

ACC Council Meeting Minutes
British Society of Haematology, 100 White Lion Street, London
Tuesday 28 February 2012

Angela Douglas (AD)	Chair
Simon McCullough (SMC)	Secretary
Kevin Ocraft (KO)	Treasurer

Lara Cresswell (LC)	Ordinary member	Kim Smith (KS)	Trustee
Steve Williams (SW)	Ordinary member	Tony Parkin (TP)	Trustee
Dom McMullan	Ordinary member	Chris Kettle (CK)	Junior member
Sian Morgan (SM)	Ordinary member	Ros Allen (RA)	Genetic Technologist member
Gordon Lowther (GL)	GETB invited	Nicola James (NJ)	Genetic Technologist member
		David Baty (DB)	CMGS invited
		Steve Barnett (SB)	AHCS invited

1 Presentation from Steve Barnett, Academy for Healthcare Science (AHCS)

SB outlined the role and function of the AHCS, governance, voluntary registers, standards, QA of education and training and equivalence.

(i) Role and Function

The AHCS will have Professional Body functions providing a voice for the HCS workforce, increasing the profile of HCS with government, commissioners and the public and have an input and provide support for wider strategic initiatives relating to HCS. The AHCS will also have voluntary register functions, collaborating with existing regulators e.g. HPC, CQC, collaborate with existing voluntary registers to campaign for statutory regulation across the workforce. The AHCS will hold a register for groups without one and work with existing voluntary registers towards a collective accredited voluntary register. The AHCS cannot see the case for not having statutory regulation. This guarantees standards and provides efficient cost effective way of delivering care. CHRE are proposing to regulate voluntary registers but the fees are high - £10K to register a group and then £12K to maintain.

(ii) Governance

The AHCS is currently a company but will eventually become a charity. The Council of the AHCS sets the direction and strategic policy. This will have representation from individual Professional Bodies. The Management Board carries out the directives from Council. This will have a Chair, a non-executive Chair (Chair of Council), in addition possibly lay, patient and employer representation, 3 executive directors and 3 non-executive directors. Below the Management Board will be the Professional Advisory Groups – 8 of these, 1 per MSC theme. Adverts are out now for Professional Group Chairs. Adverts will be out soon for Professional Group members. All advertised on AHCS website.

(iii) Voluntary Registers

The AHCS believe that statutory regulation is beneficial but will not happen in this parliamentary cycle. The COMMAND paper stated there would be no extension to statutory regulation. CHRE would accredit voluntary registers. This probably depends on passage of the Health bill.

MSC training

Training for HCSA and HST in early development. Likely regulation of PTP in life sciences by HPC and for physiological sciences by the AHCS as an assured voluntary register. Registration of STP will be by the HPC. The AHCS is seeking recognition as an education provider by the HPC.

(iv) Standards

The AHCS have a consultation on Good Scientific Practice which closes on 13th March 2012. This will form non-statutory guidance on professional practice. The professions will set the standards for education and training and also the standards for partner organisations.

(v) QA of education and training

The AHCS will do this with the academic institutions. The School will do the same with work based

placements. The School will be subsumed at some point into the AHCS as will the ACS.

(vi) Equivalence

The AHCS will assess the equivalence of programmes of education and training assessing that the outputs of these programmes fit with MSC. The AHCS will also perform assessment of equivalence for individuals to see how they fit into MSC outputs.

SB then took questions from Council.

AD- ACC work with ACS to write standards for assessment of CS. Will the AHCS set standards for assessment of PTP and STP? How can this professional body be involved to ensure standards are appropriate for CS?

SB- ACC can be involved through membership of professional advisory groups. These groups will set the standards. AHCS has applied to HPC to register as an education provider. The ACS must determine how long it should stay in existence as the AHCS will take over the work of the ACS. There could be a change to the way training is provided to reduce it from 4 years to 3. If ACS recommend that 4 years are required the AHCS cannot ignore this and would need to be discussed by AHCS, ACS and DH.

AD- Who measures the outcome of the pilot scheme?

SB- Not sure but AHCS is best placed to do that.

KS- The AHCS objective is to improve services to patients. Registration is the mark of an independent practitioner. Is experience being undervalued as individuals at the end of MSC will not be able to practice independently?

SB- The professional bodies had input into MSC. AHCS implement government policy and have to deliver what employers want. £20 million pounds savings have to be made.

