The Association for Clinical Biochemistry & Laboratory Medicine

Better Science, Better Testing, Better Care

Annual Report 2013
## Contents

The Association for Clinical Biochemistry & Laboratory Medicine
Annual Report and Accounts: Year Ending 31 December 2013

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The year since publication of the last Annual Report started with a change of name for our organisation. The new title, ‘The Association for Clinical Biochemistry and Laboratory Medicine’ more closely reflects the evolution of the ACB and of our working lives to be much more multi-disciplinary than before and our aim is to be representative of all the specialities comprising laboratory medicine.

This aim forms part of the strategy document the Association has recently developed. The need for such a strategy now is especially important given the changing way in which laboratory services are being delivered as well as the recognition that the time that laboratory professionals have available to devote to ACB activities is likely to be at even more of a premium in the future. The intention is that the strategy will reflect our core values and use them to focus on what we perceive should be our key activities and priority tasks. We hope that it will also provide continuity between predecessors and successors with what was planned for the Association, and also form the basis for future strategy changes.

Within the last year, quality has been placed into major focus. Quality has always been the central value of the specialities comprising laboratory medicine, but the Francis inquiry highlighted the consequences for patients when the delivery of a quality service is compromised by the pursuit of inappropriate goals. With more specific regard to laboratory medicine, the Diagnostics Atlas of Variation was published, demonstrating the differences in requesting of pathology tests throughout England and, at the time of writing, Ian Barnes is about to report the findings of his Quality Assurance Review. Each of these is likely to have important consequences for the way in which we govern our services in the future.

Staying within the NHS, last year saw the abandonment of several ambitious pathology tenders, particularly those that only involved primary care services. The main reasons cited were changed Clinical Commissioning Group priorities, perceived reduced benefits and increased clinical and financial risk. Nonetheless, at these times of change to the way in which laboratory services are commissioned and delivered, a unified approach by professional organisations is helpful and so a Pathology Alliance met for the first time last July. This comprises several organisations, including the ACB, the Royal College of Pathologists, the Institute of Biomedical Science and the Association of Clinical Pathologists. The aim is to provide a single, strong voice on some of the important issues affecting pathology and also to provide coordinated leadership in developing services. In respect of the latter, the group has started working with the new National Clinical Director for Pathology, Professor Jo Martin, to establish the best ways of reconfiguring services and meeting demands for external changes such as delivering seven day, 24 hour services. There should also be a role for the group in implementing the recommendations of the Quality Assurance Review.

This has also been a good year for initiatives led solely by the ACB, all aimed at improving the way we practise. Tim Lang led the Minimum Retesting Interval document development and Robert Hill, Director of Scientific Affairs, has brought together a multidisciplinary group to standardise the identification of acute kidney injury. The Trainees’ Committee has also been active in contributing to AMALCs (analyte monographs aligned to the laboratory medicine catalogue) and in developing short vignettes of all the NICE guidelines relevant to laboratory medicine. The ACB also awarded a record number of research scholarships, reflecting the high quality of proposals that were received.

The Annals of Clinical Biochemistry celebrated its 50th anniversary in 2013 and the change in publisher was an opportunity to develop a digital archive of all issues back to 1963, available freely to all members. ACB News also celebrated its 300th edition last year and it was a delight to commemorate this with a presentation to Jonathan Berg, who has edited and produced the publication for many years of its life.

Lab Tests Online UK continues to grow from strength to strength under the leadership of Danielle Freedman and received well over one million visits to the website over the last year. In June, the app for iOS and Android devices was launched and had over 6,000 downloads in its first six
months. It seems likely its role will develop increased importance if future plans to provide test results directly to patients are realised.

The new ACB website was launched in September with a smart new look and better ease of use, with the potential for improved functionality. A large thank you to the ACB office staff is in order for the huge effort they put in to coordinate the seamless move from the old site to the new one.

Perhaps initially against my better judgement, an ACB President (@ACBPresident) Twitter feed was established, which currently has over 200 followers. It has proved to be an excellent means of disseminating information rapidly and has probably also given a flavour of the activities the President has to embark on.

As in previous years, education and training matters, especially those of Modernising Scientific Careers, have occupied much time, particularly that of the ACB Past President, Mike Thomas and the Director for Education, Training and Workforce, Frances Boa. The restructure of the NHS in England from April 2013 saw Health Education England assuming responsibility for the commissioning of educational programmes, including that of Modernising Scientific Careers. Oversight of MSC education and training has now been transferred to the lead Local Education and Training Board (LETB) for healthcare science within the West Midlands at the National School for Healthcare Science (NSHCS).

The central MSC team is still engaged with the final details of Higher Specialist Scientific Training (HSST), which will be a training programme similar to medical consultant training, leading to medical royal college examinations where these exist, and may include a doctoral award. It is anticipated that the first HSST posts will become available in early 2014, funded through a combination of LETBs, trusts and a supplement from central funds. The success of the Modernising Scientific Careers initiative was recognised at the inaugural Guardian Healthcare Innovation Awards in October 2013, with a special mention for the way in which professional organisations helped shape the programme.

