Association for Clinical Cytogenetics

Minutes of ACC Annual General Meeting

Wednesday 2nd May 2012
Hall 5, The International Convention Centre,
Broad Street, Birmingham B1 2EA

Chair: Angela Douglas
Secretary: Simon McCullough
Treasurer: Kevin Ocraft

1. Apologies for absence
Amanda Dixon-McIver and John Savage

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
Review period: April 2011 – March 2012
Report delivered by Angela Douglas

This could be an historic Annual General Meeting; it might possibly be the last AGM for the ACC, so take some time to review all that the ACC has achieved over the decades it has been in operation, how far we have come as a Profession and be proud to be a part of the **Association for Clinical Cytogenetics**.

This has been a very busy period with the release of several papers from the Department of Health (DH) for consultation, aligned to the White Paper, 'Liberating the NHS' and the NHS reforms and Health Bill. It has also been an interesting time of budget reflections, reducing costs as part of the many QIPP programmes, culminating with the newly announced spending review in October 2011. Earlier this year the work carried out, by the Human Genomic Strategy Group (HGSG) and affiliated working groups, for Government Ministers, was brought together under the Department of Health's publication *Building on our Inheritance* (January 2012).

The ACC as a body continued to grow in 2011-12, receiving applications from new aspiring members, like the ACC Council, they understand that being part of a body that has a strong representation across the wider healthcare agenda is vital to our sustainability and future success. In the past year, the Genetics Commissioning Advisory Group (GENCAG) was dissolved, the National Genetics Reference Laboratories (NGRL's) lost their funding, the United Kingdom Genetics Testing Network (UKGTN) re-established its terms of reference, the Association for Clinical Scientists (ACS) came under threat, Modernising Science Careers (MSC) was launched in earnest and new players entered the arena in the form of the Academy for Healthcare Science (AHCS) and the National School for Healthcare Science (formerly the National School for Genetics Education).

We, as a body, made the decision to merge with the Clinical Molecular Genetic Society (CMGS) in order that both memberships will continue to grow and gain greater visibility and influence with these groups and others emerging. A joint body will provide both memberships with the stronger coherent voice that our Professions will need to ensure our future sustainability and influence in this ever changing and resource constrained environment. With this in mind, this period also saw the Executive Committees of both the ACC and CMGS continue to work collectively to dissolve our respective bodies and bring the two memberships together under a single body that will be known as the **"Association for Clinical Genetic Science – (AC*(CCM)*GS)",** a name chosen by the membership.

It has been an interesting year since I became Chair of the ACC; I have come to recognise even more how important and unique Cytogenetics is in healthcare. The work that we do spans every age from prenatal to old age and impacts on every medical specialty. The technology we use is constantly changing with the

introduction over the decades of different ways of banding and looking at chromosomes, FISH, image analysis and now array technology.
We have become 'Change Agents', a skill that will be much sought after in the brave new world of the NHS, with Genomics our future and innovation and rapid technology adoption taking centre stage. I didn't plan to become the Chair of the ACC, but I am proud to have represented the Profession and all its members, whatever the outcome of the AGM and I am grateful to have been given the opportunity.

Report from Regular Meetings

ACS Board
Chairman, Iain Chambers

Prof Sue Hill, CSO, presented the DH's vision on the future of Healthcare Science Regulation and Registration at an Extraordinary ACS Meeting. Following the meeting the ACS Board responded with the following statements that were forwarded to Prof. Hill along with the Boards desire to continue to work with the DH MSC team to establish a workable solution to Regulation and Registration of future Healthcare Scientists with HPC.

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 may not be the future provider of Training Accreditation and Regulation and Trainee Accreditation, Regulation and Registration. The AHCS is currently working with HPC with a view to take over this remit for Healthcare Scientists. It is proposed by AHCS that the National Healthcare Science School and the ACS be subsumed into the AHCS.

BSHG
New Chairman: Prof Sir John Burn

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.

Other BSHG Matters:

1) Clinical Genetics Consent and Confidentiality Policy Launched
2) 2 Nominations for constituent scientific committee put forward one general Cytogenetics member and one acquired Cytogenetics member from ACC
3) ESHG in Glasgow in 2015
4) New service from BSHG to spring meetings, BSHG will publish booklet to outline the services they will provide for these meetings.

