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

Angela Douglas (AD)	Chair
Simon McCullough (SMC)	Secretary
Katie Waters (KW)	Assistant Secretary
Kevin O'Craft (KO)	Treasurer

Steven Williams (SW)	Ordinary member	Chris Kettle (CK)	Junior member
Lara Cresswell (LC)	Ordinary member	Tony Parkin (TP)	Trustee
Christine Waterman (CW),	Ordinary member	Nicola James (NJ)	Genetic Technologist member
Nick Bown (NB)	Ordinary member	Anne Reilly (AR)	Genetic Technologist member
Sian Morgan (SM)	Ordinary member	John Wolstenholme (JW)	Retiring treasurer
		Pat Ward	FASP (invited)

1 Presentation from Pat Ward, National Programme Director, FASP

Pat gave a presentation to Council giving an overview of the structure of the National Screening Committee (NSC), in particular the work of FASP responsible for Down syndrome screening. DQASS office receive information from biochemistry labs on the number of screening tests performed. The number of tests is increasing. Risk cut off was changed from 1 in 250n to 1 in 150 for first trimester screening and 1 in 200 for second trimester screening. Information from the ACC show that in 2003/2004 28700 amnios and 8268 CVS procedures were performed. In 2009/2010 9894 amnios and 3701 CVS procedures were performed. Resulted in 233 less fetal losses per year and a reduction in costs of £9 million per year. FASP do not know detection rate and use a model detection rate of 85%. FASP would like to know false positives but cytogenetic labs do not have this information. Pat suggested that the ACC should estimate the cost of submitting data to NSC. Pat also wanted permission to publish ACC data in FASP report and how to reference it. Permission was granted.
Action: ACC labs to submit data to NSC every 6 months
Action: David Crook (NSC) to contact SM on best way forward

2 Apologies for Absence
Apologies were received from Sandra Birdsall (SB)(Deputy Chair), Teresa Davies (TD) (President), Dom McMullan (DM) (Ordinary member), Kim Smith (KS) (Trustee), Val Davison (VD) (Trustee), Ros Allen (RA) (Genetic Technologist member), Gordon Lowther (GL) (GETB)

3 Minutes of the meeting held on Tuesday 2 November 2010
Minutes were accepted with minor changes.

4 Matters arising from previous meeting
None.

5 Chair's report: Review period 3 Nov 2010 to 1 March 2011
1. Heads of Depts meeting
Thanks to JW for organising meeting. White paper consultations, QIPP, HGSG and merger of professional bodies was discussed. Ian Barnes, Director of Pathology, DH, presented the Government's perspective for QIPP and Molecular Diagnostics as well as work underway by HGSG. Overwhelming support from Heads of Depts for merger. Key points and actions from meeting has been circulated. Executive teams from ACC and CMGS to meet on 8 March.
2. DH Liberating the NHS consultations
ACC and CMGS have responded to the following consultations.
(i)Commissioning for patients
Document sought views on intended arrangements for GP commissioning and the National Commissioning Board. Professional body view was that Genetics should be commissioned by the National Commissioning Board. HGSG Commissioning Sub-group to look at the Qualities and Standards required to be met by Genetics Services against which Services will be commissioned. Group due to meet in February but this was cancelled. NO new meeting arranged yet.
(ii)Transparency in Outcomes

Consultation document on developing an outcomes framework for NHS. HGSG commissioning subgroup drafting paper for standards and clinical quality outcomes in Genetics that we could be benchmarked against e.g. turn around times, NEQAS, CPA. Next meeting of commissioning subgroup is in May so document will need to be circulated by email.

Action: AD to circulate document

(iii)Regulating Healthcare providers

Consultation on plans to free Healthcare providers from political interference and establish a regulatory framework. Plans to develop Monitor as an independent economic regulator for healthcare and the Care Quality Commission as an inspectorate for quality standards.

(iv)Greater Choice and control

Consultation on giving greater choice in the NHS to patients giving them more say in their care. Patients will need to be given the information to enable them to make their choices and we need to decide what information we need to provide to enable them to do this. Patients would be able to choose their clinician, clinical team and diagnostics including 'any willing provider' which would allow Private Sector providers to provide services to patients in the NHS. This policy will be the one that most impacts on Services, it is therefore important that Services have a level playing field and are required to deliver Services at the same quality standards.

