kong Society for Clinical Chemistry. He has gained an international reputation for his work on the diagnostic implications of circulating fetal DNA in maternal blood and the quantitative analysis of tumour-derived DNA, in particular the quantitative analysis of Epstein-Barr virus DNA in plasma and serum and its applications to tumour detection and monitoring. Professor Lo has published over 100 scientific articles and reviews, and a number of book chapters on the polymerase chain reaction and the role of molecular biology in clinical chemistry.

This lecture will be followed by a symposium on ‘New Technology in the Laboratory Investigation of Cancer’. In the afternoon there will be two parallel sessions on ‘Breast Cancer’ and ‘Lung Cancer’.

On Wednesday 3rd September the Abbott Award Lecture (the recipient of which will be announced at the meeting) will be followed by the morning session on ‘New Markers’. Again there will be two parallel afternoon sessions on ‘Tumour Markers and Evidence-Based Medicine’ and ‘GI and Liver Cancer’.

Dr Robert Kerbel of the Sunnybrook and Women’s College Health Sciences Centre, Toronto, Canada will give a Plenary Lecture on Thursday 4th September entitled ‘Angiogenesis and its Role in Metastatic Therapy’. Dr Kerbel’s laboratory is at the forefront of tumour angiogenesis research, with an overall goal of devising innovative strategies for the treatment of metastatic cancer that can be moved rapidly into the...
BIVDA Code of Practice for Gene Test

9th April 2003

BIVDA Responds to Genes Direct

The Human Genetics Commission recently produced report, 'Genes Direct' addresses the issue of supply of genetic tests direct to the public. BIVDA reports that the in vitro diagnostics industry wholly supports the caution with which the HGC have approached this complicated and emotive issue. BIVDA are producing a code of practice for industry relating specifically to genetic tests which will be supplementary to the existing code of conduct for members. We also support consumer education called for by the HGC and believe action must be taken against any suppliers of diagnostics not complying with UK law. BIVDA also welcomes the awareness that the whole area of genetic testing is still developing and hence the HGC’s recognition that additional consultation will be required to review further changes in the near future and will be pleased to continue to communicate with the HGC.

Barry Northam Retires from Gaddie

This month's front cover shows Dr Barry Northam, formerly the Head of Department at the General Hospital in Birmingham, receiving a presentation from colleagues on the Robert Gaddie Memorial Fund. This charity administers money left by Mrs Gaddie to further research and training in the West Midlands Region. You can read more about this charity and the life of Robert Gaddie on the ACB West Midlands internet site at: www.wmacb.org.
SO HOW MANY PEOPLE WORKED FOR YOU WHEN YOU RETIRED?

LESS THAN HALF OF THEM...
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.

In principle this problem is simple to solve substituting values into the well known equation:

\[
\text{Clearance} = \frac{U \times V}{P}
\]

Where

- \(U\) = concentration in urine
- \(V\) = rate of formation of urine
- \(P\) = concentration in plasma

However, difficulties frequently arise since the units of the three parameters are often not compatible. These difficulties can be overcome if the calculation is carried out starting from basic principles. The creatinine clearance is the rate of clearance of creatinine from plasma i.e. the volume of plasma from which creatinine is completely removed in a given time period. Conventionally creatinine clearance is expressed in \(\text{mL/min}\). Urine is collected continuously over a timed period (usually 24 h), its volume \((V)\) measured in litres and the concentration of creatinine measured in an aliquot of the collection \((U)\). The total amount of creatinine excreted is calculated by multiplying the creatinine concentration by the volume:

\[
\text{Creatinine excreted in 24h} = \text{Creatinine concentration (U) } \times \text{ 24 h urine volume (V)}
\]

\[
\text{Creatinine concentration in urine (U)} = 7.2 \text{ mmol/L}
\]

\[
\text{24h urine volume (V)} = 3.2 \text{ L}
\]

Therefore creatinine excreted per 24h

\[
\begin{align*}
\text{Creatinine excreted per 24h} & = U \times V \\
& = 7.2 \times 3.2 \\
& = 23 \text{ mmol (2 significant figs)}
\end{align*}
\]

Note that the volume of the urine collection must be in the same units as the volume term in the concentration (i.e. litres).

The volume of plasma cleared of creatinine in 24 h will be the volume of plasma which contains 23 mmol creatinine. Therefore division of the amount of creatinine excreted in the urine by the plasma concentration of creatinine will give the volume of plasma which contained the excreted creatinine i.e. the volume cleared:
Questions MRCPath Short Questions

Volume of plasma cleared = \[ \frac{\text{Amount excreted in the urine}}{\text{Plasma concentration}} \]

It is important that the units of the amount excreted in urine (in this case 23 mmol) and the plasma concentration (in this case 94 µmol/L) are the same. Multiplication of the creatinine excreted in the urine by 1000 converts it from mmol/L to µmol/L which is compatible with the plasma concentration (expressed in µmol/L).

\[
\text{Volume of plasma cleared in 24h} = \frac{23 \times 1000}{94} = 245 \text{ L}
\]

This is the creatinine clearance expressed as L/24 h. It is usual to express the result as ml/min. Therefore the clearance is multiplied by 1000 (to convert from L to mL) and divided by the number of minutes in 24h (i.e. 60 x 24):

\[
\text{Clearance (ml/min)} = \frac{245 \times 1000}{24 \times 60} = 170 \text{ ml/min}
\]

The expected clearance for a normal individual is 80-130 ml/min. A value of 170 ml/min seems unlikely. The most likely cause is apparent on inspection of the urinary creatinine output (largely dependent upon lean body mass) which, at 23 mmol/24 h, is improbable. The large 24 h urine volume (3.2 L) is also unlikely. Therefore it is likely that the urine was collected over a longer period than 24 h, possibly 2 x 24h.