AD- The profession must then decide how to use the individuals coming through MSC and possibly re-write BPG in light of MSC.

NJ- Asked about the costs of CHRE compared to costs of AHCS.

SB- The AHCS would save on cost and keep costs down for individuals as there will be no membership fee. Associations that are members would pay a nominal fee. SB anticipates the AHCS will make money from assessment of equivalence and DH training events. Costs would also be kept down by working through the professional bodies.

AD thanked SB for coming to speak with Council.

2 Apologies for Absence

Apologies were received from Teresa Davies (President), Sandra Birdsall (Deputy Chair) and Christine Waterman (Ordinary member).

3 Minutes of the meeting held on Tuesday 7th June 2011

Minutes were accepted with minor changes.

4 Matters arising from previous meeting

Action from Tuesday 7th June 2012: KS to write to Mike Griffiths and ask him to notify labs of changes to oncology and constitutional EQA scheme.

Actions from Tuesday 1st November 2012:

DB to email UKGTN presentation to SMC for circulation.

AD and DB to write to Academy to request a Genetics seat.

GL to raise at GETB on 20th March the issue of assessment of equivalence for current staff.

5 Chairs Report: Review for Period 1st November 2011- 28th February 2012

Report presented by AD

(i) Human Genetics Strategy Group (HGSG)

Final report circulated and hoping that a White Paper will follow. The report contained the following recommendations:

- 1) Recommend that the Government should produce a White Paper which sets out overarching policy direction on genomic technology adoption in the NHS. To inform this work, recommend commissioning health economics studies to quantify the costs and benefits of investing in genomic medicine.
- 2) DH in partnership with BIS and other relevant partners should develop proposals to establish a central repository for storing genomic and genetic data, and relevant phenotypic data from patients, with the capacity to provide biomedical informatics services and an open-data platform that small and medium-sized enterprises can build upon.
- 3) NHS Commissioning Board (NHSCB) should take a lead in the commissioning of genetic and genomic services. This should include:
 - i. ensuring that genetics, genomics and genomic technology and their development in the NHS are a clear and unambiguous responsibility of a board member
 - ii. bringing forward proposals for the establishment of a strategic network to deliver expert advice on the strategic development of genomic and genetic services
 - iii. developing national tariffs for genetics and special pathology tests, and ensuring that the cost of genetics diagnostics is included in the clinical specialty pathway
 - iv. developing, in collaboration with commissioners, the UK Genetic Testing Network and the National Institute for Health and Clinical Excellence (NICE), a robust process for the evaluation of clinical validity and utility of all genetic and genomic tests and markers and setting minimum national quality standards
 - v. ensuring that NICE Diagnostics assess the validity, utility and quality of all new molecular tests, e.g. for cancer, with input from all relevant specialties including pathology, and
 - vi. putting in place agreements that require data from tests carried out by NHS-commissioned laboratories – in the NHS or private sector – to be made available to nationally designed research databases within a framework that ensures patient confidentiality and data protection.
- 4) Recommend that DH and the NHSCB should work together to develop a service delivery model for genetic and genomic technologies with the objective of putting in place a network consisting of Genomic Technology Centres, Biomedical Diagnostic Hubs and Regional Genetics Centres.
- 5) Recommend that urgent action is taken by DH, working with professional advisory structures, the NHS and the educational sector, to ensure that workforce developments do not lag behind service developments, and that an appropriately skilled workforce is available. In particular:
 - an immediate review of the existing provision of genomics training and education for each profession should be conducted (informed by the developments in education and training for healthcare scientists) and an action plan developed, focused on building the skills and knowledge of the current workforce and planning for the future as HEE is being established, education and training in genetics and genomics should form part of its overall function, with a requirement to develop core educational standards for genomics and to monitor outcomes
 - the expertise of the National Genetics Education and Development Centre should be retained and it should become part of the National School for Healthcare Science, and, in conjunction with delivery partners, develop core quality standards for both the curriculum and the training needed for the current workforce, through a training needs assessment in each professional group
 - the workforce planning needs of the specialist clinical genetics, bioinformatics and pathology workforce to support the new service models outlined in this report need to be urgently addressed, to ensure that skill gaps are minimised and continuity of supply is secured
 - in conjunction with the higher education sector and other funding bodies, there should

- be further developments in masters, doctoral and postdoctoral training programmes in Clinical Genetics, epidemiology and bioinformatics to support clinical academic career development and research capacity and capability building for the future
 - within the formation of HEE, consideration should be given to ensure that education in genomics, perhaps through wider arrangements for evolving training within and across healthcare science, and
 - joint working between the NHS and the educational sector should ensure that educators are effectively trained and developed.
- 6) Recommend that the Government should ensure the continued provision of high quality public engagement on the ethical, legal and social issues associated with further integration of genomic technology into mainstream healthcare provision, and that a key aspect of this work should be the development of a national model for generic consent, through broad consultation with all relevant partners and stakeholders.