The National School for Healthcare Science has assumed more responsibility from the MSC team for the oversight, recruitment, quality assessment and accreditation of the Scientist Training Programme (STP) schemes throughout 2013-14. For our own specialties, ACB members have contributed considerably under the leadership of Frances Boa. Most recently, Chris Gibson (previous IPEM (Institute of Physics and Engineering in Medicine) President and Lead Scientist for Oxford) has become Head of School and Mike Thomas has been appointed as the Professional Lead for Life Sciences at the School.

Over the last 12 months, the Academy for Healthcare Science has been particularly focused on achieving educational provider status under HCPC and developing an equivalence process for the assessment of graduating trainees from the STP programme. The AHS has changed its corporate structure with formal representative roles for the main professional bodies, including the ACB, as Directors of the Academy thus ensuring that the organisation is one truly representative of the professions.

Together with the ACB, the Association of Clinical Scientists (ACS) and the Academy have been discussing the formation and facilitation of an Integrated Assessment Unit to make the process of HCPC registration as a clinical scientist as straightforward as possible. The Association of Clinical Scientists has continued as a body in its own right and during 2013 submitted and received approval from HCPC to modify its educational programmes, removing the requirement that they be of four years duration and thus aligning them with that of STP programmes. The ACB recognises and is hugely indebted to the substantial work that the previous and current ACS Executive members have undertaken, and continue to perform.

Moving on from education, the previous year has seen a number of our members being successfully nominated by the Association. It was particularly satisfying to see that six of our members were successful in being included in the prestigious "Top 100 Scientists" list chosen by the Science Council. Other members have been successful in becoming nominated to international organisations, including several EFLM and IFCC groups and task forces.

On a personal note, I would wish to thank my Executive and Council colleagues for guiding and supporting me during my first year of being President of the Association, not to mention the unstinting help from the ACB office staff.

Before writing this report I had the good sense to see how they had been written by some of my predecessors. All noted the challenging times they were going through even if, in retrospect, they seem much less demanding than now. However, I think it is worth reiterating the quote of Willi Brandt made by Mike Hallworth at Ian Watson’s retirement meeting: “The best way to predict the future is to shape the future”. The sentiment is more relevant now than it has ever been.

Professor Eric Kilpatrick
President
Association Awards

ACB Foundation Award  Dr William Marshall

ACB International Lecture  Dr Henk Goldschmidt

President’s Shield  Mr Brian Smith
AACC Transatlantic Lecture  Professor Robert Christenson

ACB Professors’ Prize  Dr Fadil Hannan

Flynn Lecture  Professor Anders Nordstrom

ACB Medal Award  Miss Gina Sanki
Over the past year, the Education Committee has worked with the regional tutors and other members of the profession to organise four successful national training events.

The national training day was held at York University immediately before Focus 2013. The programme covered method evaluation and examination technique for the Part 1 FRCPath.

The second and third of the new style training courses were held at Warwick University (June) and ACB headquarters in Tooley Street (November). These courses covered a diverse range of subjects including transplantation, therapeutic drug monitoring, automation, business cases, governance and audit, and mass spectrometry. Both courses had very positive feedback on both content and speakers.

Every two years the ACB runs a Management and Leadership Course at the University Surrey, organised by Sally Benton and colleagues. This year, the five day course took place in mid-July and attracted 26 delegates. As in previous years, the feedback from the course was highly positive. Trainees were given plenty of opportunities to develop new skills and friendships.

The Education Committee has had the pleasure of awarding travel bursaries to the following members of the association during 2013: Laura Wainwright, Sally Mavin, Joanne Marsden, San Min, Kevin Barker, Victoria Miari, Michael Cornes and Christopher Sevier-Guy. The recipients have written, or will be writing, articles for ACB News.

During 2013, members of the Education Committee and Regional Tutors’ Committees have continued to work closely with the National School of Healthcare Science in delivering the Scientist Training Programme (STP). This includes major contributions to the recruitment process, delivering training and developing the objective final structured assessment for the STP. Members of the Education Committee have worked with the Academy for Healthcare Science on the assessment of equivalence. The Education Committee and its professional groups have worked with colleagues at the Royal College of Pathologists in the delivery of the HSST curricula in clinical biochemistry, immunology, microbiology and analytical toxicology.

The ACB remains committed to the development of training programmes, monitoring the quality of training and the progress of trainees through the Education Committee and regional tutors.

Director of Education, Training and Workforce: Dr Frances Boa
Deputy Director of Education, Training and Workforce: Mrs Hazel Borthwick
ACB Scholarships
The ACB Scholarship scheme continues to attract a high level of interest from the membership. Over the last year, the scoring system and the rules for applications have been refined so that the application and peer review processes are rigorous and bear comparison with those of other grant awarding bodies. We are indebted to Chris Chaloner, who has led work on behalf of the Committee. This year we received 17 applications. The fund made available for scholarship was increased to £24,133, distributed between eight successful applicants. The peer assessors agree that the standard of applications is increasing year on year. Committee members Dimitris Grammatopoulos and William Finch have both provided valuable scientific insight during the peer review process.

LC-MS Special Interest group
The LC-MS group held a successful half day meeting at Focus 2013 that was oversubscribed and received positive feedback. This is an excellent example of how a special interest group can be a resource for the Focus scientific programme organisers. The Committee would like to thank Alex Yates for her leadership and commitment.

