

Minutes of ACC Annual General Meeting

Monday 4th April 2011
Calman Learning Centre, Durham University

Chair: Angela Douglas
Secretary: Simon McCullough
Treasurer: Kevin Ocraft
Retiring Treasurer: John Wolstenholme

1. Apologies for absence

None received.

2. Minutes of previous AGM held on Monday 12th April 2010

Approved. Minutes are available on ACC website.

3. Matters arising from previous AGM

None

4. Chair's report

Presented by Angela Douglas

- **Update on meetings**

Genetics Training and Education Board

A new GETB has been established which has professional responsibility for the education, training and development of scientific, technical and support staff in NHS Genetics laboratories, providing guidance support and advice to ACC and CMGS.

Bioinformatics Working Group

This group has been established with a remit to look at training, managing data technology, data interpretation, tools and standardisation, and collaboration with research databases such as DECIPHER, ISCA, COSMIC DMuDB .

Heads of Departments Meeting

A successful HOD's meeting took place November 2010, our thanks to John Wolstenholme and his team for outstanding arrangements and venue. It was a full programme covering the Political agenda including the White paper consultations and QIPP. Ian Barnes, Director Pathology, DH, presented the Government's perspective for QIPP and Molecular Diagnostics as well as work underway by HGSG. The Merger between the two Professional bodies was also discussed and with overwhelming support from HODs.

Human Genomics Strategy Group (HGSG)

Established initially with three working groups; service development, innovation and training and education. Two further groups have been established; commissioning and bioinformatics.

Service Development: Key areas of work include key issues around the NHS reconfiguration of services.

These included QIPP and performance management and how Foundation Trusts might work in partnership in the future and create networks. In a rapidly changing NHS there is a drive to a hub and spoke model, with including Pathology three to four laboratories per SHA. 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 outcomes and patient safety, underpinned by cost, across the board. UKGTN is looking to develop a single service model for the commissioning of rare disease services at National level with tests for more common conditions not assessed by UKGTN to sit within mainstream service provision commissioned by GP consortia .

Innovation: Supporting the Diagnostic arrays for rare diseases – Deciphering Developmental Disorders (DDD) Project Case Study. Work on Stratified medicines and provide input into the TSB stratified medicines competition. Simplifying gaining consent for genomic studies involving NHS patients:

Training and Education: MSC and how fit into the Genetics Laboratories environment GETB say bit more

Commissioning: Chair encouraged labs to engage with their regional Pathfinders to inform them of what services labs provide.

National Genetics Reference Labs

Funded for another year.

UKGTN

GenCAG has been dissolved. We are hoping that the National Commissioning Board will recognise UKGTN for commissioning purposes.

Association for Clinical Scientists

ACS will still award certificate of competence to Clinical Scientists completing the old training scheme. HPC will continue to monitor clinical scientists. Registration is probably going to change. COMMAND paper says that unless you are likely to kill a patient, registration is not required. It is likely that there will not be the same registration for new healthcare scientists. This will not be through legislation, will be professional regulation not registration. Academy for Healthcare Scientists has been established to act as an advisory group. ACB, Medical Physicists and IBMS all have a seat on the board. Currently no genetics seat.

- **ACC and CMGS have responded to several consultations**

Commissioning for Patients

This looks at devolving commissioning responsibilities and budgets as far as possible to those who are best placed to act as patients' advocates and support them in their healthcare choices. This document set out the intended arrangements for GP commissioning and the NHS Commissioning Board. As a professional body our view was that, as a Specialised Service (Definition 20), we would recommend that Genetics was commissioned by the National Commissioning Board. A further piece of work is now being carried out with the HGSG Commissioning Sub-group to look at the Qualities and Standards required to be met by Genetics Services against which Services will be commissioned. This takes forward work already completed by UKGTN on Genetics NSSDS- model of care.

Transparency in Outcomes

This document was on the approach to developing an Outcomes Framework for the NHS. The paper sought to identify a focused but balanced set of outcome measures that would act as a catalyst for driving quality across all services and would enable the Secretary of State to hold the NHS Commissioning Board to account by providing an indication on the overall progress of the NHS.

Regulating Healthcare Providers

This sets out a vision for an NHS centred around the needs of patients. One of the key features of the plans is to free providers from political interference and to establish a stable, transparent regulatory environment. This document set out proposals to liberate providers from central Government controls and to develop Monitor as an independent economic regulator for health and adult social care, and the Care Quality Commission as an inspectorate for quality Standards.