(ii) BSHG Constitutional Working Party

John Burn is to lead a Constitution working party to discuss the implications of requests from other societies/groups who want to be affiliated with BSHG and how the organisation of the Society can be re-structured. This will also encompass the work on streamlining the membership and the BSHG website. Two proposals have been circulated for discussion, which have been previously forwarded to Council. The next meeting will be 2nd May for Chairs of the professional groups

(iii) JCMG

Advisory group for National Specialist Services set up with a Genetics subgroup chaired by Francis Flintner. Mike Griffiths is the only Cytogeneticist on the group. Sian Ellard and Rob Elles also on group, representing scientists. AD requested another position for a Cytogeneticist on the group but the request was declined.

Strategic Clinical networks were discussed. John Burn is to pilot in Newcastle for DH. These networks would be clinical bodies with funding with a wider role than Professional Bodies providing advice to Commissioners and Training Boards.

(iv) ACS Extraordinary Meeting (12.01.2012)

Meeting attended by Prof Sue Hill, who presented the DH desire for STP's to be Registered as clinical Scientists on completion of 3 year Training Programme. ACS has agreed with Professional Bodies a series of statements that have been sent to Prof. Hill:

Statements from Extraordinary Meeting

1. Clinical Scientists should continue to be registered and regulated by the HPC to ensure the protection of the public.
2. ACS will continue to operate as an education provider and award the ACS Certificate of Attainment as a route to HPC registration for Clinical Scientists.
3. The ACS strongly supports trainees successfully exiting the Scientist Training Programme of Modernising Scientific Careers be eligible for assessment by the ACS to the current competency standards as agreed by the Professional Bodies.
4. ACS may change its requirement for the length of training for Route 1 candidates from four years to three years as the requirement to be awarded the Certificate of Attainment is competency based to the current competency standards as agreed by the Professional Bodies.
5. It is essential that there continues to be a route to the ACS Certificate of Attainment and hence registration for those who do not follow a conventional training route (currently Route 2).
6. ACS will consider other scientific groups working in roles similar to those of Clinical Scientists who do not currently work towards the ACS Certificate of Attainment. In order for those groups to achieve this they will need to develop specific competences in line with those of other ACS modalities and mapped to the HPC Standards of Proficiency. This would enable these groups to achieve HPC registration through the ACS assessment process.
7. The current ACS standards are appropriate for the protection of the public and patients and the ACS do not wish to see any diminution in the standards required to achieve the Certificate of Attainment.

The ACS executive was invited to meet with Prof. Hill on 23 February to discuss the views of Prof. Bodies. We await outcome of that meeting.

Val Davison has stated that the Academy has been working with HPC to create documentation for STP's who will be 'Voluntary Assured' based on HPC regulation guidance and regulated as Healthcare Scientists, until process has been sorted to Register them as Clinical Scientists at which time they will be moved over to the HPC Register. In meantime the Academy will hold the Register.

The ACS are meeting in March again and there may be feedback from meeting with Prof Sue Hill then. The ACC BPG should be re-written to reflect the situation post MSC. A Heads of Depts meeting will be organised after the Spring Meeting to discuss taking this forward.

(v) Centre for Workforce Intelligence (CfWI)

GETB will present the Genetics Workforce Figures.

Some concerning statistics including the fact that 163 individuals are in the bracket 50-59, and 49 are over 60yrs old. In the past 3 years we have recruited only 21 new STP Trainees. We need an indication of how many individuals have been lost from the profession in the past 3 years and not been replaced and what succession planning is in place for the future in order to sustain Services.

(vi) ACC and CMGS Merger Update

Executives of both ACC and CMGS met on 24/1/2012, the nominations for a new name were discussed and it was agreed to recirculate to membership for feedback. It was also agreed that there would be a logo competition amongst membership, once name had been agreed. We agreed to draw up a Job Specification for the new chair outlining responsibilities, which has now been completed. This is to be circulated to members with requests for nominations. Sian Ellard is working on a draft constitution. Vote for dissolution will now take place at AGM in Birmingham on 2nd May 2012. In the meantime we are moving forward as a Joint Charitable Organisation.