(v)An information revolution

This consultation paper was released with the Choice and Control Consultation and the two were reviewed together as Choice and Control would fundamentally require appropriate, high quality information. The intention is to transform the way information is accessed, collected, analysed and used within the NHS. The HGSG Information subgroup is working on the issues that underpin this consultation, not only the information required but also the technology required to develop, manage, deliver and store the information including standard datasets and ICD codes.

(vi)Developing the workforce

Currently out for consultation. HCS leads met in January and a further meeting is planned for March to complete the consultation. This consultation seeks to empower healthcare providers, with clinical and professional leadership, to plan and develop their own workforce. They know what services their patients and local communities require – and they know what staff they need to deliver excellent, responsive healthcare. Therefore they are best placed to commission the education and training that will achieve the right workforce. To do this they will need to work closely with education providers. This consultation seeks views on the changes needed to support the development of the healthcare workforce to enable equity and excellence in healthcare.

3. DH NHS Genetics workshop 10/12/2010

Purpose of the workshop was to help projects currently funded by DH, to identify key pieces of work they are delivering and to suggest ways the work can be continued in the new economic climate. Members of the Genetics community were brought together by Colin Pavelin (DH Genetics Unit) to assess the initiatives funded by White paper money in 2003 (NGRL, UKGTN, NGEDC and NHS Pharmacogenetics) and how they can continue with current budget restrictions. The outcome of the meeting was that the NGRLs are to be funded for another year, UKGTN will continue with a commissioning remit, NGEDC has had a budget cut of 50% but will continue with a tighter remit as will NHS Pharmacogenetics.

4. JCMG meeting 18/01/2011

(i) Stratified medicine project (£11M CRUK Funded) was discussed and that calls for Clinical and Technology Hubs would be out in February 2011 (closing date 8th March 2011).

(ii) Emma Burton-Graham provided a report from the DH Genetics unit team. DH Genetics team has been restructured with less staff. GENCAG has been disbanded, although UKGTN will continue, with a remit to provide information to National Commissioning Board.

(iii) Map of Medicine discussed and how they are being used nationally and by NICE to inform care pathways.

(iv) CMGS and ACC tabled joint workforce paper compiled by GETB (David Bourn)

(v) Centre for Workforce Intelligence will act in future to collate workforce information from all Healthcare Professions to inform Commissioning of Training and Education, will act as a reality check for Workforce planning.

(vi) Consent and Confidentiality Policy final draft presented. Needs to be ratified by RCP.

(vii) IVDD consultation response sent to Heads of Depts. Paper will be published in autumn to inform commissioning.

Action: SMC to circulate response to Council

(viii) Update from Helen Chitty on RAPID, currently looking at NIPD of DS using SEQUENOM technology.

(ix) Guidelines for Fanconi Anaemia being reviewed, JCMG chair requested that Clinicians and Laboratory staff be involved in review process.
(x) Prof Sir John Burn will be new BSHG Chair.

5. Human Genome Strategy Group (HGSG)

3 groups: Service development, Innovation and Training and Education.

(i) Service development

HGSG has set up 2 new subgroups – commissioning and bioinformatics. AD on commissioning subgroup and DM on bioinformatics subgroup. Bioinformatics group met on 18th January. Both groups to report back to HGSG in June. The role and remit of the service development group was discussed. Diagnostics are likely to be included in the scope of the Care Quality Commission. There is a drive to reconfigure NHS services resulting in a reduction in the number of laboratories per SHA.The direction is towards networks of Private Sector and Primary Care Trusts (PCTs) when commissioning suppliers to deliver healthcare. With PCTs coming together to commission services from one supplier, there is concern that some do not want to include clinical input in this decision-making. There is the possibility of the emergence of super-centres, particularly around the molecular agenda. There is also likely to be a consolidation and reduction in the number of laboratories. The case needs to be made with regards to commissioning for the development of agreed standards, quality and patient safety, underpinned by cost, across the board.

Commissioning and network formation

The Chair asked members if they would be interested in seeing the response from the Diagnostics Issues Group to the Choice agenda consultations, if available. The group agreed this would be valuable. Members commented on the Role and Remit Briefing paper identifying five key areas: bioinformatics; Standards/quality; commissioning; catalogue of genomic testing and the need for a further discussion of the UKGTN paper on Commissioning and drug treatments.