It cannot be emphasised too strongly that the largest potential source of error in a urinary clearance measurement is the accuracy of the timed urine collection. Accuracy is unlikely to exceed 2 significant figures and so there is no point in expressing the plasma and urine concentrations to a greater degree of accuracy. The final calculated result (which is even less precise since it is derived from three individual measurements) should only be expressed to 2 significant figures. This is easier if the clearance is expressed in L/min rather than ml/min i.e. the above result would become 0.17 L/min.

Question No. 27

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 µL aliquot of an international standard containing 50,000 IU/L is added to 450 µL 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
The Workforce Advisory Committee has undertaken a number of projects recently which are coming to fruition and of which the membership should be aware. It has prepared two documents jointly with the Education Committee and the Trainees’ Committee which have been ratified by Council and are now going forward for action. Both are reproduced below. The first is a recommendation to Workforce Development Confederations to agree a common remuneration policy for those in training up to registration. The second is a summary of the training commitments that should be made to Grade B 08-16 Clinical Scientists who are still in training, and that have not yet achieved MRCPATH. This is regardless of whether it is an HST training post or a substantive post. This document has been circulated to Heads of Service.

‘A profession under siege’ is being implemented by both a top down and bottom up approach. Heads of Service are requested to make the case where appropriate, and this is in most Trusts, for increased consultant grade and other senior staff using the ACB/RCPath workforce models. Regional representatives on the Workforce Advisory Committee are discussing with Workforce Development Confederations in England and their equivalent bodies in Scotland, Wales and Northern Ireland the possibility of increasing the number of Grade A training posts. With that goes a need to consider an increase in the number of training centres.

It is too soon to know exactly what effect these initiatives will have, but there is evidence of the establishment of new consultant posts and the number of Grade A training posts is increasing. Similarly, there are more training centres being established. Next year’s annual review will show exactly how much progress has been made.

Finally, there is a new initiative led by the Department of Health, ‘The Healthcare Scientists Awareness Week’. This is detailed here, and it is an initiative in which the ACB should be participating.

Grade A Trainee Remuneration in Clinical Biochemistry

Since the introduction of Supernumerary Grade A training posts funded through Non Medical Education and Training (NMET) monies allocated through Education Consortia, these trainees have been paid on the Grade A salary scale. Most training posts for Clinical Biochemists are for a maximum of three years, while the Grade A pay scale had 8 spine points, now reduced to 7. Trainees were funded through different Consortia, now Workforce Development Confederations (WDCs). As a consequence trainees in different regions are paid at different spine points. For example, some start at the initial point on the scale, while others start further up, some recognise postgraduate training such as MSc and PhD, others do not.
The Association of Clinical Biochemists (ACB) would like to propose to the Workforce Development Confederations that they consider funding a four year training programme which would be coincidental with the Health Professions Council’s requirement for registration of Clinical Scientists. It would also like to make the following proposals which would provide commonality, remove anomalies from the system and recognise postgraduate qualifications:

- The current Grade A scale consists of 7 incremental points, from spine point 01 to spine point 07. It is suggested that Grade A trainees should start at spine point 01 proceeding to point 02 in the second year of their training subject to satisfactory review at the end of the first year, and to point 03 in the third year, again subject to satisfactory progress.
- The achievement of recognised and appropriate postgraduate qualifications relevant to the practice of clinical biochemistry, for example MSc or PhD, should be recognised. A trainee holding a relevant PhD or equivalent would commence at spine point 04 and proceed to point 06. Similarly a trainee holding a relevant MSc or equivalent qualification would commence at spine point 03 and proceed to 05.
- These additional points would be awarded on the completion of the qualification. For example, a trainee who was finishing a PhD, but did not hold the qualification at the time of his/her appointment, because the thesis had not been submitted, would not be awarded additional spine points until the qualification had been successfully completed.
- Where there is a four year training course, the trainee would be on the scale point range 01 to 04. Under this circumstance a trainee with a PhD would be on scale point 07 in the final year.
- A trainee with relevant post-doctoral experience would have this recognised by being on the scale point range 05 top 07.
- Additionally, a trainee on a three year supernumerary training post could, at the discretion of the employing authority, move onto an additional spine point if he or she continues to a fourth year for any reason.

The ACB is aware that some WDCs may endorse incremental points for other reasons. However, the Association would find these difficult to support as a general recommendation. It must be recognised that the ACB can do no more than put this proposal forward as a recommendation to the Workforce Development Confederations.

