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The monthly magazine for Clinical Science

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

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Front cover: Bayer Award presenters at Focus 2001

Focus 2002
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Email: info@focus-acb.org Web: www.focus-acb.org

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30 Years of the Bayer Award at Focus 2001

Reported by Jennifer Brady,
University Hospital of Wales, Cardiff

The Bayer award celebrated its 30th birthday this year and the occasion was marked with a stand at Focus 2001 to celebrate this landmark year. For readers who aren’t familiar with this award, it is given to a member of the Association of Clinical Biochemists under the age of 35, for an outstanding oral presentation on a research topic of personal interest. Each competitor gives their presentation at the Focus meeting in front of a panel of judges and the winner is chosen on the basis of content and delivery to receive a medal and a cheque for £500.

The exhibit was created by two previous winners of the award, Jennifer Brady and Julie Wassell, both from Cardiff, on behalf of Bayer and the ACB. The focus of the exhibit was predominantly the previous award recipients, with a look back at the presentation topics and subsequent careers of the winners, complemented by a pictorial montage of the presentation ceremonies. There was also a review of the award and its history.

London’s ExCeL arena was the venue for this year’s Bayer award competition during Focus week. As ever the competition was keenly contested with excellent presentations by all candidates. On this anniversary year all the previous recipients were invited along to watch the competition, and the organisers were delighted to see so many attend. I think everyone agreed that sitting in the audience was a considerably more enjoyable and less nerve-wracking experience than giving a presentation.

Following the competition, Bayer and the ACB hosted a wine reception at the anniversary exhibit, where once again many of the past award recipients congregated to exchange memories of their competition experiences and catch up on the intervening years. I think it is fair to say that an enjoyable time was had by all who participated in this anniversary celebration, as the accompanying pictures reveal. The stand organisers would like to take this opportunity to thank all the previous recipients for their co-operation in providing the information for the exhibit, as well as Bayer and the ACB for their involvement.
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For more information, please visit our website at www.rocheuk.com or call us on 01273 480 444
**Specialist Registrar’s Club in Chemical Pathology**

This first club meeting for specialist registrars in chemical pathology was held at Ettington Chase Conference Centre last October. Topics were wide-ranging and reflected the diverse clinical interests of specialists in chemical pathology. On Saturday these included presentations on biochemical monitoring of bone disease by Dr W. Fraser, toxicology by Dr A. Jones, clinical governance by Dr M. Laker, unusual cases of dyslipidaemia by Dr R. Cramb and CHD prevention by Dr S. Ramachandran. A lively debate and case presentations followed on Sunday morning.

The educational content was rated highly by those who completed the evaluation form, and suggested topics are being kept in mind for the next meeting which will be held in Horwood House, near Milton Keynes on the 29-30 September 2001. Due to the relatively large Celtic contingent, the social side was lively and provided an excellent opportunity to meet new and distant colleagues as well as to exchange viewpoints.

Special thanks are due to all those who contributed, including Dr R. Cramb who chaired the meeting, the speakers, and Bayer Pharmaceuticals who generously funded and efficiently organised the meeting. I am also pleased to announce that Bayer Pharmaceuticals will sponsor the next meeting. To ensure that you are on the mailing list for further information regarding the September meeting, specialist registrars should contact:

Lynn Harrell  
Senior Conference Executive  
Cardiovascular Meeting  
Bayer House  
Strawberry Hill  
Newbury  
Berkshire RG14 2ZZ  
Tel/Fax 01635-563348  
Email: lynn.harrell.lh@bayer.co.uk

or  
Pat Twomey, Royal Infirmary  
Edinburgh  
PTwomey@ed.ac.uk

**Metabolic Medicine Update**

The Specialist Training Authority (STA) has now given approval that training programmes in metabolic medicine can be provided to medical trainees. Metabolic medicine will be regarded as a sub-specialty, and the training programmes must be linked and integrated with training programmes in either chemical pathology or general internal medicine. The STA is the body with statutory authority to approve training programmes for medical trainees, and also to recommend the inclusion of their names on the Specialist Register held by the General Medical Council, on completion of such a programme.