Specialist services

Jacquie Westwood introduced the UK Genetic Testing Network (UKGTN) briefing paper on Commissioning and drug treatment. She outlined the work of the UKGTN in the development of an NHS Directory of genetic tests that member laboratories provide nationally – last year 41 further tests were recommended. These have been evaluated for analytical validity, clinical validity and clinical utility as part of the gene dossier process developed by the UKGTN. The UKGTN commissioned a survey on commissioning which highlighted that commissioning for genetics specialised services was done differently across the country. UKGTN is looking to develop a single service model for the commissioning of these services. Members discussed that with rare inherited conditions it was important that family members were not forgotten in the patient care pathway.

It was noted that tests for more common conditions were not assessed by UKGTN and should sit within mainstream service provision commissioned by GP consortia. It was also noted that there was a need to be clear about the sustainability of genetics services. Members commented that there was a risk that with strict boundaries for responsibilities for commissioning certain tests, some tests may be neglected and that there was a need for flexibility on where certain tests would sit (i.e. UK GTN/clinical genetics or speciality clinical pathway).

Business models/platforms

Rob Elles introduced the briefing paper on Strategic opportunities in genomic medicine which described a shift in thinking. The feeling was that patient pathways should stay within the NHS, however, laboratories should be allowed to go their own way, either in or out of the NHS, and that there was a need to retain the link with research and development. There is an acknowledgement that nationally a smaller number of centres in genomics were needed. It was noted that technology for genomics was not stable and investments decisions were needed all the time as new technologies come through. It was important that the link between research and innovation was located in these hubs. It was noted there was a need for national standards, driven by links with the National Commissioning Board and National Institute of Health Research. Local commissioning standards would not be suitable.

Next Meeting 18 May 2011

(ii) Innovation group met 20/01/2011

Four areas identified as priorities for this group.

1. Supporting the Diagnostic arrays for rare diseases – Deciphering Developmental Disorders (DDD) Project Case Study
2. Contributing to a cross-working group team to look at IT and Bioinformatics
3. Work on Stratified medicines and provide input into the TSB stratified medicines competition. Following update from the TSB and their stratified medicines programme, identify which aspects of the programme the group will monitor, and work with CRUK on their stratified medicines programme

4. Gaining consent for genomic studies involving NHS patients: Note the Human Genetics Commission's discussion of the social, ethical and legal issues and update on DH policy for accessing and storing medical information. Overview of the findings of the AMS review of the regulation and governance of medical research that are relevant to this discussion and determine what the group can do in this area

(iii) Commissioning subgroup – No meeting

(iv) Bioinformatics and Information subgroup – 18/01/2011

? DM ACC Representative. Graham Taylor (GT) – CMGS representative. AD has asked DB to contact GT for report.

(v)Training and Education – VD to report

6. NGRL

NGRL Manchester working with MSC Team to deliver Bioinformatics training for STP's. NGRL Wessex has external funding for RAPID project but not all staff funding secured. NGRL's to be funded for further 12 months by DH.

7. **Future of ACC/CMGS**

Discussed at HoD meeting in Newcastle 15/11/2010.

Council also supported merger of the two professional bodies. It was decided that the name should include genetics but not laboratory. It was decided that the office bearers from the two societies should form an interim executive body for the new society. There was some discussion around balloting of members. SMC informed that we are registered under 1974 Act and therefore provisions in revised 1992 Act for dissolution do not apply. Therefore postal ballot is only option. Further discussion on process with CMGS to take place on 8th March 2010. Membership will be informed of progress at ACC AGM in Newcastle on 4th April.

6 Treasurer's report

JW presented the financial statements for year ending 2010. It was noted that there would be no longer any income from education and training of trainee scientists. There was a discussion on the current scientist and technologist trainees in the system. It was unclear if the national school was taking over the coordination of assessments for current trainees. It was also not known how many trainees were in the current training schemes. The cost of final assessments and who should be responsible for this was discussed.

Action: AD to contact GL to clarify if the national school would be coordinating training of current trainees and to find out number of trainees.

Action: GETB to decide policy on fees for final assessment to be consistent across ACC and CMGS.

KO thanked JW for his help and support during the transition period. AD thanked JW for standing in at short notice as treasurer and for his contribution to Council.

7 Genetics Education & Training Board

Report circulated by GL. Report from meeting held on 29/11/2010

1. Pre-MSC training

Administrative support for the outstanding assessments of both Genetic Technologists (~ 40) and a considerably smaller number of scientists has been offered though the National School.