Greater Choice and Control

This sets out a vision of an NHS where people have more choice and control, and the NHS is more responsive as a result. This document sought views on, proposals for extending choice in the NHS. Giving people more choice and control is key to putting them at the heart of the NHS, giving them more say in making decisions about their care. This consultation was about being sensitive to people's preferences and aspirations about their health, healthcare and treatment. It was about giving them the opportunity and support to make the choices that would make a difference to them. It was also about giving people the information they need to exercise control and the confidence to use it – to do this would need an '*information revolution*' and a change in culture in how clinicians relate to patients and carers. Included in the consultation was the concept that patients would be able to choose their clinicians, clinical teams and diagnostics including 'any willing provider' introducing the opportunity for Private Sector providers to become a substantial provider within 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.

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 and sets out a vision of patients at the heart of the NHS through an information revolution, which depends on transforming the way information is accessed, collected, analysed and used. It proposed and sought views on the journey we all need to take so that information is managed for the benefit of all. Information needs to be accessible to all, relevant and well-structured. At present, many people who use our health and care services do not get the information they need and are entitled to expect as part of the care process. There are, however, a number of health and care services today where patients, service users and carers are being well-informed and supported to make decisions effectively – the policy wants to build on these successes and on the good practice that already exists.

Developing the workforce

More than 1.4 million people work for the NHS in They are the heart of healthcare in this country. Their skills, commitment, professionalism and dedication are key to improving the health outcomes of the nation. It is

vital that every member of the healthcare workforce is supported by the highest possible standard of education and training, investment in education and training is an investment in patient safety and improving healthcare outcomes. Education and training are integral in ensuring the values and calibre of staff. They are also central to achieving the continuing development of the workforce, which is required as technology advances and opportunities for further improvement of the nation's health develop. There must also be a way to ensure that healthcare providers have the right number of staff with the right skills to provide excellent standards of care both now – and for the future. This consultation seeks to empower healthcare providers, with clinical and professional leadership, to plan and develop their own workforce. We know what services our patients and local communities require – and we know what staff we need to deliver excellent, responsive healthcare. Therefore we are best placed to commission the education and training that will achieve the right workforce. To do this we will need to work closely with education providers. This consultation sought our views on the changes needed to support the development of the healthcare workforce to enable equity and excellence in healthcare.

MSC

PTP and STP Training Programmes go live September 2011. Currently Recruiting for STP (Genetics on - 15 April)

Command Paper – Enabling Excellence -
Autonomy and Accountability for Healthcare Workers, Social workers and Social Care Workers

Cytogenetic Workload Units

Will bring us in line with molecular genetics. Currently being piloted in some Labs.

EU Revision to Directive for Use of IVDD

ACC/CMGS response circulated to HODs and Council.

Retiring HODs

John Barber, Teresa Davies, Val Davison, Peter Howard, Edna Maltby, John Pearson, Jean Sadler, Jeff Williams and Barbara Gibbons and John Wolstenholme have all retired. Chair thanked them for their contribution to the profession and to the ACC.

5. Genetics Education and Training Board (GETB) report

Presented by Gordon Lowther

Modernising Scientific Careers

This year saw the progression of the pilot group of both STP and PTP trainees progress into their second year. It also marked the commencement of the intake of a second year of non-pilot trainees. All SHAs in England are now commissioning their genetics training through MSC. October 2010 had an intake of 10 STP trainees and 6 PTP trainees as well as 6 PTP trainees in Scotland.

MSC scheme was made a high priority (for funding) by the new government and would not be affected by the spending review - indeed it was identified as one of the top five key priorities of the review.

Full implementation of MSC (across all disciplines) is expected to be in year 2011/12.

An external evaluation of the Genetics Pilot has been conducted by the University of Warwick. Interim reports have been fed into both the School Board and the Curriculum Advisory Group of the MSC for action and improvement of the scheme. In general however the reports have been very positive.

Examination results from those undertaking the STP have been very good, due in part to the high caliber of students but also to the training scheme and the hard work laboratories have put in to successfully introduce it.

Formation of GETB

The first meeting to discuss the establishment of the overarching (ACC/CMGS) new committee to oversee the modernised training took place on 30/03/10, with the inaugural meeting of the Genetics Education and Training Board (GETB) taking place on 05/08/2010. The committee has met twice since.

A recent decision at the meeting on 29/03/2011 is to now amalgamate the Curriculum Advisory Group of MSC into the GETB.

Workforce Data

In future workforce data will be collected for the whole profession and as such the data request recently circulated by the ACC has been withdrawn until a new all encompassing form for data collection is devised.

Pre-MSc Training

Administrative support for the outstanding Genetic Technologist and trainee Clinical Scientists as been offered through the National School of Genetics.

Regulation

This topic is very much still an unknown. Following a formal visit by the HPC to the ACS and some work by the professions mapping the ACS modality specific competences onto the Standards of Proficiency of the HPC the ACS will continue to be the regulatory route to HPC registration. Though the whole future shape of registration/regulation is unclear, the government seems to favour professional body regulation.