For a chemical pathology trainee, entry to the combined programme will require possession of MRCP (UK) or equivalent, and the intention to pursue a combined programme will require to be agreed on taking-up a SpR post. It is envisaged that the combined training period will require one additional year.

A new joint committee has been set-up between the RCPath and the JCHMT which will approve training programmes, and will confirm satisfactory completion of training. Further information will appear on the RCPath and ACB web sites in due course.

**ACB Members’ Handbook**

The new edition of the ACB Members’ Handbook is circulated to ACB members with this edition of ACB News. Skillfully edited by Dr Gwyn McCranean, once again this publication contains a wealth of information on training matters, as well as being essential for anyone who is trying to understand the ACB committee structures.

If the entry for you is incorrect in any way please use the form provided to update the information held on the ACB database.
The next ACB National Training Course will be held at Manor House, a University of Birmingham Hall of residence (all rooms are en-suite). The course is primarily aimed at those intending to take the MRCPath but the course is also registered for CPD for those who wish to update and refresh their current knowledge. The following topics will be included:

- Renal Function
- Fluid and Electrolytes
- Concepts in Screening
- Hydrogen Ion Metabolism
- Respiratory Function
- DNA Analysis
- Prenatal and Neonatal Screening
- Mass Spectrometry
- Quality Assessment
- Reference Values

In addition, a full social programme has been arranged.

Further information is available from Dr D. Andrews, Department of Clinical Biochemistry, University Hospital, Raddlebarn Road, Selly Oak, Birmingham B29 6JD. Tel: 0121-627-1627.

Registration forms are available from Dr Graham Groom, ACB, 130-132 Tooley Street, London SE1 2TU. Tel: 0207-403-8001. Fax: 0207-403-8006. Email: acbadmin@compuserve.com

Although numbers of participants are not envisaged as being a problem, the organisers reserve the right to place a threshold on the maximum number of participants. Closing date for registration is 31st August 2001.
Focus Exhibition in London

This year the Focus Exhibition was held at the brand new ExCeL centre on London’s Docklands. The week was beset by external problems such as proposed tube strikes, not to mention an anarchist demonstration. However, overall the exhibition brought together the trade and scientific sides of the clinical laboratory.

Brian signs up some business

The Randox stand had a primary care feel

Philip and friends were offering quality
Another happy ending for Brian Flynn!

Tate Modern had nothing on this stand!

Richard and Susan talking with Ivor Smith of ScheBo BioTech

Graham sells Brian a conference room at Tooley Street - so Brian ends up out of pocket overall!
Website of the Month: The NHS Information Authority

By Ian Godber, Nottingham City Hospital

http://www.nhsia.nhs.uk/
http://nww.nhsia.nhs.uk/

The NHS Information Authority was established in 1999 as a special health authority. Its creation was in order to enable the formation of a national infrastructure for an on-line NHS. This will eventually include electronic health records, the National Electronic Library for Health, and the many other IT services.

The site itself is currently a portal site giving access to a range of NHS Information Authority sites, from those detailing links to GPs, to sites which provide us with information on current standards and best practice guidance. It also provides the latest news on IT information issues within the NHS. So if you want to know what level of electronic access your Trust should have in place by now, then this is where to look.

If you wish to suggest a site for the ‘Website of the Month’, please submit a short review (max 150 words) to Ian Godber at Nottingham City Hospital (igodber@ncht.trent.nhs.uk).
In a cancer clinic where the prevalence of ovarian malignancy is 40%, a tumour marker has a specificity of 88% and a sensitivity of 92%. Calculate the predictive value of a positive test result.

If this test was used as a screening tool in all patients attending a general gynaecological clinic with a cancer prevalence of 0.4%, what would be the predictive value of a positive test in this population?