Have already decided at last Council that non-member GTs should pay a fee for the use of the ACC Assessors. (Though we didn't check this out for Grade As)

Need also to check with ACC as regards support for travel expenses for assessors. Grade A's should be covered from fees, but GTs probably not – GETB will try to arrange assessment days and assessors for those days so as to cover say four assessment in one day and minimise cost. Can ACC stand the cost of assessors travel out of previous training fees (and the income from non member GTs assessments)?

2. Modernising Science Career

Jennie Bell has been invited on to the Curriculum Advisory Board in order to increase the molecular representation.

3. HSST and FRCPath

A new combined Genetics exam will be available from 2015, development work is also progressing on Molecular Pathology and Clinical Genetics exams.

Draft work has commenced on identifying areas applicable for HST for GTs and Practitioners. This will eventually be circulated to MSC and ACC/CMGS for comment.

4.Career Framework 1-4

Work is also continuing on developing roles for Career Framework levels 1 to 4 within Genetics.

5. Next Meeting 29th March 2011

ACC response to two questions raised under Pre-MSC Training would be appreciated for planning purposes.

See actions under item 6 of agenda

Action: AD to clarify start of joint part 1 exam with Jonathan Waters.

8 Professional Standards Committee

Prepared by Carolyn Campbell and NB. Presented by NB.

1. Constitutional BPGs

Postnatal and General BPGs – Reviews underway (Kate Martin and Graham Fews leading).
Array BPGs – draft of revised version sent to HODs for comment 23/02/11.
QFPCR BPGs – updated version received from Kathy Mann and Sue Hamilton – being reformatted and then to be sent out to ACC & CMGS labs for comment.

2. Oncology BPGs

ALL - Draft circulated to all labs 3/2/11. Detailed responses from 7 labs (lead Helen Dickinson).
CML - Sue Rose undertaking further revisions prior to second circulation to labs.
AML - 1st circulation pending (lead Polly Talley).
LPD / lymphoma - 1st draft in preparation (lead SB)
Solid tumours - Draft needs updating and re-circulating.

9 Membership Liaison Committee

Report presented by CK

1. MLC members

Ian Cook has stepped down as chair of MLC and has left the profession. We would like to thank Ian for all of his work on the MLC over the past few years. CK is now Chair, Tori Anthony-Dubernet is Secretary and Stuart Scott is the MLC co-editor of the BSHG newsletter.

2. MLC communication with the membership

Commication with membership needs to be improved since information is not being passed on by all Heads of Departments or laboratory contacts. It may be better to be able to contact ACC members directly. It had been hoped that a session at the 2011 Spring Meeting specifically for technologists would be organised. This has had to be cancelled possibly due to information not getting through to technologists. Currently, the MLC secretary does not hold a list of laboratory contacts and this will be addressed pending Council's decision on the way in which the MLC are to contact members.

3. Genetic Technologists

The Genetic Technologist (GT) percentage within our profession is on the increase. The period December 2009 to June 2010 (6mths) saw 31 new GT members (thanks to AR for the figures). Joining the ACC has been, and continues to be well promoted for GTs. GTs are currently not represented on the MLC and it may be useful to have a GT on the MLC.

4. MLC committee members

Despite the proposed merger, we would like to still be able to co-opt people on to the MLC as required, if approved by Council; for example, a volunteer to be a 2012 Spring Conference liaison.

1. Approach relevant HoD for roles in a particular area e.g. Spring Conference liaison
2. Call for volunteers – in BSHG newsletter, direct contact, post on website etc
3. Call for GT involvement – as for point 2.
4. By invitation – if a role needs a specific candidate

This will depend on what role the MLC will have within the merged ACC/CMGS. If the merger is agreed then will the MLC posts need to be opened to the new membership?

5. Spring Conference – Durham 2011

The MLC has a stand with the trade exhibitors to try to promote the MLC to ACC (and CMGS) members. Leica Microsystems have kindly provided a DAB digital radio as a prize to encourage feedback from members and non-members regarding the MLC. We will be using the stand to scope for volunteers who would be interested in participating in the MLC and also to promote the national GT meeting in Newcastle. I have produced a "What is the MLC?" document for the membership. If approved this can go on to the website and also be made available at the spring conference.

