

**ACC Council Meeting Minutes**  
**British Society of Haematology, 100 White Lion Street, London**  
**Tuesday 1 November 2011**

Angela Douglas (AD)	Chair
Sandra Birdsall (SB)	Deputy Chair
Simon McCullough (SMC)	Secretary
Kevin Ocraft (KO)	Treasurer
Teresa Davies (TD)	President

Lara Cresswell (LC)	Ordinary member	Kim Smith (KS)	Trustee
Steve Williams (SW)	Ordinary member	Tony Parkin (TP)	Trustee
Christine Waterman (CW)	Ordinary member	Chris Kettle (CK)	Junior member
Sian Morgan (SM)	Ordinary member	Ros Allen (RA)	Genetic Technologist member
Dom McMullan (DM)	Ordinary member	Nicola James (NJ)	Genetic Technologist member
		David Baty (DB)	CMGS invited

---

**1 Apologies for Absence**

Apologies were received from Gordon Lowther (GETB), Sian Morgan (Ordinary member) and Anne Reilly (AGTC invited)

**2 Minutes of the meeting held on Tuesday 7<sup>th</sup> June 2011**

Minutes were accepted with minor changes.

It was queried if NEQAS had decided to separate the constitutional and oncology EQA (section 10 (2) of minutes) as this information has not been passed on to labs.

**Action: KS to write to Mike Griffiths, Chair NQAAP to ask him to contact NEQAS and ask them to notify labs of the change.**

**3 Matters arising from previous meeting**

All actions completed except

- 4(i)b. AD to highlight parts of the RCPATH Key Performance Indicators document applicable to genetics
- 9. AGTC to write to GTs to make them aware of position regarding registration

**4 Chair's report: Review for Period 7<sup>th</sup> June – 1<sup>st</sup> November 2011**

Report delivered by AD.

**(i) BSHG (05/09/11)**

- New Chair of BSHG is John Burn
- The document Consent and Confidentiality in clinical genetic practice has been reviewed and is on BSHG website
- Current balance healthy (£29K)
- 2 Nominations for constituent Scientific committee need one general cytogenetics member and one acquired cytogenetics member from ACC

**Action: Suggestions to AD – needed by January**

- BSHG feels success of Spring Meetings is compromising attendance at BSHG Council suggested there may be other reasons for this such as cost of the BSHG conference, it has more of a research focus and it is easier to network with colleagues at smaller meetings. ACC and BSHG scientific committees to work together to avoid duplication of abstracts.

**Action: AD to respond to BSHG**

- Discussion to offer free places to delegates from 3<sup>rd</sup> World Countries
- The payment to UK resident speakers will be reduced and only cover accommodation for one night and not the whole conference.
- ESHG conference will be in Glasgow in 2015
- BSHG have published booklet to inform the constituent societies of the service they will provide to assist with the Spring meetings.

ACC/CMGS Spring meeting will run 30<sup>th</sup> April to 1<sup>st</sup> May 2012. There will be an event to recognise the end of the ACC.

## **(ii) Human Genetics Strategy Group (HGSG)**

### **Service Development (24/09/11)**

September meeting was cancelled. The document from May meeting was circulated to Council.

**Action: Any comments on paper to AD**

### **Innovation (10/10/11)**

No draft paper produced yet.

- 1) Discussed International collaborative curation of Human Variomes, took place as a Human Variome Workshop chaired by Prof Sir John Burn. Professionals internationally sharing data, generating database of variants of unknown significance to try to find a clinical link. The Chinese Govt invested \$3000m to develop their own Genetics programme and now have a sequencing hub that can sequence more genomes faster than anywhere else in the world but they do not have any analysis capabilities.
- 2) TSB Workshops on Stratified Medicine discussed and Paper (Road Map) tabled
- 3) Discussion around innovative ways of providing information for patients – 3 Levels of reporting:
  - a) Wiki Level (personally to a hand held)
  - b) Reported locally (from lab to clinician to patient)
  - c) Standardised dataset level (provide data – standard interpretation on internet)
- 4) Discussion around NGRL's and in particular how HGSG can protect core resources like DMuB facility. Trying to get funding from DH to maintain DMuB database.
- 5) Innovation Groups contribution to HGSG Annual report with 10 year timeline, to include convergence of Technologies, with near term scenario planning. Proposal on possible Service model for using licensed tests with an appropriate health economics study – Economic benefit of investing in Genetics, speculating into the future of self testing and self diagnosis.
- 6) 9 areas that have come out of Innovation Group work so far and will be included in draft paper:
  - a. Incentivise Innovation adoption to drive faster adoption
  - b. Increase public awareness – Systems allowing Doctors to make decisions on complex data.
  - c. Incentivise recruitment of patients into clinical trials to increase uptake
  - d. Better trials design
  - e. Data & management – Collection of data, access to pharmaceutical data, access from Pharma to clinical data.
  - f. Regulation of Standards especially for home grown tests
  - g. Intellectual Property – to reflect what is best for Patients not Private Companies
  - h. Biomarkers and Biobanks – Storage and access for R&D of samples with standardisation and validation of samples.
  - i. Impact of R&D - 'More Bang for Buck' Greater collaborations needed
- 7) Final meeting will be end January to view report. This report may not be seen by AD.