(MRCPath, November 2000)

It is possible to do each part of this problem in a single step. However it is easier (and with less risk of making an error) to break it down into several stages:

The predictive value of a positive test, PV(+), is the proportion (usually expressed as a percentage) of the positive results which are due to the presence of disease:

\[
PV(+) = \frac{TP}{TP + FP} \times 100 \quad \text{(i)}
\]

where TP = true positives and FP = false positives.

The first step is to find values for TP and FP from the information given.

The sensitivity of a test is the percentage of individuals with the disease that are correctly identified by the test:

\[
\text{Sensitivity} (\%) = \frac{TP}{TP + FN} \times 100 \quad \text{(FN = false negatives)}
\]

The incidence of true positives in the total population tested will be the product of sensitivity (92%) and prevalence (40%):

\[
TP = \frac{92 \times 40}{100} = 36.8\%
\]

Similarly the specificity of a test is the percentage of individuals without the disease which are correctly identified by the test:

\[
\text{Specificity}(\%) = \frac{TN}{TN + FP} \times 100 \quad \text{(TN = true negatives)}
\]

The incidence of true negatives in the total population tested will be the product of specificity (88%) and the prevalence of disease-free individuals (100% minus 40% = 60%):
Question No. 6

Calculate the amount in grams of lactic acid which must be added to 2.0 gms of sodium hydroxide to give 1 litre of a solution with a pH of 4.0 (the pKa of lactic acid is 3.86 and the atomic weight of sodium 23).

(MRCPath November 1989)
ACBI 2001
24th Annual Conference
Belfast, 12th/13th October 2001

Friday Morning, 12th October
Infertility
• Infertility – An Overview  
  Dr J McManus (Belfast)
• Male Infertility  
  Dr S Lewis (Belfast)
• Further Seminar additionally sponsored by Olympus

Friday Afternoon, 12th October
The Immune Response
• CRP – Its role in Cardiovascular Disease  
  Dr G Hirschfield (London)
• Clinical & Laboratory Features of Immunodeficiency  
  Dr M Keogan (Dublin)
• Allergy and Beyond  
  Dr D Edgar (Belfast)

Saturday Morning, 13th October
Nutrition
• Investigation and Management of Malabsorption  
  Mr K Gardiner (Belfast)
• The Role of the Biochemist in Nutrition Support  
  Dr C Loughrey (Belfast)
• Metabolic Aspects of Obesity  
  Prof P Kopelman (London)

Saturday Afternoon, 13th October
Forensic Medicine/Science
• Issues of Drug and Chemical Safety  
  Prof P Routledge (Cardiff)
• A Forensic Approach to Insulin and Hypoglycaemia  
  Prof V Marks (London)
• Aspects of Forensic Science  
  Dr R Adams (NI Forensic Lab.)

Posters on all aspects of
Clinical Biochemistry welcomed

Further information and Registration Form from:
Mrs M Oakley, Conference Secretary
Heronford House
Heronford Lane, Brides Glen
Dublin 18, Ireland
Tel: (+353 1) 2822503
Fax: (+353 1) 2822503
e mail: moakley@eircom.net

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Registration Update

By Mike Hallworth, ACB Chairman

After a series of meetings involving the Clinical Scientists’ Board of the Council for Professions Supplementary to Medicine (CPSM) and the Association of Clinical Scientists, steady progress towards a practical scheme for administering State Registration has been made, although there are still a number of unresolved issues.

The qualification for registration as a Clinical Scientist is now agreed as a first or second class honours degree awarded by a UK higher educational institution, (or an equivalent qualification approved by the Clinical Scientists’ Board), plus:

- Satisfactory completion of a Clinical Scientists’ training programme approved by the Board and relevant experience in a Clinical Scientist post which, when added to the training period, amounts to not less than four years.

- A total of six years postgraduate training and experience of which a minimum of three years must be spent in a Clinical Scientist post. This total experience must be demonstrated through an assessed portfolio of evidence of training and experience. MLSO or research experience may be counted up to three years, but there must be three years of employment in a Clinical Scientist grade.