Clinical Sciences Reviews Committee and Analyte Monographs
David Gaze chairs this important sub-committee, which commissions and edits review articles for the Annals of Clinical Biochemistry. Over the last year, twelve Annals review articles were submitted to the journal and a further five published. Over the last two years, David has also been responsible for commissioning the AMALC series of analyte monographs. There are now 35 monographs on the ACB website. The responsibility for maintaining and extending the series is being transferred to the Publications Committee and the aim is to complete a portfolio of the most common clinical chemistry analytes by the end of 2015.

Immunology and microbiology representation
The Committee has been delighted to welcome Rob Shorten as the microbiology member this year. Rob has contributed to the peer assessment of the ACB scholarship applications and helps us to explore how we can extend the benefits of the Scientific Committee affiliation to the wider ACB microbiology membership. Unfortunately, there is currently no representative for the immunology membership.

NICE guidelines
Over the last three years, Douglas Thompson has spearheaded the recruitment of expert members to join the guideline development groups and comment on guideline drafts. This important activity has resulted in significant changes to NICE guideline documents, making implementation more straightforward in areas where laboratory data is key in effective interventions. The list of guidelines in which the ACB has been involved appears in the Science section of the website. Douglas and I would like to thank ACB members who have given their time so freely. Douglas retires from the NHS this year. We are very grateful for his commitment to the NICE guidelines and for his contributions to translational research.

Acute kidney injury (AKI) initiative
The ACB began its involvement with AKI with Anne Dawnay representing the Association on the NICE guideline development group. Following the consensus meeting held at the Royal College of Physicians of Edinburgh, and the later publication of the guideline, a meeting of the stakeholders involved with designing an algorithm for the detection of AKI using biochemical data was held in Derby under the auspices of the Scientific Committee. This work has led to the ACB’s involvement with the NHS England Acute Kidney Injury programme board in its attempts to detect AKI earlier and thereby improve outcomes in patients at risk from this reversible condition.

National Audit Committee
Annette Thomas has kept the Committee informed about national audits and important regional audits. The annual National Audit Meeting continues to be successful with the next meeting set for 21st May 2014. Although the national audit committee is not itself an ACB committee, it uses the ACB logo among several others, which requires that the ACB receives regular reports of its activities. Annette has also been invaluable to the Committee for her expertise in point of care testing and external quality assessment, two areas of great importance.

Director of Scientific Affairs: Dr Robert Hill
Deputy Director of Scientific Affairs: Dr Christopher Chaloner

Scientific Committee
Annual Report & Accounts 2013
Having taken on the role of Director of Publications in May, it was clear that the outgoing Director, Ruth Lapworth, had left a solid infrastructure for me to progress. During the year, publications produced by the ACB have continued to thrive and evolve, not least because of the hard work, enthusiasm and leadership of members of each committee and the hard work of a number of key individuals.

Our publications not only provide an educational resource to our membership but also generate income for the Association. A considerable amount of work has been done during the year to improve the way in which the ACB utilises information technology to facilitate communication, both to promote the organisation and to support the membership, culminating in September in the launch of the new ACB website. This has proved to be a great success; the structure of the site allows more ready access to information. Its success owes a lot to the work of our excellent permanent staff in the ACB office.

This year has also seen the introduction of a (so far) limited usage of social media, with the establishment of a Twitter account for our ACB President; thanks are due to those members who have contributed. We recognise that we will develop our use of social media more during the forthcoming year to promote and publicise our role and the services we provide.

ACB News

The last year has seen another successful year for ACB News. Key reporting areas have included the various activities on tendering pathology services as well as ensuring that the work of the Association in all areas is reported in a timely manner.

The amount of material being submitted to the ACB News office ebbs and flows. On occasions there is simply too much material to publish but at other times it can be difficult to fill the appropriate number of pages and this can result in the editor having to consider putting pen to paper himself, which he has been known to do but really is not the idea. We are particularly pleased to be receiving contributions from the Immunology Professional Group and for the continued receipt of articles from the Microbiology Professional Group.

There has been a decline in support from commercial companies in the form of page advertising. While this is to be expected with the increasingly mixed approach to marketing communication that is taken, it may mean that some companies are missing out on opportunities to get over key messages. Interestingly, a number of NHS laboratories are now regularly advertising in ACB News.

In 2013, the current editor, Jonathan Berg, celebrated 25 years in the role and marked this by holding a most enjoyable garden party. We are aware of the need for succession planning, though there is no immediate urgency to this as the current editor clearly still quite enjoys the challenge.

ACB News is now read in electronic format by increasing numbers of both ACB members and others interested in the work of the Association and clinical science in general. The ACB presidential Twitter account is used to announce each monthly ACB News with a direct link to the PDF and this allows people to view the magazine on their smart phones or tablets. There may come a time when the ACB News goes totally electronic, being distributed by email and download. However, we believe that many readers of ACB News may prefer to receive a hard copy rather than use an electronic version; our current dual approach fits with the thinking of many other organisations that produce similar magazines for internal and external communication.

Annals of Clinical Biochemistry

This year saw the publication of the 50th volume of the Annals: a gold cover has been used throughout 2013 to commemorate this. A popular series of ‘Observations from the Archives’ was published, written by the journal’s editors and highlighting some of the fascinating material buried within past issues. A significant step has been the online publication of the journal’s entire archive,
back to 1960, facilitated by our new publisher, SAGE, and freely accessible to all ACB members and journal subscribers.