### **(iii) NGRL**

No meeting. Funding runs out in March 2012. Salisbury NGRL has external funding for RAPID project.

### **(iv) UKGTN**

AD did not attend. Summary of meeting presented by DB.

- UKGTN is main advisor to DH on genetic testing.
- New Chair is Dr Ros Skinner who is a PHG advisor.
- Jacqui Westwood gave a presentation on the commissioning of genetic tests.

**Action: DB to email presentation to SMC for circulation.**

- HGSG update report from Kathleen Schult
- UKGTN website is not user friendly. It will be redesigned and this is out to tender.
- RCPATH NLM catalog is looking for a genetics lead. Has been advertised.
- UKGTN is developing tariffs which will be based on workload units but no timescale given.
- PHG foundation has produced documents on next generation sequencing. They are

positioning themselves as advisors. Su Stenhouse is trying to gather information on which labs have it.

- UKGTN to advise national commissioning board (NCB). NCB looking to establish a professional bodies board. Possibly will be Academy or ACS? No genetics seat on Academy Board.

**Action: AD and DB to write to Academy to request a genetics seat.**

**(v) JCMG (08/09/11)**

- New Chair Bronwyn Kerr, a clinical geneticist.
- Update from Joint Workshop on Genomic Medicine – Chair Peter Farndon

Drafting a paper on capturing what is happening in Services and canvassing views of sub-specialty groups who provide genetic test. To be presented as college report (Trevor Carr, Peter Farndon and Hilary Burton writing it by end October). There will also be a video link to document. Raised that this may overlap with work of HGSG and they shouldn't be duplicating. There is also a plan to look at Education and Training issues within services and multiprofessional.

- Discussed HGSG report progress.
- Human Genetic Commission is to be replaced by expert committee in 2012.
- UKGTN to become clinical advisory group for NCB, producing a report on Commissioning Genetic Services to be published in a Peer assessed Journal - ? funding unsure.
- AGNSS – Advisory Group for National Specialist Services. This new body was set up 18 months ago to look at rare conditions with less than 400 cases in England (get 0.5% of NHS Budget). Genetics should be informing strategic direction of the Group. The new Chair of JCMG is to write to them and it was advised that CGS should also contact them. This group is to get involved in better co-ordination of Services so that patients don't have to travel all round country for rare disease services. Strategies for dealing with this is needed, AGNSS asking for input.

**Action: AD to write to AGNSS to explore how/if ACC can be involved.**

- National School of Genetics update from Peter Farndon – Awareness programme on clinical importance of Genetics underway. Training new and existing Professionals. It has been raised with HCS School the workload burden for Genetic Services in work placement training of MSC Students and the need for protected time for trainers and time to participate in recruitment process.
- Insurance moratorium extended to 2017, concerns were raised that individuals were being asked about Genetic conditions.
- Following Times News article on Genetic Services in NHS - discussed response, although we did respond with comments on draft letter and agreed ACC would undersign, Trevor Cole forgot to include ACC on letter as signatory. Not sure what impact letter had no response back.
- Issue raised over the RCPATH SAC representation at RCPATH going to be lost in new RCPATH reforms. Trevor Cole to write to Peter Furness raising JCMG concerns.