Qualifications will be assessed by the Association of Clinical Scientists acting through its professional bodies (the ACB in the case of clinical biochemists). There will need to be an assessment interview to demonstrate successful completion of and exit from training. After this interview and assessment, ACS will issue a Certificate of Attainment to successful candidates, who will then present this Certificate and their letter of appointment to the training position to the Clinical Scientists’ Board for registration.

Eligibility for Registration

The complexity of this process is caused by the requirement under the CPSM Act 1960 for a specific ‘qualification’ which confers eligibility for registration. Since clinical scientists in healthcare are trained and assessed in a variety of ways, the award of an ACS Certificate of Attainment is the only way to put all Clinical Scientist qualifications on the same footing.

ACS will charge a fee for its Certificate of Attainment, which will cover the costs of the professional organisations in providing the assessment and interview process. That fee has not yet been finally determined but is likely to be £50 or more. The professional organisation within ACS feel that this fee should be met by employing authorities as part of the overall cost of training, and are actively seeking ways to ensure that this is the case. There will be an additional fee payable to CPSM for admission to the
Register (currently £22). These are both one-off charges, and the only subsequent fee will be CPSM’s annual retention fee (currently £22 pa).

It is important to stress that registration as a Clinical Scientist must be in a specific modality approved by the Board, e.g. clinical biochemistry, clinical microbiology etc. Each modality has a defined set of specific training competences and methods of assessment. The process by which new modalities can be added as science grows and develops is receiving attention at the moment.

As of October last year, the title State Registered Clinical Scientist is protected by law, and only State Registered Clinical Scientists can be employed as clinical scientist grades within the NHS, except those who are undergoing defined training programmes. Trainees are to be described as ‘pre-registration clinical biochemists’, or whatever modality they intend to register in (n.b. not as pre-registration Clinical Scientists, as this is a misuse of the protected Clinical Scientist title).

Health Professions Council

Just as all this begins to settle down it is about to be replaced by the new Health Professions Council (HPC), which already exists in shadow form and will take effect in April 2002. HPC is a single multi-professional council with responsibility for 120,000 practitioners, including all those presently covered by CPSM. Each profession that currently has its own Board under CPSM will have one representative on the overall HPC. HPC will do the bulk of its work through four committees – Education and Training, with responsibility for defining standards of training and proficiency; Investigation, with responsibility for investigation of allegations; Conduct and Competence, with responsibility for judging allegations of misconduct or professional incompetence; and Health, with responsibility for determination of health issues. There will be strong lay representation on HPC and all its committees (a practitioner majority is permitted, but practitioners can outnumber lay people by no more than one). Under HPC there will be further strengthening of professional title, and linking of registration to maintenance of professional competence (i.e. a revalidation process analogous to that being developed for doctors). Maintenance of competence includes (but is not confined to) CPD.

In principle, HPC can change all the requirements for registration as Clinical Scientists. In practice, the present arrangements, once resolved under the Clinical Scientists’ Board, are likely to continue under HPC. Once HPC is established, there will be a further opportunity for established practitioners in the field to be admitted to the register under ‘grandfather’ provisions for a period of two years.

This is an outline of the current position, which is still changing. I’d be happy to discuss any aspect or try and answer any specific questions.
Measuring HbA1c – Relatively Speaking

Reading Janet Smith’s excellent symposium report in the May issue of ACB News served to raise my hackles again (they are not easily raised!), and put pen to paper - actually two fingers to keyboard.

Having been involved for many years with the measurement of HbA1c, I am very familiar with the ongoing arguments, debates and initiatives regarding standardisation.

We now have the situation where many HbA1c laboratory and near-patient assays are in agreement, to varying degrees, with criteria produced by the National Glycohaemoglobin Standardisation Program (NGSP) in the USA. This, in turn, is based on an assay specific for HbA1c, which happens to have been used in two major studies (DCCT and UKPDS, for Types 1 and 2 diabetes, respectively), with which many people are familiar. There is no doubt that this approach has improved the standardisation of reported results and their interpretation.