JCMG

New Chairman: Dr Bronwyn Kerr

An advisory group for National Specialist Services has been set up with a Genetics subgroup chaired by Francis Flintner. Representation was nominated through Regional Specialist Commissioning Teams. Mike Griffiths is the only Cytogeneticist on the Group (nominated by West Midlands Specialist Commissioning Team). Mike is keeping the Heads of Departments abreast of activities of Group. Sian Ellard (South West) and Rob Elles (North West) have also been nominated by their local Specialist Commissioners for the Group; they represent the Molecular Genetic Scientists as well as their local regional Service. As Chair of ACC, I wrote to Frances and James Palmer at DH, who set up group, to request another Cytogeneticist on the Group. The response back from Francis, was that they were happy with the constitution of the group as far as Scientist representation is concerned. The Group is currently working on a Genetic Dashboard that will become the criteria against which Commissioners will performance manage, benchmark and Commission Genetic Services.

JCMG is also currently working on the UK Plan for Rare Diseases, DH Consultation, due to close on 25 May 2012.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/dig/italasset/dh_132382.pdf

RCPath Map of Medicine (MoM):

We were asked by RCPath to participate in some Care Pathways work under the title Map of Medicine (MoM). Following discussions with Dr. Simon O'Connor, who is leading on this for RCPath, as this is going to be virtual participation (no meetings to attend, everything covered by e-mail), we decided (Jonathan Waters and I) that the best way forward was to take a group approach to deliver this. Therefore I proposed an initial group of 4 including Nick Bown and Carolyn Campbell from Professional Standards Committee, as the work will involve formulating care pathways through best practice, with Jonathan and myself, involving the wider Cytogenetic community when and if necessary.
The work will be minimal and sporadic and therefore should not impact on day to day work. We were tasked with selecting three initial clinical areas from our own field where we felt there may be potential for introducing improvements anywhere in the diagnostic process (or changes in clinical practice directly bearing on this) that could make an important contribution to the overall patient pathway.

There was quite a lot presented at the previous ACC spring conference around Recurrent Miscarriage Tissues and potential changes in technology for diagnosis, so this was our starting point. Following discussions, these are the areas that we suggested that the MoM group begin looking at. The first two are within the Infertility Patient Pathways which are already being looked at by MoM and I know a substantial amount of work has been carried out from a Gynaecology perspective.

UKGTN (Now UKGTN CSAG)

New Chairman: Dr Ros Skinner

The UKGTN has established a new group which has now met twice, UKGTN Clinical and Scientific Advisory Group (CSAG). This group will take on the functions of the previous UKGTN Group and in addition will fill the gap left by the loss of GENCAG, and provide the link to Commissioning. The Group aspires to be an

Advisory Group to the newly forming National Commissioning Board (NCB) providing NCB with Clinical and Scientific advice on Genetics Healthcare provision.

The UKGTN CSAG, as outlined in Chapter 4 (4.5) of the DH Genomic Review (January 2012) will develop tariffs ensuring genetic diagnostics and special pathology testing in genetic clinical pathways are included and work closer with NICE providing robust validity of Genetic technology and diagnostic testing.

The White Paper consultations (Liberating the NHS) were discussed and a response was tabled from UKGTN, which I have compared with the comments from Professional Groups meeting consultation response, which ACC contributed to and most of the points covered are in both responses. It is important to remember that Genetics is not a 'devolved matter' in the Department of Health, (therefore involves all countries in UK) any Policy change is resolved in Westminster, and DH Policies on Genetics impact across all four UK countries (Colin Pavelin, DH). In addition, the future of DH will be to deal with policy matters only, the rest will be dealt with in a different way (Colin Pavelin, DH), what that way will be depends on outcome of White Paper consultations and the Health Bill.

