

ACB Clinical Practice Section Has Been Launched

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Many of you may, by now, be aware that the ACB Council established a Clinical Practice Section (CPS) in March last year. This article aims to inform the readers of how and why the CPS was set up, of the current developments and of its future plans.

Setting up the CPS

We all witness clinical biochemistry becoming even more clinical. In recent years, duties of many chemical pathologists have evolved towards direct clinical care. The best marker of increasing clinical focus of medical graduates has been establishment of the subspecialty of metabolic medicine. However, in parallel to these developments, it had also become apparent that the interest of many medical members in the ACB had been waning, and a number of medical graduates were not renewing their subscriptions. To address these issues, in 2003 the ACB Council instructed a group led by Alan Shenkin to look at the reasons for this. The group commissioned a survey of medical members undertaken by Pooler Archbold in early 2004. The responders to the survey said that the ACB did not offer enough professional support to medical members, did not provide adequate training for registrars, and had insufficient medical representation on both the council and the executive. The survey also indicated that members were in favour of a separate section of the ACB that would look after clinical and professional interests of medical graduates. The results of the survey are available on the members' section of the ACB website.

The Council felt that development of a clinical section within the ACB could not only prevent the undesirable drift of medical members away from the organisation but also create new exciting opportunities for all members. The section was to have a representative structure that would ensure that it met the needs of the membership. The outline plan was taken to a joint meeting of consultants and senior registrars organised by Rob Cramb in Autumn of 2004. The idea of a clinical section was warmly received: thirty-four of the participants agreed to participate in the planning process. A preliminary organisational and executive structure was agreed at the planning meeting held in January 2005 at Tooley Street. The acting executive drafted the application to the Council, and the application was approved in March 2005. Thus the ACB CPS came into existence. Its membership is open to all ACB members.

The structure and constitution of the CPS

Since the CPS has been designed to be a bottom-up type of organization, its strategic direction will be determined by the steering group. The Group consists of medical representatives (one from each ACB region), a scientific member, and an academic

representative (Fig. 2). The Section has three divisions: the Specialist Interests Division with its groups covering different fields; the Professional Affairs Division which engages in consultant contract-related issues; and the Training Education and Academic Development Division that addresses the training of specialist registrars, medical undergraduate teaching, and (in collaboration with the ACB Education Committee) research and academic matters.

The Executive Committee of the CPS consists of the chair, vice chair, communications director, and the three divisional heads. The CPS chairman has the right to sit on both the ACB Council and the ACB Executive.

In Summer 2005, pending the appointment of the steering group, the acting Executive began to invite individuals to pump-prime divisional activities. The Steering Group had its inaugural meeting at Tooley Street in November 2005 and duly elected the Executive. The Steering Group also defined current aims of the Section as listed below.

The aims of the ACB CPS

The section will work with other bodies within the ACB to:

1. Reinforce professional identity and raise the profile of clinical practice within the clinical chemistry community.
2. Inform the healthcare community of the medical work within clinical chemistry.
3. Form a forum to exchange information related to best practice in clinical chemistry.
4. Network with organizations pursuing related interests, such as the Royal College of Pathologists and the Association of Clinical Pathologists.

It also has functions specifically targeted at medical graduates, and these are:

1. To promote clinical practice of clinical chemistry and facilitate engagement of medical graduates within the ACB.
2. To support undergraduate and postgraduate training requirements of medical staff.
3. To represent interests of medical staff and engage in medical professional affairs.

Current activities and future plans

The CPS is an integral part of the ACB and is complementary to its existing structures. It hopes to provide its members with a sense of belonging to a clinical community, and it

will consistently tell other specialties that there is a fully-fledged clinical community within chemical pathology. The CPS will address specific needs of the medical trainees by developing components for the existing training courses, or independent training events, in close collaboration with the ACB Trainee and Education Committees. The outline work plans of the CPS divisions are described below.

Specialist Interests Division

This division is based on Specialist Interest Groups, which represent existing clinical expertise in the UK clinical biochemistry community. The following groups have been formed:

1. Cardiovascular Prevention,
- 2.. Endocrinology,
3. Nutrition,
4. Bone Metabolism,
5. Inborn Errors of Metabolism,
6. Best Practice.

Training Education and Academic Development Division

Although the division aims to address specific training needs of medical graduates, the participation in its activities is open to all members. It plans to address organization of management and leadership training within postgraduate curriculum. Also, there is a pressing need to re-open discussion on the undergraduate curriculum in laboratory medicine. The recent decrease in undergraduate teaching of laboratory medicine may be having an untoward effect on recruitment and retention of trainees in clinical biochemistry. We believe that laboratory medicine is a key place to teach undergraduates data handling (a skill closely related to risk assessment), and also risk management and aspects of safety.

Professional Affairs Division

This division will address, among other issues, consultant job plans (including categorization of on-call work) and matters associated with pathology modernization. It will also handle ACB nominations for Clinical Excellence Awards. The ACB has recently been recognized as one of the specialised societies that may participate in the selection process.

Finally, the CPS Communications will disseminate information about CPS within the ACB, and will communicate with other relevant bodies. The plans are to collate news periodically as a web- or hard copy bulletin. The first priority is to make sure that within the next few months every member of the ACB becomes aware of the Section's existence.

CPS Executive

Figure 3 lists the CPS executive officers elected by the Steering Group at the meeting on the 15th November 2005 for a 3-year term of office.

Call to action

There is little doubt that the way forward for clinical biochemistry is to develop a strong power base in the clinical arena, rather than focus solely on analytical techniques.

The CPS represents a new avenue to focus the clinical activities of the ACB; the hope is that the Section, organised around direct clinical work performed by our medical staff, should take the Association towards being a more clinical organisation in its outlook. We also hope that it will provide a way for scientist members to broaden their outlook beyond the boundaries of the laboratory and will enhance the clinical role of scientists. This is already happening in other areas: an example is the development of supplementary prescribing by the pharmacists.

I think there is a cause for celebration, and a reason for call to action. The reason for celebration is that the ACB has created a structure that responds to the wishes of medical trainees and consultants in chemical pathology, which would benefit all members. The call to action is this: with the infrastructure in place, the CPS will become what we make of it. It may help make the ACB a leading clinical body in laboratory medicine- or it may die of inaction. It is now up to the membership and, I say, let's make it work.