6. Website

MLC section updated

7. ACC Discussion Board

The ACC discussion board has been running and publicised since the last council meeting in November 2010. There are currently 136 members. The number of posts has been a little lower than

expected. This is possibly due to communication issues with the membership. At the previous Council meeting we agreed that the trial period for the forum would end at this meeting. MLC want to continue the trial period to allow the forum to be promoted at the forthcoming spring meeting. Gavin Cuthbert is also keen to extend the trial period until after (and to promote) 2011's GT National training meeting. Council agreed to extension of trial period.

Action: SMC to contact Dina at BSHG for contact details for ACC members.
Action: MLC to co-opt GT on to committee.
Action: CK to send 'What is MLC' document to SMC for circulation.

10 Genetic Technologists

Report circulated and presented by AR.

1. Marcus Allen and Janice Nunn have both stepped down from the committee. Both Marcus and Janice have agreed to be contactable for their advice and opinion on matters to do with AGTC in future.
2. AGTC are to focus on registration and are encouraging GTs to join and get involved with the professional bodies. AGTC discussed the composition of the committee.
3. A letter is being circulated to invite GT's who would like to be involved with the AGTC to apply to join the committee. Elaine Clements is creating a Survey Monkey survey to gauge interest of GTs in becoming members of AGTC.
4. The progression of GT regulation was discussed. It was agreed that the AGTC should explore the possibility of continuing putting together the application for regulation by HPC.
5. The first PTP cohort is due to finish training in October, the idea of registering them under a different route of VRC (i.e. their own modality) was discussed. A modality could be set up under VRC for PTP trainees, all the necessary documentation and framework already exists through the MSC programme.
6. Re-registration should be bi-annually mirroring HPC. Fees will still be paid annually and a direct debt method of payment made available later on in the year.
7. Fiona Coyne will replace Michelle Fenlon on NQAAP
8. The VRC website update is currently prohibitively expensive. It may be possible to find a company who are able to carry out the update at lower cost.
9. The update for the ACC website needs a few minor amendments, and updating in respect to the direction that registration is heading.
10. MLC have kindly offered to hand out flyers on behalf of the AGTC on their stand at the Spring meeting.

11 Scientific and Governance items

1. ACC/CMGS Strategic Review Working Group for Bioinformatics

No report.

2. NQAAP

No report. Next meeting end of March.

3. Cytogenetics currency system.

Presented by KW.

Have been devised in discussion with Su Stenhouse and Roger Mountford and have been agreed with molecular. Major changes are weightings 3 and 4 have merged and all chromosome analysis now attracts a weighting of 7. Cost per unit averages out at £25 to £30 for molecular and around £30 for cytogenetics. Would like to pilot it for 3 months before roll out.

Action: KW to invite 10-12 labs to pilot system.

12 Reports back from external meetings

1. BSHG

No report.

2. RCPath SAC on Genetics and Clinical Embryology

Report from meeting held on 10 November 2011 prepared by chair Dr Jonathan Waters, presented by KW.

i). SAC meets twice a year and also is represented on the Joint Committee for Medical Genetics (JCMG) which provides a wider forum for topics of professional interest to all Geneticists.

ii) Curricula

a) Developing a Genetics Curriculum

The Genetics curricula (for Cytogenetics and Molecular Genetics) are currently rather rudimentary (available on RCPath website). A more detailed curriculum consistent as far as possible with that

produced by other Pathology disciplines is being produced. 'Genetics' curriculum is being constructed in such a way that it will still have value in the interim period between now and 2015 when a single Genetics FRCPath examination will be offered. FRCPath Virology template will be used and populated with identified sub-discipline-specific (Cyto/Mol Gen) items which can then be blended in the development of a 'Genetics FRCpath and as a foundation for MSC HST in Genetics in which the FRCPath in Genetics will be part of the exit portfolio of HST. Broad participation in this exercise will be encouraged by producing a web-based template accessible to all and invite wiki-style contributions by email. The website will be hosted by the NGEDC (National Genetics Education and Development Centre) and funded by MSC (courtesy of Val Davison).

b) Developing a Molecular Pathology of Acquired Disease Curriculum

There is a strong drive within the College to develop a Molecular Pathology curriculum which would inform an FRCPath in Molecular Pathology. The College has set up a curriculum committee which is chaired by Professor John Goodlad (Histopathology, Edinburgh) and includes representation from the Genetics SAC by Dr Fiona MacDonald currently Chair of the Panel of Examiners (Genetics). Recently (November 2010) the College convened a meeting to discuss the content, scope and purpose of a Molecular Pathology curriculum. The scope will include proteomics and metabolomics as well as Genomics. The demand for the examination is difficult to gauge at present but the SAC is committed to contributing to the project because of the potential choice it offers to new trainees about to enter their HST and others who might find a Molecular Pathology training route more attractive than one purely in Genetics.