However, do we know the true bias and specificity of this assay? What are we actually measuring? If the impending IFCC calibration material allows us to establish these values, that should be very helpful. Just because an assay has been used in major studies, does that make it a “reference method” to which all other assays should concur?

What are we really measuring, and does it matter? Is it a case of relativity? Is the question best illustrated by the analogy to the (awful) Eurovision Song Contest where quality is determined by consensus?

The critical question is - does this help to produce more meaningful results for the assessment and management of glycaemic control? Answers on a postcard, please.

Dr Ronald G Newall
Healthcare Consultant in Diagnostics
63 Highover Park, Amersham
Bucks, HP7 0BP

Thyroglobulin for Thyroid Cancer Monitoring

We were very pleased to see that UKNEQAS has published its first report on a survey of laboratories that measure thyroglobulin. This was a well conducted and timely survey which highlights a number of important issues. As antibodies to thyroglobulin (TgAb) can interfere in assays for thyroglobulin, either positively or negatively depending upon assay design, it is important to know whether there is a potential interference by measuring the TgAb, and/or performing a recovery or dilution experiment to validate the thyroglobulin result. As uncertainty exists about the reliability of recovery and dilution studies in antibody-positive samples, it is imperative that the presence of a potential interference by TgAb be identified. This can only be done by using sensitive immunoassays for TgAb, and not by haemagglutination assays which lack sensitivity and specificity. Laboratories that only measure thyroglobulin without looking for interference in their assay should reconsider their procedures, as evidence of disease activity relies on the accurate measurement of thyroglobulin.

Currently, laboratories that measure TgAb in samples from patients with thyroid cancer operate without an UKNEQAS scheme, as this was withdrawn in 1999 to discourage the use of TgAb to identify autoimmune thyroid disease. This was premature as there was a clinically evident role for measuring TgAb in thyroid cancer patients, both to predict possible interference in thyroglobulin assays and as a prognostic indicator in assessing progression of the disease. It is welcome then that the UKNEQAS thyroid scheme is considering offering a scheme for TgAb, as it should be an integral part of any external quality assessment scheme for thyroglobulin.

Our own laboratory has measured TgAb in samples for thyroglobulin since 1996 and performed recoveries on antibody positive samples. Our current practice is that due to the uncertainties of the assays and the methods for identifying interference in the assays, we measure TgAb and do a recovery on every sample for thyroglobulin estimation. We would welcome feedback from any of our users if there are discrepancies in measured thyroglobulin and patient’s clinical status.

Rhys John and Carol Evans
SAS Hormone Laboratory
Department of Medical Biochemistry and Immunology
University Hospital of Wales
Heath Park
Cardiff CF14 4XW
First World Congress of Men’s Health

Vienna
2nd-4th November 2001

Topics include:

• Men’s Health: Lessons from the Baltimore Longitudinal Aging Study - an Overview
• The Future of Male Health: Most recent and relevant results of the Massachusetts Male Aging Study (MMAS)
• The Future of the Aging Male
• The Prostate: A Clinical Field Trip from BPH to Cancer
• Erectile Dysfunction: Disease or Men’s Destiny
• Office Management of Men’s Health
• Unmasking Male Depression: Challenges in diagnosis and treatment

• Prevent the Event: Raising expectations for new therapies of male osteoporosis
• Male Hormone Replacement Therapy: Managing the pieces of the puzzle
• Advances in diagnosis and treatment of male hypertension
• New Directions in Male Diabetes: Effective strategies for the 21st century
• Challenges in Male adipositas: New approaches to male body weight regulation and control
• Cardiovascular Disease & Effective control of male lipid disorders
• Joint Meetings with Men’s Health Organizations and the Pharmaceutical Industry

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Point of Care Testing: Challenge or Opportunity

The Royal College of Pathologists
Thursday 27th September 2001
One-day symposium - provisional programme

Aim:

• to review the scientific and commercial applications of Point of Care Testing to assist laboratories to optimize future provision.