**Training within Grade B 08-16 and Tool Kit**

It was recognised some years ago by the ACB Education Committee and the Workforce Advisory Committee that all Grade B appointments between spine points 08 and 16 should have an appropriate training element to meet the needs of the postholder to achieve the required professional qualification for a Clinical Biochemist, namely MRCPath. This includes a continuation of prescriptive training to achieve Dip RCPath in accordance with ‘Recommendation for Higher Specialist Training for Grade B’, and the opportunity for the appropriate exposure and experience to achieve MRCPath Pt II.

For Higher Specialist Training posts (HST) this is implicit in the appointment and the HST training is recognised as a continuation of the Grade A training programme, meeting the requirements of the individual, having an annual formal progress review.
and the maintenance of a Training Record. The same criteria should apply substantive Grade B posts between 08 and 16, as follows:

- Heads of Service, when advertising a Grade B post between 08 and 16, should be fully aware of the training requirements, the job plan should make allowances for these and the employing Trust should be aware of the requirements.
- The Regional Tutor should be aware of all such posts being advertised in his/her Region, should check that the Head of Department is prepared to accept these criteria, and ideally should be on the interview panel.
- The training needs should be explored with each candidate at the interview.
- On appointment, the training needs of the successful candidate should be reviewed again and a training programme laid out, agreed with the Regional Tutor and should include the completion of a Training Record and an annual progress assessment, similar to that for Grade A training.

In substantive posts, it must be recognised that there is a major service requirement that has to be met. The planning of training needs has to accommodate this to the satisfaction of the Head of Service and the employing Trust.

**Tool Kit**

The tool kit below has been agreed by the Trainees Committee as essential requirements for all Clinical Biochemists in training in Grade B 08-16. Not surprisingly, these overlap with the above criteria.

- In new Grade B (8-16) posts, the department should be aware that training is an important component of the job and should be committed to providing the necessary support and resources required.
- Initially there should be a review of the individual’s Grade A Training Record to identify areas which still need to be covered and these should be incorporated into the training plan.
- A training plan should be devised for each Grade B (8-16) postholder. This should involve input/feedback from the Regional Tutor.
- The Grade B (8-16) Training Record can be used as a guide to the training required.
- Grade B (8-16) appointments to specialist posts, e.g. SAS laboratories, paediatrics, etc, must have the opportunity for maintaining their knowledge of ‘routine’ biochemistry for MRCPath preparation. This may require a day per week in the general chemistry laboratory or secondments to other laboratories.
- Secondments to specialist departments should be arranged according to training needs. These provide an opportunity to see how other departments are run.
- Attendance at appropriate scientific meetings and ACB training courses (if not completed during Grade A) should be encouraged and properly resourced.
- Trainees should have their own desk and easy access to a computer with internet access.
- Whilst preparing for MRCPath, time should be allocated during work hours for study, since obtaining MRCPath is regarded as part of the job.
- Access to suitable library facilities
- Tutorials should be held regularly with senior staff to prepare for MRCPath. If these are not available locally, trainees should be able to attend those training days/tutorials that may be organised regionally.

Annual appraisal with Regional Tutor, and preferably an external assessor.
Healthcare Scientists Awareness Week

Last year the Department of Health launched a Scientists in Healthcare Awareness Week in which the role of Healthcare Scientists was brought to the notice of the public through locally arranged programmes and publicity during a specific week in September 2002. Unfortunately, the publicity was poor, and the awareness minimal among Healthcare Scientists, let alone the public. It is the Department’s intention to have a further Awareness Week this year from 17-22 November 2003, and has set up a working group with representatives of the professions, the Workforce Development Confederations and the Universities which offer vocational training courses to healthcare scientists. It is clear from these meetings that any activity will be arranged locally, and will probably be quite diverse in its nature.

It is the view of the ACB Council that we should support this initiative, participate in it and possibly take the lead in some areas. Regional Committees are aware of this programme and this is the route through which our local views should be formulated and inputted into any local initiatives. The involvement of the WDCs means that they are in a position to co-ordinate, but much of the driving force should come from the professions. Contact between Regional Committees and the local WDCs at an early stage is important in order to find their views and what support they will be giving to the programme. This could be an important local adage to our recruitment programme.
Agenda for Change

Alan Penny (chair of Federation of Clinical Scientists) reported on Agenda for Change. The details of the job evaluations and scoring system had been published on the Department of Health website. A postal ballot of all Federation members will be held in April, although it was accepted that the overall outcome of the ballot would be determined by the nurses’ vote. The FCS was adopting a neutral stance and was neither recommending that its members accept nor reject Agenda for Change. Alan emphasised that there was no fallback position for the profession. A detailed update from FCS is to be published in ACB News and Regions will be organising information meetings prior to the ballot.

ACB Golden Jubilee

Various events are planned at Focus 2003 to mark the ACB’s fiftieth anniversary including a presentation to the ACB from the IFCC. The History Group have organised a symposium and will have a memorabilia stand at Focus and retired Members have been invited to attend. Council agreed that a commemorative object should be made available to members although the nature of this remains to be decided.

ACB Fellowship

The award of Fellow of the Association has been created to recognise individuals who have made an outstanding contribution to the practice of clinical biochemistry in the UK. Council discussed nominations for award of Fellow, Honorary and Emeritus Membership and will take proposals to the AGM.