ACC Task and Finish Activities

ACC CMGS Merger

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 which resulted in the following receiving the most votes "Association for Clinical Genetic Science". It was also agreed that there would be a logo competition amongst membership, once the name had been agreed. Both Executives agreed to draw up a Job Specification for the new chair outlining responsibilities, which has now been completed and a new constitution and objectives for the new Body encompassing those of both existing Bodies. These are to be circulated to members with requests for nominations for Chair of the new Body.
The 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.

HGSG

The final Report from the HGSG was published as a DH Publication *Building on our Inheritance* (January 2012). It gave the following recommendations:

1) Recommend that the Government should produce a White Paper, or similar cross-cutting strategic document, 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.

Genetics Workload Unit Working Group

The Cytogenetics working group developed further the Molecular (MOLU) workload unit system into a workload banding system that could be used across both disciplines. The final version was circulated for comments and modified in line with those comments. Once approved though UKGTN (September 2012), this will become the activity unit measure that will be used for Commissioning purposes and Tariff for Genetic Laboratory Services.

ACC Sub-Committee Reports

Associated Genetic Technologist Committee (AGTC):
Michelle Fenlon (West Midlands, ACC, VRC Chair, Scrutiniser)
Borghert Jan Borghmans (Belfast, CMGS, AGTC Registrar, VRC secretary, Scrutiniser)
Fiona Coyne (Liverpool, CMGS)
Jake Miller (Manchester, ACC, GETB. Scrutiniser)
Simon Cammack (Newcastle, ACC)
Ex-officio members;

Frances White (Liverpool, GETB, CMGS)

Departing committee members;
Marcus Allen (West Midlands, Education Lead, CMGS, TAB/GETB rep)
Janice Nunn (Sheffield, CMGS)
Anne Reilly (KGC, ACC)
Elaine Clements (Bristol, CMGS)

As set out in its original remit, the AGTC continues to work towards the "regulation of Medical Technical Officers in NHS Genetic diagnostic laboratories through the Voluntary Registration Council". Members of the AGTC currently sit on VRC, the ACC and CMGS exec committees, the Genetics Education and Training Board (GETB), as well as the National Quality Assurance Advisory Panel (NQAAP) and the Modernising Scientific Careers (MSC) Quality Assurance Panel. AGTC continues to scrutinise applications for inclusion onto the GT Voluntary register as administered by VRC, and continues to promote the register, encourage eligible GTs to join, and encourage professional body membership.

The number of registrants has continued to rise, and it has been acknowledged that GTs make up the most active constituent group of VRC with regards to uptake and proportion of registered individuals. The AGTC currently meets around 3 times per year, with most work conducted via email in order to keep costs to the professional bodies to a minimum.

Membership of AGTC has decreased over the last 12-18 months. The recent departures of some long standing members of AGTC have left the committee with the positions of Chair and vice chair currently unfilled. Michelle Fenlon (West Midlands, ACC) has taken up position of Chair of VRC and continues to drive forwards the progression towards registration / regulation for both GTs and the VRC's other constituent groups. Borghert Jan Borghmans is currently VRC secretary and AGTC Registrar. Jake Miller (Manchester, ACC, GETB) has taken up the position of AGTC secretary and is currently involved with The National Healthcare Science School of Genetics heading up a working group tasked with developing the concept of Higher Specialist Training for GTs. Fiona Coyne has taken over from Michelle Fenlon as the GT rep on NQAAP for Genetics Committee. This role includes acting as secretary to the panel.

Simon was instrumental in organising this year's very successful and highly praised Genetic Technologist Training day at the Newcastle lab.

The AGTC has opened lines of communication with CHRE following the announcement from the Government that they would be overseeing a scheme of 'assured voluntary registers' in future, however the AGTC are still keen to pursue statutory regulation through an existing body such as HPC, and as such are working with GETB / The National Healthcare Science School of Genetics to explore other options.

GETB / The National Healthcare Science School of Genetics have ratified the National Training Programme certificate of competence, as well as the HSCP Pilot training programme certificate of competence. Both these documents now serve as satisfactory evidence of attaining a sufficient level of practice to allow inclusion onto the voluntary register. The AGTC / VRC are not currently looking to include the BSc HCSPs onto the existing voluntary register – it is understood that alternative arrangements are being discussed for these and future cohorts of trainees with regards to registration.