**(vi) ACS (05/07/11 and 20/10/11)**

**05/07/11 Meeting**

- 1) Two Assessors training days discussed and date given for new training days – 30<sup>th</sup> November - now cancelled due to industrial dispute.
- 2) Progress of Academy for Healthcare Science Discussed – All personnel now recruited into posts. Governance structure in place, shadow board up and running with representation from Professional Bodies now in place – no genetics representation. Once set up as Company, Academy will be independent of ACS. Roles of FCS within Academy discussed. Concerted effort around communication and engagement to follow.
- 3) There was a presentation on extending the membership of the ACS

**20/10/11 Meeting**

- 1) HPC Update – CSO's from 4 Countries have written to HPC, requesting that HPC register is changed to accommodate MSC and registration of HCSP and HCS. The HPC (Statutory regulator) response was that it is highly unlikely it will be able to register HCSP as BMS and HCS as CS through route 1 and they will need to go through route 2 and therefore will not be registered with HPC on completion. Although not all modalities will have this route, therefore discussed creation of a Discipline specific route for these modalities to allow them a route 2

- entry.
- 2) HPC looking for Portfolio assessors for ongoing registration, directly written to CS in Profession.
  - 3) MSC HCS and HCSP will receive Qualification and Certificate of Competency for Specialisms Training, will need successful attainment of both for Regulation/Registration.
  - 4) Meeting to be set up with HPC and Professional Bodies (ACS) to review standards for registration and equivalence with MSC training programmes

**Action: GETB need to ask for clarity on who is carrying out the assessment of equivalence.**

- 5) Assessors training days possible dates Feb 20/21, March 8/9. ACS Assessors need to attend a training day every 2-3 years
- 6) Assessments: Require 3 years of work experience in the role for ACS assessment with successful completion of Training for route 2. Route 1 is specifically for CS training programmes plus 1 year consolidation.
- 7) 8 candidates submitted for Registration this year all successful.
- 8) Academy update: Academy looking to become regulatory body for Voluntary Registers for HCS will regulate HCSP and HCS. HSST underway. QA regulation and training regulation.
- 9) Looked at extending membership of ACS again. Agreed to extend the modalities but not lower standards for HCS. IBMS would have to agree to Practitioner registration.

**(vii) Centre for Workforce Intelligence (CfWI) (11/10/11)**

AD did not attend and is awaiting notes from the meeting.

This group meet through the Royal College. GETB is carrying out a workforce profile and the data from this will be submitted to this group.

**(viii) Targeted Medicine Workshop (30/06/11)**

Aim of meeting was to produce a report for Ministers to provide a strategic direction.

Following Questions provided for table discussions:

- 1) What tests and what technologies are likely to be required?
  - a. 3-5 yrs NGS
  - b. >5yrs near patient testing
- 2) How do we achieve high quality cost effective services?
  - a. Set standards and criteria for service delivery and accredit against standards
- 3) Who should evaluate new tests and new technologies?
  - a. NICE
  - b. Professional Bodies
  - c. UKGTN
- 4) How will this programme effectively link with research?
  - a. Sharing data and including in consent

Considered following issues:

- 1) Technology - Cost and difficulty in keeping up with replacement  
- Difficult to standardise use and QA
- 2) Sample quality/quantity – Less samples more tests/slow uptake of new tests
- 3) Who regulates which tests /how
- 4) Who ordered the tests /how/when
- 5) Commissioning of tests /who/how/when
- 6) Clinical data linked to research slow/bureaucratic/Pharma going elsewhere
- 7) Clinical Evidence available /variable/biased against negative results
- 8) How do we achieve a high quality, cost effective service?

This concluded in publication of the “Stratified Medicine in the UK: Vision and Road Map” report.

**5 Dissolution of the ACC**

SMC presented latest information from the solicitor.

The solicitor advised that the ACC had followed the rules so far in balloting the membership on dissolution but failed to achieve the 75% majority yes vote required by the rules in a postal ballot. The solicitor has advised that the matter could be dealt with at the AGM or by a Special General Meeting under clause 9.6 and 9.7 of the rules. It does not require a rule change to clause 21 as the legislation overrides the rules of the Association. The quorum for this would be 40 members. The solicitor has advised that the new body should be in existence before the ACC vote for dissolution so that

permission can be sought from members on what should happen to the assets of the Association. He has advised this should be included in the wording of the special resolution.

SMC is liaising with the solicitor regarding proxy voting to clarify the procedure should any member request one.