Regional Committee Constitutions

In the light of changing NHS regional boundaries in England, regional representatives were asked to ensure that their constitutions were consistent with the areas actually covered by their regional committee.

Audit Structure

Council approved a proposal from the Royal College of Pathologists produced in consultation with the chair of the ACB audit group to develop a unified structure to underpin audit in clinical biochemistry.

Federation of Healthcare Scientists

Janet Smith reported that the recently established Federation of Healthcare Scientists had been split into three occupational groupings – life sciences (containing clinical scientists in Clinical Biochemistry), physiological sciences and physical sciences. The Federation of Healthcare Scientists was
the organisation that was to represent all the scientists in the National Health Service and the life sciences group represented all the pathology staff including MLAs, Phlebotomists, BMS and Clinical Scientist groups. An executive board of the life scientist group had been set up with representation from all groups. It was envisaged that the Federation of Healthcare Scientists will be the organisation that the Department of Health, though the Chief Scientific Officer, would consult with the Scientific workforce in the National Health Service.

Registration of Clinical Scientists

Mike Hallworth (ACB Chairman) reported that the Association of Clinical Scientists has now interviewed and approved 10 applicants for registration. These individuals will become registered on presentation of their Certificate of Attainment to the Health Professions Council. The annual registration fee for HPC has been set at £60 and re-registration will occur every two years. It is not anticipated that CPD (i.e. competence) will be linked to re-registration for at least 3 years.

Medical Input to Council

Mike Hallworth reported Executive’s concern about lack of medical input to the Executive consequent upon the current President’s demission of office. It was agreed that a Medical Advisory Group should be established, the chair of which would sit on the Executive.

Science Council

The ACB had unexpectedly been elected to sit on the Science Council to represent the small science organisations (membership less that 3000). Dennis Wright has agreed to represent the ACB on the Executive Board of the Science Council.

Education Committee

David Cassidy is to take over from Janet Smith as chair after the AGM. Janet made a plea for any members who are interested in contributing to the work of the committee to get in touch with her. Field-testing of the National Occupational Standards is nearing completion. The next stage is the development of assessment guidance for the discipline specific and generic standards and a cross-discipline review of the standards to ensure consistencies of approach, and the Association will be involved in all these activities.

A Management Course, aimed at Grade B Clinical Scientists and SpRs was being organised in association with the University of Surrey and would be held in late June.

Scientific Committee

Professor Ian Young attended his first meeting as Chair of the Scientific Committee. The Scientific Committee had noted that the last round of Scientific Scholarships had been extremely successful and that they wished to invite further rounds of scholarship applications. Council agreed to this but the final amount of funding for this will not be confirmed until after Focus 2003.

Publications Committee

Stephen Halloran, Chair of the Publications Committee, presented an excellent paper with an overview of the activities of the committee and highlighted that on the Annals, Howard Morris had resigned as Australasian editor, and Andrew St John had agreed to take up the position. The Annals were exploring the options to develop a mechanism for receiving and refereeing papers electronically and saw the ACB Office taking a major role in this process. Stephen reported that Mike Hallworth will take over as Venture Publication Chairman from April 2003 and that he was inheriting a vast range of CAL projects and books that were nearing completion.
Corporate Members

Judi Jackson gave a report on the activities of the Corporate Members. Much of the Corporate Members concerns over the past year had been about how to evolve the ACB Focus Meetings, and Judi thanked everyone that had worked so hard to bring Focus 2003 to fruition with its innovative and functional programme. Pathology Modernisation had been discussed many times by the Corporate Members as this will have a large impact on the diagnostics industry in the UK and they were keen to ensure that they provide the highest level of service and standards within the framework provided by government.

Training Tool Kits

The Education Committee and Workforce Advisory Committee had worked together to provide two documents, firstly a document on Grade A Trainee remuneration which recommends to Workforce Development Confederations a structure to ensure there are common rules for remunerating Grade A trainees depending on their previous experience. The second document was entitled ‘Training within Grade B 08-16 and Tool Kit’ states the people that should be involved and the responsibilities for ensuring that training needs are met.

New Members

Council debated how new Members could be processed more quickly and efficiently. Currently all new Member applications are presented to Council, which meets three times per year, this means that some new applicants may not receive confirmation that their application has been accepted for 5 months. While Council wished to continue to be actively involved in the process it was agreed that Executive would develop a process whereby a summary of the applicants are circulated electronically to elected members of Council on a regular basis and the straightforward applications will be accepted by an electronic method to be determined. At this Council meeting 37 ordinary Members, 7 overseas, 4 Federation, 3 Student, 6 Affiliate and 1 Corporate Members were admitted to Membership.

The Accounts

The Honorary Treasurer presented the Annual Accounts which Council received and after discussion and explanation of a few issues accepted. The Honorary Treasurer presented his recommendations for subscription increases for 2004 which were accepted by Council.