The Annals continues to receive around 300 submissions per year: approximately half of these are from the UK with significant numbers also being received from Japan, Australasia, China, Egypt, India, Turkey and the Netherlands. The overall acceptance rate is currently approximately 40%. The impact factor for 2012 fell slightly to 1.92 (2.17 in 2011) with the journal being ranked 12/31 in a group of medical laboratory technology journals. The majority of articles received are original research articles or short reports but we receive a healthy number of case reports, letters and review articles. A steady stream of exciting and incisive editorials and review articles has been published: these appear to be well received and are often highly cited.

During 2013 we have been developing our relationship with our publisher, SAGE. SAGE is committed to improving the visibility, marketability and impact of the journal. Online First (our manuscript management system) is showing dramatic signs of improved functionality, with time from acceptance to publication falling from 113 to 26 days over the four quarters of this year. The last few editions of the journal have appeared online ahead of their publication month. Online usage is reflected in >6,000 full text downloads each month, with 2,100 individuals being registered for TOC (table of contents) alerts. We look forward to further growth of the journal in 2014.

Lab Tests OnLine®UK
From June 2013, Lab Tests OnLine®UK (LTO-UK) launched the mobile ‘app’ to allow access to its website; the UK is the third country to have this facility. The app launch was held at the Royal College of Pathologists in June; the event was supported by the ACB, the College and the Institute of Biomedical Science. Attendees included representatives from patient associations, the Department of Health, the NHS Choices editorial team, the Patient Information Forum and Sense About Science. Within six months, there had been over 6,000 downloads, which surpassed the download rate of the Australian app, launched in November 2012. Despite this huge success, we have had a problem due to a change in the Google Search algorithms, which resulted in a drop in Google referrers from an average of 107,000 hits per month in 2012 to 46,000 hits per month in 2013. The hit rate from other sources has remained constant. There has been an almost identical drop in visitor rates on other English language sites (namely the USA and Australia). The US Lab Tests Online team are investigating the cause of the issue and we hope for a swift resolution. Despite these issues, we have had well over one million visits to the website over the last year, LTO-UK has also embraced social media as a method for engaging with our users and the app lab test Twitter account grows steadily, currently having nearly 300 followers.

The LTO-UK Board has recruited a new member, Dr Patricia Wilkie, the President of the National Association for Patient Participation. The other members of the board are as follows: Danielle Freedman, Chair; William Marshall, Treasurer; Stuart Jones, IT lead; Sally Stock, Managing Editor; Katy Heaney, Marketing & Promotions; John Stevens, IBMS Representative; Jonathan Kay, Patient Liaison; Madeleine Wang, Patient Representative; Dragana Landup-Horgan, Administrator.

In addition, with Katy Heaney’s leadership and by employing a professional consultant, we have appointed a small marketing team. This team are developing a marketing plan for 2014 that is centred around the promotion of LTO, particularly in light of the Department of Health Information Strategy (2012). As part of that strategy, we are aiming to ensure that GPs have direct links from their surgery to LTO-UK. TPP system 1 (approximately 20% of GPs use system 1) announced the integration with LTO-UK in May 2013.

Venture Publications
The Venture Publications Committee has had another busy year, with some new books at editing stage as well as new editions of older books in preparation. The long-awaited book by David Burnett about the laboratories appeared in the autumn and had sold over 400 copies by the end of the year. Primary Care and Laboratory Medicine - Frequently Asked Questions, which was published in 2011 has sold almost 1,000 copies as well as being distributed free to members. We will be submitting it for consideration for the BMA Medical Book Awards later in the year.

The staff in the ACB office have agreed to help out with some of the editorial processes during book production and we await the installation of new hardware and software. This will also give us the capability of producing e-publications in-house, which would be an exciting new development for us.

We said goodbye to Karen Poyser, one of our longest serving members, who not only edited several books but also acted as Secretary to VP for many years. We are very grateful for her hard work and wish her all the best in her future career.

We are also very grateful to Sue Ojakowa at PRC Associates for tirelessly pursuing commercial advertisers to help support our production costs.

We are looking forward to the coming year, during which a new Chairman will take the lead not only in ensuring that the books still in preparation are processed smoothly and in a timely manner, but also in planning the future direction of Venture Publications.

Director of Publications & Communications:
Dr Paul Newland
Deputy Director of Publications & Communications:
Miss Beverley Harris
The Trainees’ Committee continues to ensure trainees’ views are heard on important subjects such as examinations, training course content and location, STP and HSST training. The Committee continues to implement new initiatives and contributes to the RCPPath Trainees’ Committee, in addition to the work of ACB Council and the Education and Regional Tutors’ Committees.

There have been a number of changes in personnel, and the Committee would like to thank all its members for their help and dedication over the year. In particular, we would like to thank Mark Sleeman after finishing his term of office as Chair of the Committee, and to welcome Emma Ashley as the new Chair.

**Trainees’ evenings**
The Committee successfully worked with course organisers to hold sessions at both ACB training courses in 2013. At the spring course in Warwick, Rosemary Emodi presented overseas opportunities in healthcare science. Rosemary is the project coordinator for ‘The Africa Laboratory Skills, Management and Improvement Programme’, which recently received a grant as part of the Health Partnership Scheme from the Tropical Health and Education Trust. At the autumn course in London, Dr Ranganath discussed his work on alkaptonuria, primarily focusing on how he developed both his research interest and the specialist service in Liverpool.