TD asked if any other options for registering the new society had been considered and what the remits of the subcommittees would be. This had been raised by another ACC member. ACC Council and CMGS executive committee had not considered this. A document is needed to outline the structures and terms of reference of the various subcommittees. There will need to be detail in the constitution.

A meeting is urgently needed with the CMGS to progress this. CMGS executive committee to meet on 21/11/2011. ACC Council executive member will be invited.

**Action: SMC to ask solicitor what other registrations are available for the new society and the advantages and disadvantages of these. AD and SMC also need to email members to notify them of the result of the ballot.**

## 6 Treasurer's report

Report given by KO

### (i) Current financial position

Expenditure for current year to date amounts to £12,686.10p (includes a figure of £850 passed through the accounts to facilitate Assoc. of Genetic Nurses and Counsellors cheque incorrectly paid to ACC). Actual ACC related expenditure amount is £11,836.10p to date. Income for this year is likely to be derived from two key sources: -

#### a) Scientific meetings and other meetings

- current income to date – £8,211.69p (includes a figure of £850 passed through the accounts to facilitate Assoc. of Genetic Nurses and Counsellors cheque incorrectly paid to ACC) - ACC designated income to date is £7,361.69p.

#### b) Membership fees

- last year's balance sheet shows that we received £9,195.00p from membership fees (December 2010)

- this figure indicates the likely projected income for this year.

The current balance sheet shows a loss of £4,474.41p, with membership fee income due in December 2011 (re-balancing to approximately £4,720.59p based on the above income).

The balance of our bank accounts are: bank and cash deposit account: £29197 and the money market account: £70000.

### (ii) Submission of final accounts year end 2011

The final accounts for 2011 will have to be consolidated and signed off by the Auditors (Wilkins Kennedy Chartered Accountants). The Friendly Society returns will then have to be completed by the Auditors, for submission to the FSA. I would like to thank John for completing the Spring Conference Current account for the Durham Spring meeting. This will be of invaluable assistance in this process.

### (iii) Joint ACC/CMGS Spring Conference 2012 - Birmingham

Following discussions with Sian Ellard (CMGS treasurer), it has been decided that the ACC and CMGS will work together in running the accounts for this meeting. The ACC Spring Conference Account will be used for income and expenditure, and the profit/loss will be shared between the two Societies. The ACC treasurer will act as lead for this account administration. The Birmingham team have been advised of this arrangement. Historically the Spring Conference account has been self maintaining, with income being received before significant expenditure had been incurred. This year the Conference team have had to make a significant expenditure in advance of income. This has created cash flow / liquidity problems in the accounts. CMGS have indicated that they will contribute payments to the ACC accounts to ease the short term cash flow problems. The Spring Conference team have agreed to provide a likely projected cash flow over the next two months. This should ensure that sufficient funds can be made available in the accounts in order to meet expenditure.

### (iv) Requests from the Auditors - conflict of interest statements and financial risk assessment.

The auditors have requested that we provide signed statements from each Council member declaring

either that:-

- a) there is no conflict of interest between their duties whilst serving as a Council member, and other activities they are engaged in, or
- b) to declare potential conflicts of interest in order that they may be independently assessed.

**Action: The Treasurer will circulate a pro forma for each member of Council to sign and return, in order that these may be forwarded to the auditors.**

The auditors have asked for a financial risk assessment to be provided for the ACC account management. The need to provide this information is now unclear with the possibility of merger of the ACC/CMGS leading to restructuring of the accounts.

(v) Requests for funding for the joint ACC/CMGS Genetic Technologists' meeting in Newcastle. We have been approached by Sian Ellard requesting support for the attendance of Genetic Technologists at the joint meeting in Newcastle. The proposal is to fund one place from each lab. Likely shared costs could approximate up to £200 per applicant. It is estimated that this could cost £2,000 - £3,500 per society (assumes 35 laboratories).

Council decided not to approve funding but it was suggested that some of the sponsorship money received for the Spring Meeting in Birmingham could be used to fund a GT meeting at the conference or pay the expenses of those presenting at the meeting.