The Spring Council is the time when Officers of the Association traditionally demit Office. The Association Chairman on behalf of Council thanked Regional Members who were attending their last Council Meeting for their contribution to the Association over their period of office. He expressed his thanks to Janet Smith who was completing her three year tenure as Chair of the Education Committee and in particular for all the work she had done with the National Occupational Standards project and wished her luck in taking over as Chair of the Association. He also expressed thanks (in absence) to Professor Bill Fraser who had completed three years as Chair of the Scientific Committee. A similar thank you was made to Dr Martin Myers who had been Assistant Secretary for the past year.

Mike Hallworth then thanked Professor Shenkin for all his wise council during his Presidency of the Association and thanked him for all the contribution he had made to the Association over the past 3 years. As is fitting an equal thank you was made by Professor Shenkin on behalf of Council and the Association to Mike Hallworth, who has steered the Association as Chairman for the last 3 years with humour, cheerfulness and a huge amount of hard work.

March 2003
The aim of the trainees’ evening at the twice yearly ACB training courses is to inform Grade A and B clinical scientists in training and specialist registrars of the new changes, opportunities and developments in our profession. It is also a forum for discussion and feedback on these topics so that we all have a say in our future roles.

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

**Agenda for Change**

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

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

And so, to the evening in March... Alan started by giving an enlightening and informative synopsis to remind everyone of the key points to the ‘Agenda for Change’ proposal before question time began. Since many people in the room were Grade A biochemists, the first question to be asked was “Where will we be on the pay scale?” The answer...?? Not surprisingly, the new proposals have not yet included those at the start of the profession. Since the Grade Bs will probably start on scale 7, it is logical that Grade A’s will start on scale 5-6. Alan went on to explain how jobs were assessed, all the possible benefits of Agenda for Change and for completeness, the downsides. However the question that I remember most was “Is there an alternative?” Alan just smiled and calmly replied, “There is no plan B.” So what did we make of this? Mr Penny summed it up by telling us all that at the end of the day we may not have a choice on this. We therefore need to look at our job descriptions, read the information on ‘Agenda for Change’ and be able to “sell ourselves”. This should be our future: positioning on the right pay scale for the job we do. After all, this is the new fair NHS.

Finally it was Graham’s turn... but no! Time was up! There was no need to worry, since he was the organiser for this training course and would therefore be available to discuss the topic of paediatric specialisation on an individual basis throughout the week. Interested trainees, look out for meetings to follow at Focus.

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

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Reported by John Monaghan, Nottingham
On 17 June 2002 the Joint Association of Clinical Biochemists/Royal College of Pathologists report “NHS Clinical Biochemistry: A Profession Under Siege” was published. Two days later Dr Graham Beastall, Vice President of the RCPPath wrote to Clinical Biochemistry Members of National and Regional Councils stating that “… the main route to the creation of new training posts is a joint approach by local ACB/RCPPath representatives to the NHS Workforce Development Confederations (WDCs).” In this region the two elected members of the Royal College of Pathologists Regional Council working in Clinical Biochemistry were (and still are) Ian Watson and myself. We were asked to meet with our counterparts from the ACB to develop a local implementation plan, because there would be a “… big push at national level to create additional medical trainees”, but there was “… no national oversight of clinical scientist training numbers”. Ian Watson and I met with the Regional ACB manpower and training machinery on 18th September 2002.

Our agreed objective was to bid to the Workforce Development Corporations for further manpower. But how much manpower? And what “sort”? Seemingly simple calculations quickly become complex once you start to factor in all the variables.

### Our plan

1. Supporting evidence would include:
   - Current consultant staffing: medical and non-medical.
   - Required consultant staffing using both 2002 “Profession Under Siege” and 1996 RCPPath models.
   - Number of Principal grade biochemists (> point 16).
2. Sources of this evidence were:
   - Consultant staffing – Graham Beastall’s questionnaire
   - RCPPath data on Members and Fellows working in Clinical Biochemistry
   - Mailing list for Consultant staff in NW: from Jeff Seneviratne, who organises meetings for senior staff regionally.
   - Data for North West ACB: from the ACB office
   - Medical manpower survey for RCPPath – Dr M D Penney
3. Further action
   - Once requirements had been identified, approaches to be made to the Chief Executives of WDCs to initiate discussions and planning.

I received a letter from Dr Michael Penney, Workforce Lead in Clinical Biochemistry for the RCPPath on 25.9.02 saying that that “We are unique in the main Pathology specialities as the only one not expanding”, and that “Immunology has one third the number of consultants but virtually the same number of trainees” We had the fastest rising workload and there was a need to raise these issues locally.”
We agreed to seamlessly consider Consultant Medical and Clinical Scientist workforce planning together, and that we should invite STSC Chairs and Speciality Advisers to subsequent meetings. Graham Beastall was unable to give figures for East and West Deaneries, but did provide a sub-analysis of North West Region. This told us how many staff were in both medical and clinical scientist career and training grades, but lacked the necessary detail to support our case. We needed workload and projected retirement data as well as demographics of “junior” staff to make credible manpower projections.

Joint Workforce Planning Group met early in November 2002 and resolved to:

- Assess the rate of progress of medical and non-medical trainees to career posts.
- Assess the numbers of Grade B scientists who are in active training (information from RCPath)
- Recirculate the “Profession Under Siege” questionnaire regionally
- Thence use information on current trainee progress and career grade staffing to determine rate of retirement of current incumbents, and difference between current posts and required posts for submission of future trainee requirements to WDCs

With regard to the repeat questionnaire, by 6th January 2003 11 replies had been received from 27 labs (cf 25/27 in Graham Beastall’s original trawl).