National Trainers

The Nationally appointed trainers contracts have or are about to come to an end and the professional bodies are indebted to them for the support they have given to training at all levels thought the profession for the last years. In particular the ACC is indebted to Gavin Cuthbert for all his work and in particular for his establishment of virtual study groups to support those taking the FRCPATH and we wish him well in his new post.

6. Professional Standards Committee report

Report compiled by Nick Bown (NB) and Carolyn Campbell and presented by NB.

- **Constitutional BPGs**

Postnatal and General BPGs: Kate Martin and Graham Fewes leading. Circulation of 1st draft is imminent.

Array BPGs: comments on 1st draft have been received. Draft is now back with writing group.

QFPCR BPGs: circulation of updated version to ACC & CMGS labs soon.

- **Oncology BPGs**

ALL and CML: comments have been received and the final drafts are in advanced stages.

AML: 1st circulation is pending.

LPD / lymphoma: 1st draft in preparation. Sandra Birdsall is leading.

Solid tumours: David Betts is to revive stalled draft.

7. Membership Liaison Committee report

Report presented by Chris Kettle

Changes within MLC membership

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. Christopher Kettle has become MLC Chair, Tori Anthony-Dubernet is Secretary and Stuart Scott is co-editor of the ACC section BSHG newsletter. Simon Cammack, a Genetic Technologist (GT) has been co-opted to act as liaison for the National Genetic Training meeting in Newcastle later this year. GTs are encouraged to become involved with the MLC.

The MLC would like improve communication with the membership. We are aiming to achieve this with direct emailing. ACC members should make sure their contact details held by the BSHG are correct.

Trade Stand

The MLC has a stand with the trade exhibitors to try to promote the MLC to ACC (and CMGS) membership. Leica Microsystems have provided us with a prize of a DAB digital radio with Wifi and lots more features. Please complete our feedback questionnaire, which should have been in your delegate bags, for a chance to win this prize. There is information about The Associated Genetic Technologist Committee (AGTC) on the trade stand for those interested.

Website

The MLC section of the ACC website has been modified to reflect the changes within the MLC. ACC members should visit the MLC part of the ACC website for updates. Clinical Scientists will be audited for their CPD in October. Three anonymous examples of CPD portfolios which were successful in the October 2009 HPC audit have been posted on the MLC pages of the website for your reference. The ACC website is undergoing a few changes also. The careers part of the site is being overhauled to reflect the transition to MSC. This is being undertaken by actual MSC trainees.

ACC Discussion Board

The ACC discussion board has been running since November 2010. There are currently 146 members. The board is still in a trial period but we hope to establish this as a central resource for labs to share information. There is a flyer in your delegate bags with more information on there. ACC members were encouraged to join. Any questions or comments can be emailed to mlc@cytogenetics.org.uk or visit us at our trade stand.

8. Technologists report

Report compiled by Ann Reilly and presented by Karen Thompson

AGTC membership

Anne Reilly (AGTC Chair) (ACC), Elaine Clements (AGTC Vice Chair)(CMGS), Jake Miller (AGTC Secretary)(ACC), Michelle Fenlon (ACC), BJ Borghmans (CMGS), Fiona Coyne (CMGS), ACC representatives: Ros Allen and Nicola James, CMGS representative: Elaine Clements

GT registration with VRC

The numbers of Genetic Technologist joining the voluntary register has risen from 96 (July 2009) to 149 currently active (figures last updated October 2010). 53 new Genetic Technologists - this would indicate that approx. 86% of eligible GTs are now registered.

GT professional body membership

GT professional body membership is rising. Over 29.5% of Genetic technologist are now members of their professional bodies. A new survey was undertaken to determine the number of registered Gts and the number that are members of the professional bodies. This will help the application to HPC or other registration/accreditation body. GTs were encouraged to join the professional bodies and become registered with the VRC.

9. Treasurer's report

Report compiled and presented by John Wolstenholme and Kevin Ocraft.

The financial statement for year ended 31 December 2010 was presented.

Adoption of Accounts. The accounts were audited by Wilkins Kennedy. Dom McMullan proposed and Lisa Burvill Holmes seconded adoption of the accounts. The accounts were adopted unanimously.

Nick Bown proposed and Lisa Burvill Holmes seconded reappointment of Wilkins Kennedy as auditors. This was accepted unanimously.

10. Merger of ACC/CMGS

Time prevented much discussion on this issue. Chair informed members that we needed 75% of ACC members to vote to dissolve the society. It is important for members to remember when voting that new trainees through MSC will not be either cytogeneticists or molecular geneticists. They will be both. If we were a larger society we may also get a seat on the new Academy for Healthcare Scientists being established to regulate Healthcare Scientists. Chair reminded members of the session on the third day of the conference shared with the CMGS to discuss this issue. Members were encouraged to raise any concerns.

11. Correspondence

None.

12 Any other business

None.

The meeting closed at 3pm.