**Action: DM to take forward with organising committee.**

## 7 **Genetics Education and Training Board Report**

Submitted by Gordon Lowther

- (i) The GETB last met on 19/07/2011. At this meeting it was agreed to merge the GETB with the National Healthcare Science School of Genetics Curriculum Advisory Group (there is a significant overlap in membership between the two bodies). A revised remit is awaiting approval from the ACC Council and CMGS Executive. GETB remit was submitted for ratification.
- (ii) A group working with Eileen Roberts has prepared level descriptors for career framework levels 1-4.
- (iii) The GETB has begun the process of collecting comprehensive workforce data for both Cytogenetics and Molecular Genetics. Workforce data has previously been collected separately by the ACC and CMGS. Genetics is represented on the Royal College of Pathologists Workforce Planning for Clinical Scientists Advisory Group and the joint workforce data will be provided to the Centre for Workforce Intelligence via this group.
- (iv) In addition to working closely with the National Healthcare Science School of Genetics on the current training schemes, the GETB has been active in ensuring that interim arrangements are in place to allow trainees on pre-MSc schemes to complete their training. The GETB hope to develop if possible with the National Healthcare Science School of Genetics a flexible version of the PTP for Genetic Technologists / Practitioners already in post. Volunteers have come forward to continue courses (previously organised by the ACC and CMGS National Trainers) aimed at preparing candidates for the FRCPATH part 1 and part 2 examinations. The next GETB meeting will be held on 17/11/2011.

Council was not Quorate at July meeting therefore was not able to make any decisions and therefore not able to agree request from GETB for the Merger – Merger went ahead without approval from Council.

Council was unable to ratify the remit and terms of reference of the GETB since questions were raised over membership of the committee and members roles and there was no GETB representation at Council to answer these questions. Questions around the paying of expenses of members of the committee were also raised.

**Action: AD to write to Gordon Lowther and David Bourn advising of Councils decision and asking that there is GETB representation at next Council.**

## 8 **Professional Standards Committee**

Report not received in time for the meeting but circulated afterwards. Report prepared by Carolyn Campbell and Nick Bown.

**(i) Constitutional guidelines**

- (a) Array BPGs – comments received back from council - reviewed by Kim Smith and Eddy Maher
- (b) QF-PCR BPGs – updated version ratified by ACC mid October and now also by CMGS – with Gavin Cuthbert for posting on ACC website and Yvonne Wallis for posting on CMGS website
- (c) Breakage syndrome BPGs – have had offer of help with drafting these guidelines from colleague in the Netherlands – Dominique Smeets (via NEQAS steering committee) – would council be happy with this?
- (d) Questionnaire re authorisation of reports – attached for consideration – plan to send out with draft of new versions of General guidelines and Blood guidelines.

**(ii) Oncology guidelines**

- (a) Polly Talley is finalising a draft of AML/MDS BPGs for circulation to labs within a few weeks. We met up in Sheffield along with Nick Telford and Sally Jeffries on 27/9/11 as a mini-workshop to push this forward.
- (b) Sandra Birdsall is working on draft LPD BPGs.

**9 Membership Liaison Committee**

Report compiled by CK.

- (i) The MLC decided to close the discussion forum due to lack of use of the site by the profession.
  - (ii) Following the recent ballot of members regarding the dissolution of the ACC it became apparent that we may not have been able to contact all of our members. Further to this CK undertook an audit of the laboratory contact details held by the MLC. The audit showed that some of the lab contact details were out of date as only 27 out of 35 contacts responded within 4 weeks. Heads of departments with no lab contact were contacted and this increased the number of labs with a contact to 30 of 35. The five labs with no lab contact are Barts, Birmingham, Dundee, Guys and Hammersmith. The MLC are trying to establish contacts for these labs. It was suggested that contacting the entire membership by email rather than relying on lab contacts or Heads of Departments may be a better way to contact the membership.
- TD commented that the audit was very useful.

**10 Genetic Technologists**

Report submitted by Anne Reilly.

- (i) AGTC has not met since last Council. Meeting arranged for 2/11/2011
- (ii) As HPC are not currently accepting aspirant groups for registration, the VRC has been engaging with the Council for Healthcare Regulatory Excellence (CHRE), soon to be renamed Professional Standards Authority (PSA), about becoming an "assured voluntary register" (AVR). Crucial to its success is persuading employers to recognise the assurance scheme and the need to employ only those who are on an AVR, or are working towards becoming registered with an AVR. Because the PSA are engaging with scores of professional and voluntary registers there will be a weight of numbers for their case when approaching NHS employers. The PSA has held a number of workshops over the summer, and following on from these a model will be made for how AVR will work and an estimate of all the costs involved). They will organise a couple of sessions with all the "aspirant" professions early in the new year. The projected start date for the AVRs is July 2012.  
It is felt that this maybe a way to take forward the voluntary register
- (iii) It is still important that all eligible GT's continue to become register with the VRC and become members of the professional bodies.