The AGTC have undertaken a CPD audit of registrants this year. MF and BJB undertook the audit on a randomly selected group of 7 GTs (2x Cytogenetics and 5x Molecular Genetics). The audited GTs evidenced good CPD, though further fine-tuning of the CPD guidance would elicit a better response, where people interpreted CPD as having only a lab focus. The findings of the CPD audit of GTs on the voluntary register were fed back to GETB.

Genetics Education and Training Board (GETB)
Report submitted by David Bourn

As set out in its original remit, the GETB continues to hold a responsibility for overseeing education and training on behalf of the Genetics professional bodies, and to work closely with the National School of Healthcare Science in monitoring the delivery and development of the current training programmes. The

GETB now ratifies training accreditation following the National School Quality Assurance review visits to departments delivering the STP and PTP.

The GETB has continued to support Clinical Scientist and Genetic Technologist trainees who are completing the training programmes which predate MSC. Assessments have continued with the help of administrative support provided by the National School of Healthcare Science. In order to provide a training route for existing Genetic Technologists or Healthcare Science Practitioners not taking part in MSC or pre-MSC programmes, a modular version of the MSC Practitioner Training Programme is under development. The GETB has contributed to the ongoing discussions on developing routes to regulation / registration for those laboratory staff where no such mechanism currently exists.

A document on career stage framework levels 1-4 has been prepared by a sub-group of the GETB under the direction of Eileen Roberts and circulated to laboratory heads for comment. Annual workforce data is now being collected jointly across Cytogenetic and Molecular Genetic laboratories and a summary of the information shared with the laboratory heads and the Centre for Workforce Intelligence.

A working group under Jake Miller has been set up to develop routes for higher specialist training for Genetic Technologists and Healthcare Science Practitioners.
The GETB has supported the development of the FRCPath part one and part two self-help courses hosted and coordinated by the West Midlands Genetics laboratories.

In the past year the GETB has proposed taking on the role previously performed by the National Healthcare Science School of Genetics Curriculum Advisory Group. The GETB remit has been revised accordingly, but as yet the revised remit has not been ratified by ACC Council due to concerns about the membership of the GETB**.**

MLC report – AGM 2012
Report submitted by Chris Kettle

ACC Discussion Forum
Further to the promotion of, and extended trial period of the ACC discussion board (geneticstraining.org.uk/fourm) the decision to close the forum was taken in November 2011. The uptake and usage of this forum had been disappointing.

MLC Lab Contact Audit
Following the initial 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 the MLC undertook an audit of the laboratory contact details held by the MLC. In short, a generic email was sent to each contact on the list requesting a timely response asking that they confirm their contact details and that they are willing to remain as the MLC contact for their laboratory.
In total, 35 laboratories were contacted. After 1 week, just over 50% (18/35) of the MLC contacts had replied to the email and confirmed that they were willing to continue. After 2 weeks, this number reached 60% (21/35). At this point a reminder email was sent out to the contacts who had not replied. By the end of the third week the total number of replies had reached 77% (27/35). At the start of week four the MLC contacted the heads of the departments at the laboratories where the contacts had yet to reply. This prompted a further three laboratory contacts' details to be updated and put the total number of replies at 86% (30/35).
Common reasons for a delayed reply were annual leave, sickness and maternity leave. In some cases, such as for Sheffield, the format of their email address had changed and this had not been updated on the list.
The audit highlighted the fact that the laboratory contact method is flawed -relying on one individual to disseminate information to an entire laboratory is now outdated. As highlighted in the MLC report for March 2011 communication with the membership needs to be overhauled – "It may be a better strategy for the MLC to be able to contact the entire membership as per the BSHG mass emails to ensure that communication reached the desired targets". This would negate instances of sickness, annual and/or other types of leave. It is not practical for it to take over 1 week to inform 50% of the membership of an important message. Having the ability to contact each member directly would take the onus off the HODs and lab contacts, and ensure that the message we send is the message that is received.