**Scientist Training Programme (STP)**
The Committee continues to gather the views of STP trainees through the STP trainee representative, which can then be disseminated to other relevant committees. We continue to ensure that the trainees’ voices regarding the ‘Multi Source Feedback’ and ‘Online Assessment and Learning Tool’ are heard, in addition to circulating relevant information and guidance. Following feedback from previous trainees, amendments to the MSc courses have been made, including improvement in the educational content of certain subject areas and the support of workplace-based learning.

**Communications**
The trainees’ section of the new ACB website went live in 2013. There are a number of new sections including a description of the new MSc courses available to STP trainees. The Committee continues to coordinate the review of relevant NICE clinical guidelines pertaining to pathology and these are now available to download from the website. The website also contains a link to the new ‘Practical Tasks Training’ document created by Karen Mitchell. This document is a useful resource for laboratory-orientated tasks. It will provide a basis for trainees and educational supervisors to direct learning in order to achieve the appropriate knowledge required for College examinations.

**Big Bang 2013**
In March, the annual Big Bang fair was held at the ExCeL Centre in London’s Docklands. The involvement of the ACB was coordinated by Adrian Miller. The theme was based on ‘The Pathology of Homer Simpson’, focusing on diabetes (proteinuria and glycosuria in simulated urine), gastrointestinal pathology (blood in simulated faeces) and liver disease (bilirubin by dipstick and a presentation of...
The previous Director of Clinical Practice, Dr Stuart Smellie, had to stand down during the year. We thank him for his leadership of the section over several years.

In part as a result, there is little activity to report, but following advertisement in ACB News, Council has appointed Maurice O’Kane to this position. We look forward to a resurgence in the activity and output of this section thereafter.

**Local trainees’ welcome evenings**
Regional trainee representatives have organised a number of local trainees’ welcome evenings to allow trainees and supervisors to meet in an informal setting and to advertise the benefits of joining the ACB. The Trainees’ Committee will be encouraging the organisation of similar events across the country in 2014.

**Employment opportunities**
The Committee continues to raise awareness of the challenging job situation for trainees completing their training. It is encouraging departments to secure positions for the current group of excellent trainees as they reach the end of their contracts. The latest round of workforce data reflects the current economic climate and subsequent lack of career progression opportunities for trainees, and this is not localised to any specific region.

Chair: Miss Emma Ashley
Vice Chair: Mr Jonathan Vernazza

**Clinical Practice Section**

The previous Director of Clinical Practice, Dr Stuart Smellie, had to stand down during the year. We thank him for his leadership of the section over several years.

In part as a result, there is little activity to report, but following advertisement in ACB News, Council has appointed Maurice O’Kane to this position. We look forward to a resurgence in the activity and output of this section thereafter.

**Director of Clinical Practice: Dr Maurice O’Kane**
It has been another busy year and I would firstly like to thank all Committee members for their continued hard work and enthusiasm.

In September, the new ACB website came online, and content from the previous Microbiology website was successfully transferred. The majority of the information held on the previous pages of the website was covered in, or overlapped with, the rest of the ACB website, and this information is now in the relevant section. The smaller microbiology-specific section now contains news and information that is relevant to the microbiologists within the organisation.

We have continued, despite small numbers, to be involved in as many activities as possible. We have representation from trainees at both STP and post-registration level. One such member, Mark Garvey, has now taken up the Microbiology FCS representative role and become an active committee member, getting involved with professional issues raised by microbiology members.

Many members have been heavily involved in organising local meetings for clinical scientists, including opportunities for networking and CPD, with the help of regional and local clinical scientists. In October, our secretary, Moira Kaye, organised a meeting on vaccines, which was a successful day. It is getting harder to attract members to meetings and the financial and time pressures we all face are increasingly apparent. One of our newer members is looking into ways that future meetings could be held as webcasts, or recorded then accessed after the event for a small fee but still being accredited for CPD.

We have all been significantly involved in work with other organisations this year, notably the Royal College, the National School of Healthcare Science and the Academy for Healthcare Science (AHCS). This has taken up an enormous amount of everyone’s time but shows the dedication of Committee members to see that we are fairly and appropriately represented throughout the whole process. Rob Shorten has been the lead station writer for the upcoming objective structured final assessments, and many of us are also being trained as assessors. We have continued to act as ACS assessors and have successfully recruited several new people to this role. There has also been a large amount of activity contributing to the AHCS equivalence and assessment process, which is moving forward.

Several Committee members have participated in the writing of the HSST curricula, which is currently on the College’s website for consultation, and also consultant clinical scientist job descriptions and person specifications.

We had successful calls for nominations to our Committee and I would like to take this opportunity to welcome four new members. That said, you can see the huge amount of work that we all undertake to ensure that all microbiology members are represented across the professional organisation, and we always need more help. This is a time of immense change for all of us in healthcare science and if you want to get involved in any way to help shape its future please contact us. We always welcome new faces and ideas.

I would like to take this opportunity to thank Moira for doing a great job by taking over as acting chair while I was on maternity leave. 2014 is already turning into a busy year and I hope more of you will join us and get involved.