Already intimidated by volume of data, I asked Graham’s advice on how to deal with it. The reply was not encouraging: he said data input took a month and processing the database required some expertise. Having neither the expertise nor a spare month I therefore decided to use the “six-step model” outlined in “A Profession Under Siege” to predict requirements.

The Joint Workforce Planning Group met again on 30th January 2003 to consider the following information:

**Projected Retirements of Grade B and C Staff and Chemical Pathologists**

- B grade: 10 in 5 years, 21 in 10.
- C grade: 9 in 5 years, 18 in 10.
- Chemical Pathologists: 3 in 7 years, 7 in 10.

Actual totals based on current information were 23 in 5 years and 49 in 10 years. One predictable statistic was that smaller hospitals were inadequately staffed – any shortfall tends to fall on them.

We still needed to calculate the medical and non-medical recruitment rate required to generate a sufficient number of consultants in 10 years.

**Manpower Requirements**

Based on the results of the recirculation of Graham Beastall’s questionnaire regionally, as things stand we need 19.8 additional consultants to give 63.1 consultant staff in the North West, as informed by the six-step model. This represents 11.1 Grade C and 8.7 Chemical Pathologists pro rata in accordance with the current split. In addition, there are 18 Grade C and 7 Chem Path retirements over the next 10 years.

Thus we need to make 29.1 Grade C and 15.7 Chemical Pathologist appointments over the next 10 years. Great news for trainees, assuming of course that our local hospitals want to replace and create posts.

**Current position and ten-year targets for trainees**

**Medical Trainees**

**East Deanery**

There are six posts funded by the Postgraduate Dean, plus three supernumerary flexible slots.
There are five NTNs (National Training Numbers – each medical trainee post has to have such a number to assist in manpower projections and the tracking of trainees): one is occupied full time and three by flexible trainees. An extra temporary NTN has been granted to backfill time slots while three are training flexibly. Another Trust-funded NTN has been granted, giving seven in all.

West Deanery
Three posts funded by the Postgraduate Dean.

There are three NTNs, all occupied, one as NTN in Chemical Pathology with Metabolic Medicine, two in Chemical Pathology only. Thus need at least three new entrants to the training scheme are needed every year to replace those appointed as Consultant Chemical Pathologists.

Clinical Scientist Trainees
There are 14 Grade A and 46 Grade B Clinical Scientists. Of the Grade Bs:
- 19 are not in active training
- 11 are trained
- 16 are in active training

Thus there are 14 Grade A and 16 Grade B Clinical Scientists in active training in Clinical Biochemistry, 30 in all. Thus we need at least three new entrants to the training grades every year to replace those appointed as Consultant Clinical Scientists.

Next Steps

To present data to Workforce Development Confederations:

Greater Manchester
Merseyside and Cheshire
Lancashire and Cumbria

To present data to Deans in Postgraduate Deaneries in the North West:

West Deanery
East Deanery

Confounding Factors

- Wastage: alternative career paths increasingly an option for both medical and scientist trainees
- Mobility: trainees may seek career grades outside the North West after completion of training
- Establishment of Consultant posts at Trust level is in competition with other specialities in each Trust.
- Whether the WDCs respond to our arithmetic!

Armed with our data, and with a mandate from the ACB and RCPath, Ian Watson and I are going to write (and hopefully meet) these people. The methodology we have used is not rocket science: I hope other Regions are suitably motivated, as there would be an obvious message to NHS management were the same message to be delivered across the country.

(This article is based on a presentation given to the North West ACB at Warrington District General Hospital on 27th March 2003. Thanks to Dr Graham Beastall for advice regarding the Manpower Questionnaire, Dr Ian Watson for correcting drafts of this article and the North West Workforce team for their help: Dr Charles Van Heyningen, Dr Andrew Hutchesson, Mr John Kane, Mr Paul Newland, Mr Jeff Seneviratne, Ms Christine Squire, Dr Ian Watson and Dr Gilbert Weiringa.)
Untimely Loss of a Good Man

Dr David Newman died recently in a rock climbing accident

David was born in 1959 and grew up in Surrey. He attended Woking County Grammar School and later read Biochemistry as an undergraduate at the University of Bristol. He began his training in clinical biochemistry as a student on the MSc course at the University of Surrey, whilst his laboratory apprenticeship was undertaken at St Bartholomew’s Hospital in London. He then spent three years in the North East Thames Regional Immunoassay Service, gaining additional experience and studying for a PhD on the development of a sensitive immunoassay for thyroid stimulating hormone and its use in the assessment of thyroid function during pregnancy. He then moved to Northwick Park Hospital where he took on the responsibility for assays used in the investigation of calcium metabolism, and where he published his first paper on the measurement of parathyroid hormone.

In 1987 he moved to Cambridge where he combined his higher specialist training with a research post. He subsequently moved to the London Hospital Medical College in 1988 to a full time research post and a position as an Honorary Lecturer in Clinical Biochemistry. At this time he completed his training as a clinical biochemist with the award of the Mastership in Clinical Biochemistry, and later Membership of the Royal College of Pathologists. Over the next decade he developed his research interests in renal disease and became a Senior Lecturer in the new department of the combined St Bartholomew’s and Royal London School of Medicine and Dentistry.