Council agreed that the prize for designing the logo of the new society could be an iPad.

6 Dissolution of the ACC

Report presented by SMC

It was raised at last Council meeting if other options had been considered for registering the new body. The advice from the solicitor was that if we register as a charity we would have to restrict ourselves to charitable activities and that charities are not allowed to make a profit. The advantage of a company limited by guarantee including a charitable company are that if the company enters into any contracts or holds any property there is a distinct legal entity that can enter into that contract and therefore limits the liabilities of directors. The downside of a limited company is the additional administrative burden in the form of annual company returns. The solicitor also mentioned a new type of organisation called a Charitable Incorporated Organisation which would mean that an organisation would be like a charitable company without having to register as a charity and a company. This has not been passed into law yet. KO also asked for advice from the auditors. Their advice was that a registered charity would be our preferred option unless there were particularly high risks involved in which case the company offers more protection. We could protect the Trustees from the financial liabilities of a registered charity by taking out Trustee Indemnity Insurance.

The agenda for the AGM will be sent to all members 2 weeks and 2 days before the AGM. The instrument of dissolution will be sent with the agenda which is what the vote will be based upon. We must allow members to appoint proxies to vote on their behalf if they wish. Proxy voters do not have to be ACC members. The AGM agenda and instrument of dissolution will also be put in delegate packs at the Spring Meeting.

7 Treasurer's Report

Report presented by KO

(i) Current financial position

Current account balance is £43,297.44. The year end total account balance, for December 2011 was £102,557.70.

Large expenditure was incurred this year due to deposits being paid for the Spring Meeting 2012 but this will be repaid. The Spring Meeting should break even if 240 members attend each day. An analysis of expenditure indicates that some areas showed a particularly adverse figure when compared with previous year's expenditure: -

- a) Membership fee income fell by £285 (equating to a net loss of 19 members)
- b) Spring Conference income fell by £1988 to £4730 – reflecting a prepayment reduction of monies paid out in support of the 2012 Spring Conference meeting. Actual surplus from the Durham Spring Conference meeting was £8,160.
- c) External meeting attendance expenses increased – nearly double the previous year's expenditure at £2,663.
- d) Internal meeting attendance expenses increased marginally by £742 to £9,059.

The Financial Statement for the year 2011 shows a final adjusted balance of £100,535, and indicates a minor loss of just £1,633 when compared to the previous end of year balance.

(ii) Formulation of a Standard Operating Procedure for the operation of the ACC accounts.

No SOP exists for running of the ACC accounts. KO has drafted an SOP which has been approved by one of the Trustees (TP). This SOP will be shared with the CMGS Treasurer for consideration, and may be used to help construct a new SOP for the proposed merged organisation.

(iii) Auditors meeting

The Treasurer attended a meeting with the Auditors in order to discuss matters arising from the year 2011 accounts. The accounts were passed by the Auditors and the Financial Statement and Friendly Society return forms have been assembled for signing off by the Chair and Secretary of the ACC.

This meeting was also used to discuss likely implications of forming a different, merged organisation – re the proposed ACC CMGS merger.

Wilkins Kennedy are able to offer an auditing/examination services – in fact Cathy Cooper, the Returning Officer, specialises in Charitable organisations. In addition, some interesting points were raised with respect to operating conditions for Charitable Organisations.

A charitable organisation, by definition, cannot make a profit. Any moneys received have to be spent by the end of the financial year. However, it is possible to designate specific types of funds: -

1. General fund – this is the main fund in which income = expenditure, with no major residual balance by the end of the year
2. Registered fund – this fund is a “ring fenced” fund which is reserved for a specific purpose. i.e. moneys may be obtained for a specific project, and held in reserve, exclusively for that project. This would enable monies to be carried over between financial years.
3. Designated funds – funds designated from the general funds, effectively a reserve. This could form the basis of a current asset reserve to act as a buffer for, for example Spring Conference deposits.

The accounting systems for charities are quite different, both in the nature of the returns that are required to be submitted, and how the accounts are externally verified. For accounts with <£250k turnover it is *not* an essential requirement that the accounts are subjected to a full independent audit. The accounts may be declared “subject to inspection”. This process, whilst undertaken by the same independent auditors, is less rigorous, and more importantly less expensive than a full audit. The auditors commented on the fact that new Financial Standards pertaining to audit require a more exacting analysis, and will attract higher charges in future (estimate £2,500 vs. current £1,500).