iii) Examinations

a) Evolution of the current examination structure

The College is keen to develop the use of the Multiple Choice (MCQ) Format for questions. The SAC is keen to see continued development of shared questions (and following on from that marking) of the sub-discipline specific examinations using computer based analysis within the examination format.

b) Development of a single discipline specific examination FRCPath in Genetics

Drivers for this are the training of MSC Genetics trainees within a single discipline framework and the gradual convergence of the two sub-disciplines. A target date of 2015 has been set for the launch of the first Part 1 examination in Genetics. The exam will provide sufficient flexibility to accommodate examinees from both Cytogenetics and Molecular Genetics backgrounds as well as MSC.

c) Diploma level examination in Laboratory Genetics for clinicians

This is being developed to meet the demand from Clinicians who wish to specialise in Genetics and demonstrate an understanding of Laboratory Genetics. The exam will be hosted by the RCPath and because the SAC has RCP representation, the SAC has taken an active interest in its development.

iv) Other matters

Other matters in which the SAC has been involved are the review of the MHRA IVDD.

3. ACS

i). ACS assessments

Delays in the assessing of trainees portfolios were discussed. KW was initially contacted by a laboratory representative on behalf of a trainee as KW's name is on the ACS website as professional contact for ACC. The trainee had submitted a portfolio in October and had been informed by ACS that the assessment may not be completed until March. KW was subsequently informed that other trainees were experiencing similar timeframes. KW contacted ACS and was informed that the delays were the result of the number of portfolios that had been submitted in October for assessment. This coincided with the retirement of two ACC assessors and therefore the workload for the existing assessors increased. Since these concerns were raised, the trainees that were expecting a March assessment have been given dates. Two new assessors are about to become available which should mean that the assessments are completed more timely again in the future.

Action: KW to email Heads of Departments with request inform trainees of situation.

ii). Report of ACS EGM held on 9 December 2010.

KW attended on behalf of chair. ACS had been approached to set up and form an independent body to oversee education and training of scientists in healthcare. As ACS is association of professional bodies, constituent bodies must decide whether they wish to be an integral part of this organisation. The meeting started with a short presentation by MEE, MSC and Regulation representatives making the case for a new independent body. It is expected that this new body will be responsible for awarding a 'certificate' that enable entry onto HPC register, for curricula and accrediting E and T courses and for their quality assurance and delivery to appropriate standards.

Timeframe short, expected to be in place (if not fully functioning by Summer 2011).

Following presentation the group left the meeting for ACS to discuss. There was no dissent although concerns regarding resourcing it (financial and person time) were expressed.

The motion for EGM that was amended following discussion (to include in red) based on above concerns and vote was unanimous:
The Professional Bodies that constitute the Association of Clinical Scientists agree in principle to form and develop a new independent organisation whose remit is to set and maintain high standards of education and training for Healthcare Science.
The ACS exe will start to take matters forward with appointment of fulltime CEO considered a priority.
Following meeting appointment of interim CEO for HCSETB was made (Iain Chambers).

4. FASP

SM raised following not covered under item 1.
i). Council agreed that data should be published and a short report for submission to Prenatal Diagnosis was considered a possibility.
Action: SM to take forward.
ii). SM to forward email outlining proposed pilot project looking at amniocentesis and chorionic villus miscarriage rates
Action: SM

13 Correspondence/Applications for Membership

There were 7 applications from membership, 1 scientist, 1 technologist, 4 PTP and 1 STP. Currently 613 ACC members.

14 Any Other Business

1. Archiving of ACC documents

Archive to be sent to Wellcome by TD. TD also has past exam papers which would not appropriate to send to Wellcome. Council decided that we only need names of people and results then they can be disposed of. More than one electronic copy needs to be kept.
Action: SMC to contact TD to organise electronic copy.

15 Date and venue for next meeting

Tuesday 7 June 2011.
Start time 11.15 Lunch will be provided.
Venue: British Society of Haematology, 100 White Lion Street, London N1 9PF

The meeting closed at 16.30