10.15 Registration and coffee
11.00 Point of care testing: focussing on the patient
Professor Chris Price (St Bartholomew’s and The Royal London School of Medicine and Dentistry)
11.30 Point of care testing: An industry perspective
Mrs Cecilia Brown (Director General, British In-Vitro Diagnostics Association)
12.00 Technological innovations in point of care testing
Professor Chris Lowe (University of Cambridge)
12.30 Health economics and point of care testing
Dr Richard Grieve (London School of Hygiene and Tropical Medicine, London)
13.00 Lunch
14.00 Point of care testing in the emergency room
Dr Jason Kendall (North Bristol NHS Trust)
14.30 Point of care testing in general practice
Professor Richard Hobbs (University of Birmingham)
15.00 Point of care testing in coagulation
Professor Sam Machin (University College Hospital, London)
15.30 Drug testing at the point of care
Dr Ian Watson (University Hospital, Aintree)
16.00 Close

To be held at The Royal College of Pathologists, London. Tel: 0207-451-6740. Fax: 0207-451-6701.
Email: michelle.casey@rcpath.org
Hot Topics in Clinical Diagnostics and Outcome: The Third National ACB Audit Meeting

Thackray Medical Museum
St James University Hospital, Leeds
4th October 2001

09.00-09.05 Welcome
   Mr M J Hallworth

09.05-09.45 Outcomes of thyroid cancer
   Professor M J Sheppard

09.45-10.30 The laboratory implications of the Diabetes NSF
   Dr R Young

10.30-11.00 Coffee

11.00-11.30 Sub-arachnoid Haemorrhage - clinical issues
   Dr J Bamford

11.30-12.10 CSF group - audits and recommendations
   Dr R Beetham

12.10-13.50 Lunch and poster session

13.50-14.30 Troponins - clinical requirement
   Dr P Groves

14.30-14.55 Cardiac markers - UK audit
   Mr Wing Tsang

14.55-15.35 Troponins - EQA
   Mr A Reid/Mrs A Thomas

15.35-16.00 Tea

16.00-16.30 Oral presentations (2)

16.30-17.00 Oral presentations (2)

17.00-17.10 Closing remarks

We invite anybody with a completed audit on whatever topic to submit a poster which will be exhibited over lunch. The most interesting of these will be chosen for oral presentation. Please submit an abstract on one side of A4, 250 words maximum to: Robert Beetham, Dept Clinical Biochemistry, Frenchay Hospital, Bristol, BS16 1LE; e-mail robert.beetham@north- bristol.swest.nhs.uk by July 31st.

Please register your interest in attending this meeting with Faye Storey, Dept of Clinical Biochemistry and Immunology, Leeds General Infirmary, Great George Street, Leeds LS1 3EX, e-mail fayes@pathology.leeds.ac.uk

The venue is suitable for both car and rail transport.

For those unable to make the journey within a day, a list of appropriate accommodation can be provided.

RCPath CPD applied for; IBMS CPD accredited.

Registration fee £45 for ACB and IBMS members.
Applications are invited for the post of Principal Biochemist, to be responsible for the day-to-day running of the Pathology laboratory at the Maudsley Hospital. The well-equipped Department is based on two sites: the Maudsley Hospital, Denmark Hill and the Bethlem Royal Hospital, Beckenham. The Maudsley laboratory provides clinical biochemistry, haematology, microbiology and phlebotomy services, together with some research for the Post Graduate Psychiatric Teaching Hospitals, with a large community commitment and over 500 beds. There are a variety of opportunities for research and teaching involvement.

The successful candidate must have a broad experience of clinical biochemistry (DipRCPPath, MRCPath or MCB) and some laboratory managerial experience. The postholder will play a key role in the service provision and development of the department.

The starting salary and grade will be dependent on the qualifications and experience of the successful candidate. Staff facilities include a day nursery, gymnasium and various sports facilities.