NJ informed Council that VRC have accepted the certificate of competence for GTs as equivalent and Simon Cammack from Newcastle is a new member of the AGTC.

**11 Scientific and Governance items**

**1. ACC/CMGS Bioinformatics Group**

Report presented by DM

This group has not met in a while. Andrew Devereau chaired a meeting on standardising ontology terms for coding in LIMS systems. AD and DB invited to attend meeting on bioinformatics and data storage. A virtual group is to be established to take this forward. DM has discussed with Eddy Maher possibility of organising a CNV reporting workshop once array BPG are ratified.

**2. NQAAP**

Presented by KS

Was decided that if a lab is a persistent poor performer this will be notified by NQAAP to the joint working group who will decide whether or not to notify CPA and the Care Quality Commission. Two poor performances were reported to NQAAP. One has since been resolved and one is still ongoing. It is likely that this lab will close with the work transferred elsewhere. TD commented that labs would lose accreditation if CPA is notified that they are a persistent poor performer.

### **3. Cytogenetics currency system.**

No report.

**Action: LC to clarify with Katie Waters and report back to next Council meeting.**

## **12 Reports back from external meetings**

### **1. BSHG**

Covered in Chair's report

### **2. FASP**

Report submitted by SM.

#### **(i) FASP Steering Group meeting**

SM attended the Screening Programme Steering Group meeting on 5<sup>th</sup> August 2011.

Prof Soothill (Chair) discussed an 'interesting' discrepant CVS result from Bristol that was presented as a poster at the ACC Spring Meeting [QFPCR using dissociated chorionic villi sample with discrepant results for trisomy 21 compared with full karyotype of long term cultures from the same sample L. Burvill-Holmes, J. Moore, N. Leo, K. Watkins, E. Roberts]. The meeting was made aware that the ACC is currently writing up a re-audit on CVS discrepant results that will be published.

The collaborative paper regarding total invasive procedures received by Cytogenetic Laboratories is still ongoing.

Pat Ward informed the group that she was having discussions with Professor Joan Morris regarding FASP collecting Down's data from Cytogenetic Laboratories.

#### **(ii) T21 National Standards Working Group**

The aim of this project is to develop a first and second trimester compendium of clinical standards and guidelines, and update the 'NSC Antenatal Screening-Working Standards for Down' Syndrome Screening 2007' publication.

SM attended both working group meetings on 15/07/2011 and 07/09/2011.

SM thanked all Council members who provided feedback on the T21 consultation. Comments have been fed back.

The next meeting is scheduled for the 09/11/2011.

#### **(iii) T13 and T18 Standards Working Group**

SM did not attend meeting on 28/09/2011.

FASP is undertaking another online consultation. This focus of this consultation will be for implementing a first trimester screening policy for T13 and T18 conditions. The consultation opens on 07/11/2011 and runs to 12/12/2011.

**Action: Council members to send comments on consultation to SM**

### **3. RCPATH SAC on Genetics and Clinical Embryology**

No meeting since May. Next meeting in December.

## **13 Correspondence/Applications for Membership**

(i) There were 4 applications from membership, 2 scientist and 2 PTP.

(ii) AD received a letter from Mike Griffiths, Chair of NQAAP asking for ACC nominee for NQAAP.

**Action: AD to write to Paul Roberts to see if he would be interested in being cytogenetic representative on NQAAP**

(iii) KS received an email from Gavin Cuthbert. KS and AD have signed his application to become an assessor.

(iv) AD received a letter from the Academy for Healthcare Scientists introducing themselves to the professions.

**Action: AD to respond to see how ACC can become involved.**

## **14 Any Other Business**

### **(i) Council elections**

Standing down at AGM: SB, SW, CW, Val Davison, CK and RA. Must have 3 Trustees.

**Action: Council to email suggestions for a Trustee to SMC.**

**(ii) Array guidelines**

KS addressed comments raised by Council on the array guidelines. Council ratified the guidelines.

**15 Date and venue for meetings in 2012**

Tuesday 6 March 2012, Tuesday 5 June 2012, Tuesday 6 November 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 15.05.