Chair: Dr Kirsty Dodgson
Secretary: Dr Moira Kaye
The Committee met three times during the year, twice by telephone conference and once in person. Professor Berne Ferry is the current Chair, having taken up office after the Association’s 2012 AGM.

**Training**
Before the implementation of Modernising Scientific Careers, immunologists followed their own pre-registration training programme to obtain registration as clinical scientists in immunology; and then undertook higher specialist training before taking the FRCPATH examinations in immunology. During 2013, six Grade A trainees continued in this system. An immunology assessment day was held in July. Four Grade A scientists passed, leaving two to undertake the certificate of competence. Two Grade B clinical scientists successfully completed the Part 1 examinations for FRCPATH, passing at their first attempt; one completed part of the Part 2 examinations. Under Modernising Scientific Careers, there are currently no trainees in PTP training; there are a total of 17 in STP training and we hope to apply for at least two or three HST posts during 2014.

The school would like immunologists to organise an exit exam for the STPs in their third year. Our Education lead is leading on this. There are five stations in immunology for the objective structured final assessment and we met in November 2013 to discuss the questions. A further meeting will take place in February 2014 and we will finalise the exam then. We have applied for assessors for the final day of exams.

Immunologists have decided to wait to assess STP trainees until the whole STP process has been completed, i.e. one three-year group finished, and then we will have more of an understanding of the quality of the training that the trainees have received. This was agreed by all the IPC members. We are planning to meet in late January/February 2014 and to contact the STP in Immunology and invite them to the meeting.

### Manchester MSc course
The IPC is extremely concerned about the poor quality of the organisation and the irrelevant content of the University of Manchester MSc immunology course for STPs, and has informed the National School of Healthcare Science of those concerns. The University has responded by issuing an advertisement for a ‘Clinical Scientist in Immunology’. However, we consider that this is unsatisfactory and that the problem should have been addressed before the students began.

### Accreditation of STP training centres
The accreditation of STP training centres is a major concern to the immunology community. Immunology departments and trusts that have no history of training clinical immunologists have been allowed to take trainees.

The IPC is concerned about the calibre and the ability of these centres to train if they have no previous experience and no one from the IPC associated with the centre. We have voiced our concern to the Blood Sciences Themed Board of the National School of Healthcare Science and raised it with the ACB Education Committee. When this issue was raised in the College’s Clinical Science Committee some colleagues said that they were finding it hard to fulfil immunology rotations. It was suggested that the curriculum could be reduced, but this would be almost impossible to do without altering the quality and standards of immunology training. The IPC agrees that both immunologists and colleagues in other disciplines must be vigilant to prevent immunology from being diluted too much within blood sciences, actively working with our other scientific colleagues while at the same time trying to be aware of not having a ‘silo mentality’.

The first immunology centre to be accredited for both STP and HSST training is the Oxford University Hospital Trust.

### Raising the profile of immunology in the ACB
This is a major concern of the IPC. Immunology now has an ‘Immunology News’ page within ACB News, which we hope will inform both immunologists and other ACB members of our work, successes and concerns. We are also trying to ensure that there is an Immunology representative on all ACB regional committees, and encouraging immunologists to send manuscripts to the Annals of Clinical Biochemistry. Andrew Woods has been appointed as webmaster for the immunology page on the ACB website and we hope that this will ensure that it will become and remain more up to date.

The Chair of the IPC and the President of the ACB have held talks with the medical leads of relevant national organisations in the UK to explore forging closer links and we are hopeful that this will be successful and will bring the immunology community closer to the biochemists and microbiologists in the ACB.

### Workforce
One new band 7/8 post was filled, as was at least one band 6 post. However, we are concerned as to the impact that formation of consortiums and pathology modernisation will have on immunology posts.

### National Institute for Health Research grants
Immunology continues to be successful in winning these awards, particularly those awarded via the Chief Scientific Officer. In the 2009-2010 round, two awards (out of ten nationally) were made to immunologists; in each of the 2010-2011, 2012 and 2013 rounds, one award was made to an immunologist (a post doctoral in 2013, following on from an award in 2009).

**Chair:** Professor Berne Ferry  
**Secretary:** Mrs Jenny Harvey
2013 was another busy and challenging year for meetings. New concepts were tested at Focus, and the familiar working model of FiLM continued, as well as a further series of Spotlight meetings taking place at the Royal College of Pathologists.

In 2013 the ACB responded to the challenges of lower corporate sponsorship and delegate study leave budgets by holding Focus at a university venue for the first time. The compact nature of the facilities at the University of York made it an attractive venue, as most of the meeting rooms and the exhibition space were within the same building, and accommodation and parking were within walking distance. This arrangement proved to be popular with delegates and exhibitors alike. Jean Wardell and her team organised another high quality meeting. The group preparing the scientific programme, chaired by Stuart Smellie, adopted the theme ‘Back to Basics’. Popular sessions included a lunchtime debate on the distribution of Point of Care Testing, the Clinical Cases Session and the satellite symposia, particularly that organised by MetBioNet and those on immunology, LC-MS/MS and audit. The Focus training day again proved popular. As always, we thank the Corporate Members for their support of the Focus; without their financial and scientific support, such a meeting would not be achievable.