For further information or to arrange an informal visit, please contact Mr Brian Smith, Consultant Biochemist at the Bethlem Royal Hospital on 020 8776 4202, or at the Maudsley Hospital on 020 7919 2189.

For an application pack please either write to Human Resources, Bethlem Royal Hospital, Monks Orchard Road, Beckenham, Kent BR3 3BX or telephone our 24 hour answering machine on 020 8777 0370 quoting reference number CRO 1130.

Closing date: 24 August 2001.
The Department of Clinical Chemistry is one of the largest in the country, is well staffed and equipped and offers a wide range of tests. It provides regional services for hormones and trace elements and is a designated SAS laboratory for bone markers. It has an active and productive research programme and is closely involved in teaching and training within the Faculty of Medicine and the Trust. There is a busy Metabolic Bone Disease Unit, which is managed by medical staff within the department.

The trust operates across two sites, has 1200 beds and is responsible for regional services including cancer, renal dialysis/transplantation and vascular surgery. The department has full CPA accreditation and provides services to the Royal Liverpool and Broadgreen University Hospitals, the Liverpool Cardiothoracic Centre, the Liverpool Women’s Hospital, the North Mersey Community Trust and a large number of general practices within the city.

The department is in the process of a major reorganisation involving staff and equipment and these two new posts are integral to the changes.

**Post 1**

Applications are invited for this new post of Principal Biochemist within the department. Candidates must be a CPSM registered Clinical Scientist and have appropriate qualifications and experience. The appointee will take a leading role within the Endocrine section of the laboratory with major responsibility for provision of the routine analytical and advisory service. The successful candidate will be expected to develop a research interest and become involved in establishing a new development in molecular diagnostics/endocrinology.

**Post 2**

Applications are invited for this new post of Senior Biochemist. Candidates would be expected to demonstrate a commitment to working towards MRCPath. The appointee will be expected to support the Principal Biochemist within the Endocrinology Section and will have a major role with regard to internal and external quality assurance. Training will be given in all aspects of Clinical Chemistry and rotation through all sections of the laboratory will be arranged. There will be ample opportunity for research.

For further information or to arrange an informal visit please contact, Professor WD Fraser on 0151 706 4257, Dr A Stott on 0151 706 4230/4258.

Application forms and job descriptions available from the Personnel Office, RL&BUH, Prescot Street, Liverpool, L7 8XP. Tel 0151 706 2810/3893/3030. Please quote ref number 688 indicating which post you wish to apply for.

For further details of this job and other jobs within the Royal Liverpool University Hospitals NHS Trust, see our website www.royalliverpoolhospitaljobs.com

Closing Date: 7th August 2001

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BIOCHEMICAL GENETICS UNIT

Senior Clinical Biochemist or Principal Clinical Biochemist

Full time
Spine points 14 - 16 or 17 - 19
£25,456 - £27,471 or £28,553 - £30,881 per annum
(Starting salary in accordance with qualifications and experience)

This post is required to develop and provide a clinical service in the areas of neonatal screening and metabolic disorders and to carry out research and development related to assays in these areas.

You must be a State Registered Clinical Scientist with experience in the field of neonatal screening and/or metabolic disorders. For appointment to Senior Grade you must have passed MRCPath Part I; for appointment to Principal Grade you must hold MRCPath. A higher degree and evidence of research and development experience would be an advantage.

The department has a policy of active support for higher training and continuing professional development.

For informal enquiries please contact Dr J. Calvin on 01223 257130 or 01733 553707 or email jc225@cam.ac.uk

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Application forms/job descriptions are available from:
Personnel Services, Box 184, Addenbrooke’s Hospital, Hills Road, Cambridge, CB2 2QQ or telephone 01223 217515 (24 hour answer phone) or 01223 217038 (0800 - 1700) quoting reference 01PATH0411.

Closing date: 24th August 2001.
E-mail: hayley.middleton@addenbrookes.nhs.uk
More information on the website:
www.addenbrookes.org.uk

THE TRUST WILL CONSIDER APPLICANTS INTERESTED IN JOB-SHARE.
COMMITTED TO EQUAL OPPORTUNITIES IN EMPLOYMENT.