As a charity, three main documents have to be produced for the accounts at the year end: -

1. Annual statement – almost a sales brochure about the services the organisation provides. These statements may be used as a means of attracting more funding.
2. SOFA – Statement of Financial Accounts, comparable to the current Financial Statement.
3. Annual return to the Charity Commission, reflecting the Friendly Society return.

Wilkins Kennedy are hosting a Charity Meeting in Kent – a ½ day meeting on the 14th March. This is a Registered Charities forum with round table discussions aimed at encouraging Charities in their organisation and operation. KO has been invited and will attend pending receipt of more information about the course.

(iv) Governance and Accounting procedures relating to the ACC – requirements from auditors.

The Auditors identified two key elements which need to be minuted in the ACC Council meeting: -

1. It is the responsibility of the Treasurer to make a financial assessment of the accounts and to make a budget forecast in order to assess the going concern status of the organisation.

KO made a statement that the Society is a going concern for the foreseeable future based on the analysis of the current income and expenditure.

2. It has been indicated that the Association should hold a register at the start of each meeting, in which any person attending the Council meeting should declare any conflict of interest for any matter arising.

Action: SMC to add a conflict of interests item to the agenda of future meetings.

3. The auditors raised concerns around the running of Spring Conference monies through external accounts not controlled by the ACC Treasurer. The auditors specified that there were serious governance issues with this scenario as the ACC treasurer is responsible for all cash flow pertaining to ACC business. In particular the Treasurer is required to have controls systems in place that demonstrate minimisation of risk of fraudulent activities, and to ensure responsible handling of membership funds. Evidence will be required to be produced at audit that all funds received are passed on to the appropriate accounts and not misappropriated.

KO has made the Birmingham conference organisers aware of what evidence and information is required by the auditors so that KO can monitor the spending on the conference. In agreement with the ACC Chair and Secretary, KO has set a payment limit of £5000 above which the Birmingham conference team should seek approval from the Treasurer before payment is made.

8 Genetics Education and Training Board report

Report presented by GL

Last GETB meeting 17/11/2011, next scheduled 20/03/2012

GETB Remit

GETB remit was circulated to Council along with a response detailing the role of each individual on the committee. It is hoped that clarifications are acceptable to Council and remit can go forward for ratification. Any outstanding clarifications can be addressed at Council.

Council was unable to ratify the remit because there was no clear indication in the remit that the GETB was a subcommittee of ACC Council and CMGS executive and collaborates with the Healthcare Science School of Genetics. It was the opinion of Council that the GETB should be able to meet without MSC representatives when and if required.

Action: GL to raise with GETB only and bring amended remit to next Council meeting.

Centre for Workforce Intelligence

DB attended an 'engagement event' on 1st Feb (CfWI Workforce Risks and Opportunities Education Commissioning Risk Summaries Engagement Event). Scoping event to look at workforce data collection and future workforce planning. At the moment they are looking at the lower bands. There is a risk that needs to be highlighted in the workforce with so many technologists and scientists in the 50-59 age bracket and also 60+ as raised in Chairs report.

Action: AD to circulate workforce figures to Council.

Pre MSC Training

Currently (ACC and CMGS combined) 22 clinical scientists and 36 genetic technologists still to exit. GT certificate of exit produced and agreed that practitioner trainees would be able to access training scheme (on-line assessment tool) for a maximum of 3years at a cost of £250.

9 Professional Standards Committee

No report

KS informed Council that along with DM and Eddy Maher there will be a meeting to determine

common practice in aCGH after the Spring Meeting. A questionnaire will be sent to labs. The guidelines will be published in a journal to have UK guidelines but advice was needed round the legalities of non-conforming labs. Council supported this move.

10 **Membership Liaison Committee**

Report presented by CK.

CK attended on behalf of the ACC, a working party meeting with BSHG on 9th February 2012 to discuss new website for the BSHG and its constituent groups. Three companies, Bioscientifica, Blackbaud and Chocolate Grape gave presentations to the group. Bioscientifica was eliminated but the group could not decide between the other two companies. Blackbaud's quote costs from around £23000 to £51000. Chocolate Grape quote was more detailed in what they would provide and how long the work would take and costs around £12600. The working party drafted requirements for the website. The new website will have a joint BSHG landing page with the constituent society's pages being sub directories of this page. It was proposed that the cost of the new website should be split between constituent societies dependent on their size. This would mean the ACC and CMGS would have to cover 50% of the cost.