The Frontiers in Laboratory Medicine (FiLM) meeting continues to provide a forum to exchange information on cutting-edge laboratory management and innovation. At the time of writing, the programme has just been finalised for another varied and thought provoking meeting in January 2014. This meeting is organised in conjunction with Robert Michel, Editor-in-Chief of The Dark Report, with the UK organising committee led by Neil Anderson with Kathryn Brownbill. The 2013 meeting attracted many delegates from outwith clinical biochemistry, embracing the whole of laboratory medicine. The popularity of this meeting has led to discussions among the organisers as to whether future meetings might benefit from a larger venue, and this concept is being investigated.

2013 also saw the continuation of the Spotlight meetings, utilising the facilities that are available to us following our support of the building upgrade for the Royal College of Pathologists. Organised with the help of Graham Groom, the meetings covered a number of interests of the membership and continued to support the partnership formed between the ACB and the immunologists and microbiologists. Graham retired from this role during 2013, and the future of these meetings will be discussed in 2014.

We are now looking forward to EuroLabFocus 2014, which comes as a result of the ACB’s successful bid to host the European Federation of Laboratory Medicine and Union of European Medical Societies (EFLM-UEMS) conference for 2014. This meeting will be held in Liverpool in October, with Gilbert Wieringa and Ian Watson leading the organisation of what we anticipate will be an exciting venture. Hosting this meeting in October has led the ACB to hold the 2014 AGM as part of a one day meeting organised by the Audit group of the Association. This will take place at the ThinkTank in Birmingham in May 2014.

Thanks are again due to Kathryn Brownbill, as secretary of the Committee, the ACB office staff for their support, and Meeting Makers, who take on the professional organisation of our main meetings.

Chair: Dr Ian Godber
Secretary: Dr Kathryn Brownbill
The Workforce Advisory Committee (WAC) collects and collates information on the clinical scientist workforce using the ACB database and data gathered by regional members and the Trainees’ Committee. These data can be used to ensure that adequate numbers of trainees are being recruited to meet future requirements. The table below is constructed from data obtained as of December 2013, to assess the number of retirements, and the number of trainees entering the profession each year (data obtained from the National School of Healthcare Science themed board papers in August 2013).

The following assumptions were made in constructing the table:

- that the average retirement age is 63 years (derived from a recent WAC workforce survey)
- that it takes a clinical scientist a minimum of eight years to be fully trained, i.e. to achieve FRCPath from the time of entering a pre-registration training post
- that for succession planning to work, the number of trainees entering the pre-registration training programme should equal the number of clinical scientists reaching the age of 63 years eight years later. In addition, there needs to be steady progression of trainees through the career structure.

The table includes estimates of the number of trainees available with 10% or 20% attrition rates. In the past, the attrition rate has been as high as 50%. The attrition rate in 2007 was shown to be between 10 and 15%. Between 2013 and 2022 there are predicted to be 215 retirements (31% of the workforce). In the same period the number of trained clinical scientists becoming available will be 257 or 229 (assuming 10% (20%) attrition). The STP trainees are included but it should be kept in mind that, although they will now be registered as clinical scientists, their career pathways and which group of staff they will be replacing when they are trained are not yet clear.

The recruitment/workforce planning process for the STP trainees has been taken over by the Department of Health under the new MSC pathway and it is hoped that the drive to ensure electronic staff records are maintained accurately will help make such planning more robust.

Of particular concern is that individual Trusts are at present making cuts in workforce owing to short term deficit problems, budget constraints and rationalisation/merging of services. The lack of opportunities for progression remains a crucial issue for clinical scientists. The lack of suitable post-registration positions available to Trusts conducting workforce re-profiling exercises could mean we lose the present trainees in whom we have invested a great deal of time and money to train to registration standard. This in turn will have a serious effect on the replacement of those who will retire in the next ten years, as well as the development of new roles. It is therefore vital that we maintain opportunities for the present trainees and that posts are maintained. Some positive news from the Lost, New and Vacant Posts Survey carried out by the WAC in 2013 showed that departments have been making efforts to retain staff (through re-bandung or post conversion) and this is reflected in the number of lost posts in 2013 (net loss 10 posts) compared with data obtained in 2010 (net loss 48 posts).

There remains an urgent need for a robust assessment of demand for clinical scientists in NHS laboratories. Various workforce planning initiatives are outlined in the MSC documents, which may help to address this problem. However, these have not been implemented to any great extent at present. We have anecdotal evidence that individual Trusts and networks are basing their plans for workforce re-profiling on models heavily weighted towards financial savings without thought for future training or succession planning. If this trend continues, the future of high quality science within NHS pathology laboratories is at very high risk of being compromised.