Renal Research Director

In 1998 David moved to the position of Scientific Director for the South West Thames Institute of Renal Research at St Helier Hospital. In 2000 he was appointed as the first Director of the Research and Development Directorate at the Epsom and St Helier NHS Trust. During this period he also developed close links with the Department of Chemical Pathology in the Trust and began to play an increasingly influential role on the faculty of the MSc course at Guildford. He was also appointed Honorary Senior Lecturer in the Department of Renal Medicine at St George’s Hospital Medical School, London. He served as the Chair of the South Thames NHS Regional R and D network and as the Scientific Adviser to the UK Renal Association. In this latter role he had a major influence in helping to develop the Renal Registry, and on the way in which laboratory medicine was perceived, and used, in improving the care of patients with chronic renal disease.

In his career as a clinical biochemist David published 54 peer reviewed papers, 25 reviews and was co-editor of two very successful books. He co-authored over 140 posters for scientific meetings and gave many lectures to a wide range of audiences both in the UK and overseas. He had achieved a large amount of grant income and supervised many students to the attainment of higher qualifications e.g. PhDs and MDs, and in this endeavour he was just
beginning to see the fruits of his labours at St Helier.

**Active ACB Member**

David contributed to many of the activities of the Association including the Analytical investigations Standing Committee of the Scientific Committee, to the Task Force on Speaking Out For Clinical Science and as a National Member of the Association’s Council. More recently, he had been representing the Association in the discussions on the National Service Framework for Renal Disease. He also had a major influence on the training and careers of a large number of clinical scientists, supervising many projects, and helping many students through difficult times either when the experiments did not progress as they were expected to, or when the writing up became a burden.

This diary of David’s professional career bears witness to a person of great energy and commitment, both in the development of his own career but also in his contribution to his profession, to his colleagues and to society as a whole. However it does not do full justice to the person, to the warm personality, to the caring nature, or to the individual touch. It is when you begin to appreciate these virtues you gain a better perspective of David’s strengths, and the influence that he had on other peoples lives. This is the legacy that will transcend his passing, and will ensure that his memory lives on in the minds of those who worked with him, who enjoyed his company and his friendship.

Many people have lost a good friend and colleague, the Association has lost a loyal and active member who had developed into a superb ambassador for our speciality and our profession. However, more than all of this, society has lost a good man.

His loss will be felt deeply by many people but our thoughts go particularly to Jane his wife, and to his family.
Vacant Situations Vacant Situations Vacant Situations Vacant Situations Vacant Situations Vacant Situations Vacant Situations Vacant Situations Vacant Situations

**Birmingham Children’s Hospital NHS Trust**

**Department of Clinical Chemistry**

**GRADE B CLINICAL BIOCHEMIST-HIGHER SPECIALIST TRAINEE**
Paediatric/Metabolic Biochemistry Scale B9 -13 depending on experience £21,610 to £25,282

Applications are invited for a Grade B Biochemist training post in the Department of Clinical Chemistry at the Children’s Hospital in Birmingham. The department provides a comprehensive service for paediatric biochemistry including services for newborn screening and inherited metabolic disorder services for the West Midlands. The Clinical chemistry Department has full CPA Accreditation. The posts benefits from a 5 year fixed term contract.

This post would suit a Clinical Biochemist who has undertaken training at Grade A level and now wishes to continue their training in general and specialised paediatric/metabolic biochemistry. Full training for completion of MRCPath will be provided, including opportunities to undertake a project. Depending on individual needs secondment to neighbouring hospitals in Birmingham for periods totalling up to one year can be arranged to supplement training at BCH.

Applicants should possess an appropriate degree and have a minimum of 18 months experience on a Grade A training scheme. If you are interested in this post and would like an informal chat, please call Anne Green, Consultant Clinical Biochemist and Head of Department, Paul Griffiths, Consultant Biochemist and Deputy Head of Department, or Mary Anne Preece, Consultant Biochemist on 0121 333 9916.

For an application pack contact the Personnel Department, Birmingham Children’s Hospital NHS Trust, Steelhouse Lane, Birmingham, B4 6NH, tel: 0121 333 8352 (24 hours), or email: trudi.morgan@bch.nhs.uk Please quote ref: TM867/03. **Closing date 13th June 2003.**

For all current vacancies at Birmingham Children’s Hospital NHS Trust visit us at www.bch.org.uk

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**The Princess Alexandra Hospital NHS Trust**

**PRINCIPAL CLINICAL SCIENTIST - GRADE B**

*The Princess Alexandra Hospital, Harlow, Essex*

£28,438 - £31,983 plus FLWA per annum

Ref: PTP-171-418

You will work as part of a team within the integrated Pathology Department, to provide a comprehensive clinical service to the Trust and Clinicians in Harlow and surrounding area. Deputising for the Consultant Chemical Pathologist in clinical matters, you will also undertake duties in all aspects of service provision. These duties will include point-of-care testing, Quality Audit and supervision of trainees. There will be opportunities to assist in Lipid Clinics and clinical ward rounds.

