

ACB Council March 2008

Election of President of the Association

The March meeting of Council will be remembered as a rather historic meeting. It was the first time that Council elected the new President of the Association. Nothing new in that, one may think, except that this was the first election of the first President of the new structure of the Association for Clinical Biochemistry. Dr Ian Watson left the Council meeting whilst the election took place. In his absence Dr Gwyn McCreanor, Secretary of the Association, proposed Dr Watson. This was carried *nemine contradicente*. This decision will be formally reported at the AGM. Dr Graham Beastall will become Past President for the 12 months following the AGM.

Broadening the Membership

Raised at the last AGM, this was a Topic of the Day at both the November 2007 and this Council meeting. Following work by Dr McCreanor and the National Members an e-mail was sent to the membership with four possible options asking for views and favoured options. This was an informal approach and was not a vote. The consultation received 95 responses with a variety of comments and choices.

(Anonymised) views ranged from “absolutely no change” to “open membership to anyone and everyone”. Reservations were expressed that the Association, by opening membership, could lose its current drive in Clinical Biochemistry and end up being a diluted “Association for People Who Wear White Lab Coats”. Worries were expressed about the status of the Federation of Clinical Scientists in a more open organisation, but Mr Geoff Lester, FCS Chair, was confident that the FCS would not be adversely affected.

However, the majority of the views expressed were in favour of some change in the rules of eligibility for membership. Council discussed the options and the consultation results in great detail and decided that two options should be taken forward to the AGM:

- 1) Do nothing – keep membership categories as they are.
- 2) Remove affiliate membership as a category and keep ordinary, overseas, student, federation and retired. Open ordinary membership to anyone who is working as a professional in Healthcare with an interest in Clinical Biochemistry.

These two options will be taken to the 2008 AGM with a mandate to the meeting to carry out a vote of ACB Members after the AGM. The decision of the membership would be adhered to and, if the majority was for option 2, this change would be introduced in January 2009.

24-Hour Consultant Cover

Dr Anne Pollock, Regional Representative for Scotland, had noted in the minutes of the ACB Executive meeting held in September 2007 that CPA had been discussed. There had been discussion in her Region about whether it was a CPA requirement that there be 24-hour Consultant cover. Council Members had experienced or witnessed a number of changes recently. Some Trusts had withdrawn 24-hour consultant cover for Clinical Biochemistry. In one Trust where

this had happened, staff in the labs had reported this to their risk register. In some Trusts the Consultants themselves had opted out of providing 24-hour cover. Dr Nigel Lawson, National Member on Council, and who is a CPA inspector, clarified that CPA could not mandate that Trusts provide 24-hour cover. CPA states that each Trust must provide laboratory services as befits the status of the Trust's clinical services. This is not a situation we agree with and we wish to know of instances where changes to cover are made as we believe this constitutes a risk to patients, particularly in the light of the findings reported in the Annals of the diminishing knowledge base amongst junior doctors and other requestors.

Secretary's Report

Dr McCreanor reported on recent and upcoming changes in the roles and responsibilities of the ACB Office staff. Mr Nic Law has taken over management of the ACB Office and Dr Graham Groom's role is to establish the requirements of the new Association Directors for office support.

It is a requirement of the Science Council that the ACB undertake annual random checks of the CPD activities of CSci holders. It is not possible to use the Royal College of Pathologists (RCPATH) inspections as we are the Awarding Body; the ACB must undertake its own.

A number of proposals for Association Awards had been received by Dr McCreanor. These were discussed at the meeting and Council's recommendations will be put to the membership at the AGM.

Clinical Practice Section

Dr Ceridwen Coulson, Chair of the CPS, reported that there had been much activity in the group recently. The question of who owns laboratory results had been discussed. Is it the lab, the requesting clinician, the patient or a combination of these? Dr Danielle Freedman, Representative of the RCPATH said that this issue is currently being discussed in the College and a paper will be produced shortly. It was agreed the Dr Coulson and Dr Freedman would liaise on this.

CPS intends to publish papers in areas such as "Standardised Test Profiles". Other areas have been suggested, such as "Recommended Frequency of Testing" and "Presentation-related Profiles". Council agreed that CPS should proceed with these.

Feedback

Council encourages feedback from all Members to ensure that Council discussions truly represent the views of the membership. The letters page in ACB News, via your Regional Representative and the AGM are three popular routes, but communication can be directly to Council Members or officers of the Association.

Steve Goodall, Assistant Secretary