Council agreed that either the cost of the website should be covered by BSHG from the membership fee or constituent societies should pay for their own page. A question was raised about what happens if the company goes bust and maintenance of the site. Chocolate Grape uses freeware so another company could pick it up. It was suggested that the rights of freeware usage in the contract would need to be looked at so that another company could take it over if necessary. We will be able to contact manage the content of the website to suit our requirements independent of other BSHG websites and the provider. There could also be different levels of user access.

Council then went on to discuss the future structure of the BSHG. The core constituent groups are medics, scientists and counsellors. Council agreed that there needs to be a clear boundary between what is dealt with by BSHG and by the Professional Bodies. We need to maintain a Professional body voice within any new structure of BSHG. Council was not in favour of a complete merger with BSHG.

11 **Genetic technologists**

No report.

NJ informed Council that there was currently no AGTC Chair as Ann Reilly had stepped down.

Action: SMC to contact Ann to clarify and ask for report.

NJ informed Council that the AGTC is going to meet to discuss registration options. There will be no GT session at the Spring Meeting as the technologists did not want to be segregated.

12 **Scientific and Governance items**

1. **Joint Bioinformatics Group**

There is going to be a CNV interpretation workshop to enable guidelines for CNV interpretation.

2. **NQAAP**

Next meeting is March.

3. **Cytogenetic workload units**

These are going to the next UKGTN meeting on 13th March. LC, AD and Katie Waters to attend.

13 **Reports from external meetings**

1. **BSHG**

In addition to what has been covered in other items in minutes, there was discussion on the debate for the Spring meeting, raising the profile of travel awards and suspended members. An ACC member from Northwick Park has been suspended from HPC. SMC stated that there is nothing in ACC rules about removing a member of the society for misconduct. Members must be employed in a capacity acceptable to Council. This may be the only way of removing members suspended for misconduct. Council agreed that it should be built into the constitution of the new society that members must be of good standing. It was suggested that the member has forgotten to cancel direct debit.

Action: SMC to check if the member has paid their subscription for this year.

2. **FASP**

(i) **T21 national standards** – these standards are being reviewed and the group have met 4 times to

discuss these. The consultation on the standards closed in October 2011. It is hoped the new standards will be printed in April and signed off by the working group in September.

(ii) T13 and T18 national policy group met on 28th September 2011 to explore the evidence, feasibility and acceptability for developing a national T13 and T18 first trimester screening and implementation policy for pregnant women. The consultation was open from 7th November to 12th December 2011. SM thanked those who contributed to both consultations. The next meeting of this group is on 29th February 2012.

(iii) NHS Fetal Anomaly Screening Programme Steering Group Meeting met on 18th November 2011. The group has a new Chair - Mr Pranav Pandya.

Proof of concept

The title is used to mean interfacing different electronic data sources to fulfil the information needs of the programme. An initial feasibility study is being driven by Medical Mosaic.

They have generated an 'Output-Based Specification'. This Output-Based Specification aims to describe the management of information in the Down's screening pathway and to specify the capability of an 'Information Solution'. This would meet the need for the efficient and effective flow of information through the pathway, the extraction of information from multiple sources within it and the generation of reports to support audit and monitoring of the programme. It would not seek to replace any of the systems currently in use, but to specify some potential capabilities, use and integration of them.

Cytogenetics also originate the NDSCR Form, in quadruplicate paper form, which then goes onto Fetal Medicine and the screening co-ordinator and then to NDSCR. It includes key data from the referral and outcome, including termination and birth. One Cytogenetics service has eliminated the form and replaced it with a periodic summary report. Some Cytogenetics services also report a subset of the NDSCR form to Congenital Abnormality Registers where they exist. Cytogenetics pass the form to Fetal Medicine to be completed, (though this could be Biochemistry or the Screening co-ordinator) and it then goes to the Screening co-ordinator for checking and to be sent to NDSCR.

For Cytogenetics' reporting, the Solution would capture the outcome data and use it to support Audit and Monitoring and providing a set of data as may be required in local reporting, linking it to national reporting. It would also capture the NDSCR data from the Cytogenetics system and the others in the pathway, generating an NDSCR data set for use in reporting to the NDSCR organisation. It would avoid any duplicate extraction of data from the screening service.