Inter-directorate collaboration is an essential part of the Departments philosophy and participation in joint meetings and presentations to advance protocols and procedures is an elemental portion of the post.

You will be working towards the MRCPath examinations and have a good general knowledge of Clinical Biochemistry. Self-motivation and communication skills are necessary and the ability to work within a team of professionals is essential.

Informal visits are welcomed and further information can be obtained from the Consultant Chemical Pathologist, Dr S Thomas or the Pathology Manager, Mr Michael Horley on (01279) 827035.

The Princess Alexandra Hospital NHS Trust is based in Harlow, a modern and growing town with excellent shopping facilities, restaurants and leisure amenities. Its close proximity to London and Stansted airport is an added advantage.


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**Bradford Teaching Hospitals NHS Trust**

### CLINICAL BIOCHEMIST

**BIOCHEMISTRY & IMMUNOLOGY DEPARTMENT**
**BRADFORD ROYAL INFIRMARY**
**GRADE B SCALE 11-13**
**£23,374 - £25,282 PER ANNUM**

The Directorate of Pathology operates in partnership between the Leeds Teaching Hospitals Trust and Bradford Teaching Hospitals Trust. The service runs on an integrated, multi-site basis, with a commitment to excellence in both patient and staff care. This is achieved through a high level of technical expertise, state-of-the-art equipment, and the implementation of new technology. The team works closely with consultants and other healthcare professionals to provide a high standard of care.

**APPLICATION FORMS AND JOB DESCRIPTIONS ARE AVAILABLE FROM**
**THE PERSONAL ASSISTANT, DEPARTMENT OF PATHOLOGY, ST LUKE'S HOSPITAL, HEDGECLIFF ROAD, BRADFORD BD9 6RJ.**
**TELEPHONE (01274) 586992**

**Closing Date:** 5th June 2003

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**Lancashire Teaching Hospitals NHS Trust**

### Principal Clinical Biochemist

**Grade B £29,576 - £31,989 p.a. pro rata**

We are looking for an enthusiastic, individual to take on the role of Principal Clinical Biochemist in this well-equipped department, providing a comprehensive laboratory service to the Preston and Chorley districts. You will be fully involved in the analytical, interpretive, teaching and research activities of the department. The department is currently looking to acquire additional staff in order to expand the current service, with particular emphasis on the development of a new Clinical Biochemistry Laboratory. The postholder will work closely with the consultant biochemist to provide a high standard of service to the patients and staff of the department.

**CLOSING DATE:** 14th May 2003

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**Nottingham City Hospital NHS Trust**

### SENIOR/PRINCIPAL CLINICAL SCIENTIST

**£20,781 - £35,982 pa**

The Clinical Pathology Department of Nottingham City Hospital NHS Trust, which is a combined Clinical Chemistry/Haematology Department, is inviting applications for a senior or principal level post. You will be appointed either as a senior biochemist (stating salary between £20,781 and £25,282) or as a principal biochemist (stating salary between £29,576 and £35,982) depending upon experience and qualifications.

The postholder will be responsible for the management of a team of biochemists, ensuring the provision of a high quality service to patients. The successful applicant will also be expected to contribute to the development of the department, both in terms of service delivery and research.

**CLOSING DATE:** 14th May 2003

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**safe hands**

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Your Wavelength

Cardiff and Vale NHS Trust
Pathology

Clinical Scientist (Grade B) – Deputy Director, Quality Laboratory

37 hours £34,599 - £38,919 Point 21-24
(depending on experience)

This busy department supplies services to laboratories, hospitals, primary care and manufacturers in the UK and Ireland in the various aspects of Quality Assurance. The Quality Laboratory comprises of: the Wales External Quality Assessment Scheme (WEQAS), one of the largest EQA organisations in the UK; Point of Care Services providing Quality assurance service to the Point of Care Sector to over 70% of NHS Hospital Trusts and the Reference Laboratory. The reference laboratory is involved in the production of reference material and in the implementation of reference methods both for WEQAS value assignment and for commercial organisations.

The laboratory is well equipped and has a complement of seventeen staff. We are seeking an experienced senior or principal biochemist with a keen interest in Quality Assurance issues in its widest sense. You will be a State Registered Clinical Scientist, ideally possess MRCPath, or equivalent and have a higher degree. A broad experience in clinical Biochemistry with excellent interpersonal/communication skills is required.

The department is closely allied to the Department of Medical Biochemistry and Immunology, to which you may be seconded if needed to complete your study for the MRCPath. The post provides excellent R&D opportunities, EQA Scheme development and POCT challenges in this rapidly expanding department.

You will work closely with the Director to develop the service and play a prominent role within the department both within Quality Management and in Research Project Management. Participation in CPD activities is expected. The post also provides opportunities for international travel.

Further information on the organisation is available on www.WEQAS.com

For further information or to arrange a visit, please contact Mrs Annette Thomas, Quality Laboratory, Directorate of Pathology, University Hospital of Wales, Heath Park, Cardiff CF14 4XW, telephone 02920 748332.
Email: Annette.Thomas@UHW-TR.wales.nhs.uk
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