A New Association: A New Website
The changing face of the merged ACC:CMGS means that a new website will be required. Professor Sir John Burn has a monetary award from the Department of Health, which he called the Collaborative Group for Genetics in Healthcare (CGGH). In his role as the chair of the BSHG he aims to redevelop the BSHG website and those of the constituent societies – which is us.
The aim is to bring the website into the 21st century and to provide more resources for our members. The website will hopefully be launched later this year – so watch this space.

Professional Standards Committee report to ACC AGM, April 2012
Report submitted by Carolyn Campbell (constitutional) and Nick Bown (oncology)

Achievements 2011 – 2012:
Updated postnatal micro-array guidelines published Dec 2011
Updated QFPCR guidelines published Jan 2012

New CML/MPD guidelines published July 2011
New ALL guidelines published July 2011
New AML/MDS guidelines published March 2012
Work in progress
Updating guidelines for (i) general cytogenetics (ii) postnatal, (iii) general oncology
New guidelines: solid tumours, lymphoproliferative disorders.

5. Special Resolution
"That the attached Instrument of Dissolution of this society is hereby approved".

There were approximately 73 members in attendance. 85 proxy voting forms were returned. Members in attendance were given the instrument of dissolution and a ballot paper for voting. The Chair asked for any questions from the floor. A question was asked about the finances of the CMGS. The Chair and Treasurer confirmed that they had similar amounts of money as the ACC. There were no other questions so the Chair asked members to vote.

There were 158 votes returned with 153 for dissolution and 5 against. This means that 96.7% of voting members were in favour of dissolution. The result of the vote was witnessed by the ACC secretary and Kim Smith, ACC Trustee.

6. Treasurer's report
Report delivered by Kevin Ocraft

The Financial Statement for the year ending 2011 was discussed in the previous Council meeting, and presented at the ACC AGM in Birmingham. In summary, the Financial Statement for the year 2011 shows a final adjusted balance of £100,535, and indicates a loss of just £1,633 when compared to the previous end of year balance.

It was anticipated that a loss in net current assets would be incurred this year. This was as a predicted consequence of loss of income from registration fees of the discontinued A-grade training scheme (£9,000 in 2010). Whilst loss in income has occurred, there has also been a significant reduction in expenditure linked to the training scheme, which has mitigated the impact of this change.

There are a few trainees drawing from the accounts as they complete their studies; this is likely to have a minimal impact on cash flows in the coming year.

The reduction in current assets amounted to less than 1.6% of the total balance in 2011. This trend is likely to continue in 2012. After examining the accounts the Treasurer declared that the society was likely to be "a going concern" for the forthcoming year.

The Treasurer noted that internal and external committee meeting expenses had increased significantly over the year, a trend that had been observed in the previous years (2010 and 2011). An audit of the first quarter 2012 expenditure indicates evidence of a continuing adverse trend. This is likely to be due to the continuing inflationary factors, plus an increasing demand for membership involvement in meetings / DH consultations. The income from membership fees is unlikely to change significantly in 2012.

In conclusion, it was considered that the ACC was in a good financial position at present - an opportune time to look at the organisations, its remit and objectives, and how best it may align itself to the changing demands of the NHS.

It was considered that there would be advantages of the proposed merger between the ACC / GMGS: -

1. To optimise use of limited resources – including structure of Council membership.
2. To release resources for activities which will help promote training and development of staff within the profession.
3. To form a larger organisation - hence in a better position to obtain representation/provide informed opinion to key Government and professional external bodies for and on behalf of our members.
4. To be better resourced to promote research and development, public awareness of our services, develop professional standards / best practice guidelines and promote collaboration with other organisations.

An even stronger financial position would be anticipated in the unified organisation - without the need to increase membership fees.

Adoption of accounts
The accounts were audited by Wilkins Kennedy. The adoption of the accounts was proposed by Eileen Roberts and seconded by Val Davison.

Appointment of auditors
Mike Griffiths proposed and Teresa Davies seconded the reappointment of Wilkins Kennedy as auditors. This was accepted unanimously.

7. Any other business
ACC Council nominated Lorraine Gaunt for the position of Trustee. This was accepted unanimously by ACC members.

The meeting closed at 1pm.