KS and SM met to discuss this proposed pathway with Medical Mosaic and have some reservations about the proposed model.

1. How can we support operating a split referral process where some come electronically and some come with paper? Prenatal screening referrals only constitute a minor number of referrals received by any Cytogenetics laboratory from numerous specialities. We feel that this proposal cannot be supported.
2. The cost
3. Troubleshooting

RESPONSE FROM MEDICAL MOSAIC – there are no intention to replace SHIRE or local Access databases, we do know that most of your work continues to come on paper referrals and most of your reporting is outside the remit of screening. Medical Mosaic asks whether we would be willing in principle to interface the SHIRE or local Cytogenetics database to Fetal Medicine so it could accept an electronic order.

Council would like to give the cytogenetics data to Pat Ward and NDSCR. Probably best that the data is shared between NDSCR and Medical Mosaic.

Action: SM to feed back concerns over model to Pat Ward.

Single Equality Scheme

The NHS Fetal Anomaly Screening Programme (NHS FASP) has developed a Single Equality Scheme which includes our equality objectives and an action plan to address these.

A consultation is now open on the NHS FASP website to allow stakeholders to feedback on the Single Equality Scheme and this will close at 5pm on Friday 9th March 2012.

Action: Council to feedback any comments to SM

3. RCPATH SAC

Report submitted by Jonathan Waters.

(i) NLMC (National Laboratory Medicine Catalogue)

Gail Norbury (Guy's) has been appointed as Genetics Lead for the above project. She will focus on the following in the first instance relating to NLMC and Genetics IT:

1. Unified disease and diagnosis coding systems.
 2. Clarification/review of RCPATH guidelines for storage of samples and data relating to genetic studies
- Both will need input from JCMG and ACC/CMGS.

(ii) JCMG (Joint Committee on Medical Genetics)

Representation from RCPATH from January 2012 is now Jonathan Waters (SAC Chair), Anneke Seller (Oxford), Gail Norbury (op cit), Jim Bonham (Sheffield, Met BioNet) and Shelia Palmer-Smith (Cardiff, trainee).

(iii) Genetics HSST curriculum

A Higher Specialist Scientist Training (HSST) curriculum is being developed for laboratory genetics to bring it into line with other pathology disciplines and as an MSC requirement. Training will be for a five year period (probably commencing in autumn 2012). The HSST curriculum will build on the STP curriculum. Entry to the HSST programme will be by competition and open to all suitable candidates whatever their training background.

The curriculum will work in much the same way as the STP curriculum with Work Based Assessments (WBAs) etc. The programme will include the FRCPATH examination as an integral part of the training programme. We have a deadline for completion of the end of June.

Curriculum Working Group: Jonathan Waters (GOSH, London), David Bourn (Newcastle), Gareth Cross (Nottingham), Fiona MacDonald (Birmingham), Katie Waters (NWP, Harrow), Val Davison (MSC, West Midlands SHA), Huw Dorkins (RCP), Rebecca Franses (trainee) and Eleanor Kennedy (RCPATH).

A separate HSST curriculum is being developed for Molecular Pathology.

The posts are likely to be 50% DH funded. The number of posts is not yet known. Further details should be available shortly.

Action: SMC to clarify with Jonathan Waters how labs can bid for posts.

(iv) Examinations

We are still examining ways of making the exam more fit for purpose with access to IT etc. 2015 is still planned to be the start date for a single Genetics exam although care will be taken that trainees who have not undertaken a broad Genetics training (i.e. STP) will not be disadvantaged.

Finally, can I draw your attention to some excellent Part 1 feedback for Cytogenetics trainees from Eileen Roberts (Bristol) and Christine Waterman (Bristol) in the last issue of BSHG news.

14 Any Other Business

1. Spring Meeting

Update presented by DM

Estimated cost of the Spring Meeting is £117000 including a 10% buffer zone. Sponsorship is now closed and is sold out raising £47000. To break even 240 registrants are required per day. If this target is not met, catering could be downgraded to save £11000. Birmingham would appreciate contributions to a presentation on the History of the ACC and CMGS.

15 Date and venue for next meetings

Tuesday 29th May 2012

Start time 11.15. Lunch will be provided.

Venue: British Society of Haematology, 100 White Lion Street, London N1 9PF

The meeting closed at 16.00