Addenbrooke’s NHS Trust

Good Hope Hospital NHS Trust

CLINICAL BIOCHEMIST GRADE B
(starting point dependent on qualifications and experience)

Applications are invited for the post of Senior/Principal Biochemist in the Department of Biochemistry. The department is fully CPA accredited and provides a comprehensive clinical biochemistry service. You will support the Chemical Pathologist in the provision of a clinical laboratory service and play a key role in the development of the department.

This is an opportunity for you to gain a broad breadth of experience in all aspects of general biochemistry including clinical liaison, audit, quality assurance, research and development.

You should have a good basic training with evidence of progression towards the MRCPath.

For further information or to arrange an informal visit please contact Dr Sud Ramachandran, Consultant Chemical Pathologist on (0121) 378 6206 ext. 2246.

For an application form and job description please contact Helen or Jo in the Recruitment Office on (0121) 378 6020.
Please quote reference number JTT23.

Closing date for applications: 10th August 2001.
Birmingham Children’s Hospital  
NHS Trust

Department of Clinical Chemistry

CONSULTANT CLINICAL BIOCHEMIST

Grade C (spine points 26-34)

An exciting opportunity has arisen at the Children’s Hospital in Birmingham for an enthusiastic scientist wishing to play a key role in one of the major paediatric centres in the UK.

The appointee will be Deputy Head of Department with responsibility for providing the General Clinical Chemistry Services (including POCT) at the Diana, Princess of Wales Children’s Hospital and the Neonatal Clinical Chemistry Service at Birmingham Women’s Hospital (approximately 3 miles away). An experienced state registered scientist with MRCPath or MCB is required; an interest/expertise in IT would be welcomed.

The Children’s Hospital is a tertiary referral centre and has a wide range of clinical specialities including a supra regional service of liver disease/liver transplantation, oncology, nephrology, and a 20 bedded PICU. The hospital was relocated to the City centre in 1998 following a major £30 million refurbishment programme of the former General Hospital. All laboratory disciplines are on site in excellent accommodation within a single block and are CPA accredited. The clinical chemistry department is well equipped and provides a wide range of investigations including the Regional Neonatal and Inherited Metabolic Disorders Services. There is an excellent training programme and the department has a Higher Specialist Trainee Clinical Biochemist post and a Specialist Registrar Paediatric Chemical Pathologist post.

Birmingham Women’s Hospital is a major teaching hospital sited on the Queen Elizabeth Campus and adjacent to the University Hospital Birmingham NHS Trust, and to the Birmingham University Medical School. The hospital is a tertiary referral centre for obstetrics and gynaecology oncology, and offers a complete range of obstetric and gynaecology services as well as housing the Regional Neonatal and Genetics Units. The successful appointee will be expected to develop services and take advantage of the excellent opportunities for research and teaching, and clinical audit in the Trust.

To arrange an informal visit, interested applicants are encouraged to contact: Dr. Anne Green, Consultant Clinical Biochemist, tel: 0121 333 9922, email: anne.green@bhamchildrens.wmids.nhs.uk or Dr. Jim Gray, Programme Director, Microbiology Department, tel: 0121 333 9815, email: jim.gray@bhamchildrens.wmids.nhs.uk

For an application form and job description please contact the Personnel Department, Birmingham Children’s Hospital NHS Trust, Ladywood House, Whittall Street, Birmingham B4 6NL, tel 0121 333 8352 (24hrs), or email: trudi.morgan@bhamchildrens.wmids.nhs.uk

Please quote reference TM692/01. Closing date for completed applications is 31st August 2001.

We are committed to Equal Opportunities and actively discourage smoking at work.

To advertise your vacancy contact:
Dr Graham Groom, ACB Administrative Office, 130-132 Tooley Street, London SE1 2TU Tel: 0207-403-8001 Fax: 0207-403-8006

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