Chair: Dr Adrian Miller

<table>
<thead>
<tr>
<th>Commencement of training</th>
<th>Completion of training</th>
<th>Number of retirements (number of trainees required)</th>
<th>Number of trainees available no losses (10%, 20% loss)</th>
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<tr>
<td>Those 63 and over still to retire</td>
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<td></td>
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<tr>
<td>2005</td>
<td>2013</td>
<td>43</td>
<td>38 (34,30)</td>
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<td>20 (18,16)*</td>
</tr>
<tr>
<td>2014</td>
<td>2022</td>
<td>18</td>
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*From 2011, numbers represent the Modernising Scientific Careers (MSC) Scientist Training Programme (STP) in healthcare science trainees.
2013 has been a year of change for FCS. Geoff Lester has stepped down as Chair and has taken over the role of national negotiator from Brian Smith, who has now retired from FCS duties after many years. Roberta Goodall has stepped down as secretary but is still acting as assistant secretary. We would like to thank Brian for his hard work over many years and also Geoff and Roberta for their time and continued contributions. Andrew Taylor has now taken over as Chair of FCS. Graham Handley has stepped down as the FCS website editor, a role he undertook for many years. We would also like to thank Graham for all the work he undertook on behalf of FCS. His place is taken by Darren Powell. During the year we have managed to recruit several new regional representatives and the national committee is almost at full strength again with new representatives recruited from microbiology and Public Health England (PHE).

National negotiation issues
During 2013, FCS has again been working hard with other trade union colleagues at National Staff Council to try and mitigate the continued attack on national terms and conditions. While it appears that the threat of individual trusts changing terms and conditions has waned, this has not stopped the changes nationally. We have seen the introduction of ‘non-consolidated’ pay points for those at the top of bands 8c–9 and the ability for employers to take those on pay bands 8c and above out of the Agenda for Change (AfC) system and move them on to individual salaries. Progression through the pay bands is now linked to satisfactory achievement at all pay points, not just at the gateways. Negotiations continue on further proposed changes to the AfC system and FCS will be involved in these discussions to try and obtain the best outcomes for members.

A number of changes to employment law have been enacted this year that may affect members. The employment tribunal service will now charge a fee for both lodging a tribunal claim and for listing the case, with charges dependent on its complexity. FCS has produced a guide for reps on this subject. Changes to Transfer of Undertakings of Protection of Employment Regulations (TUPE) have also come into effect this year and will affect how members are consulted and treated when being transferred between employers. FCS has been heavily involved in the discussions regarding the new NHS pension scheme arrangements that are due to come into place in 2015. Much of the detail of the scheme is yet to be decided and we are continuing to contribute to the process. This year, we have seen the second round of planned increases in pension contributions, with the final increase set for 2014.

We have responded to a number of reviews and consultations this year, including the Working Longer Review, NHS pension scheme consultation and HCPC (Health and Care Professions Council) consultation on professional indemnity.

There was at last an end to the national pay freeze and in 2013 we saw a 1% pay uplift for staff. However, pay restraint is still clearly on the agenda of the government.
and NHS employers. At the time of writing, there are proposals to make any future pay award contingent on further changes to terms and conditions for both medical and AfC staff.

Professional affairs
FCS continues to work behind the scenes at a national level with the Department of Health, NHS employers and with other ACB officers in relevant areas of science. Work continues around the Modernising Scientific Careers framework and statutory regulation of both those who have completed the new scientist training courses and those pursuing the old grade B route. Work will continue, with the higher specialist training course due to be introduced in 2014. FCS officers continue to prepare briefings for the membership and we try to remain responsive to your need for information. Officers, regional and local representatives have provided support to a number of members facing issues at work.

This year we have arranged three training days for regional and local representatives. The first, in May, was on the topic of AfC terms and conditions. While these have now been around for almost a decade, there have been updates and it was useful to review how these can be used to support members and give advice. The second was a day devoted to new representatives to give them an induction and some basic skills in the role of representation of members. The third day, in November, was on the topics of discipline and grievance. All training days were well received with excellent feedback from those who attended. We are grateful to the Chartered Society of Physiotherapy for this training and for their support with difficult members’ cases. An FCS area has been set up on their website for our representatives to share queries and information.

This was the year that saw the introduction of clinical commissioning in England and formation of Public Health England (PHE). There were several major reconfigurations of pathology services with FCS providing support for a number of members who have been involved in these. FCS representatives continue to provide support to members who require advice and help including those in the newly formed PHE and other disciplines such as molecular genetics.

Although the national Committee is now back to nearly full strength, we still lack local reps in many hospitals. While regional reps can provide information and support there is no substitute for knowing what is going on locally. If members feel they could take up this interesting role they are urged to get in touch to find out more.

I must thank the staff at Tooley Street office for their continued assistance and support of FCS. We could not manage without them and they are a vital part of our Committee.

Director of Regulatory Affairs/FCS Chair:
Dr Andrew Taylor
Deputy Director of Regulatory Affairs/FCS Secretary:
Dr Emma Lewis
The Corporate Members’ Committee is continuing to bring the industry perspective to the subjects under discussion by the ACB by highlighting issues of concern to both parties. Delivering a successful Focus meeting is a prime activity. Focus 2013 at York was held on a university campus for the first time. The overall feedback on the new format was positive and delegates were pleased that the ACB had managed to reduce costs whilst maintaining the normal Focus atmosphere. Delegate numbers were similar to 2012 with approximately 1,200 attendees. A number of exhibitors commented that the exhibition felt much busier than in previous years and it was encouraging to see a number of companies exhibiting for the first time or returning after a number of years away.

This year’s annual meeting in 2014 (EuroLabFocus 2014), is being held in Liverpool in October, as the third in the series of joint European Federation for Laboratory Medicine/Union of European Medical Societies (EFLM/UEMS) conferences. Planning is well under way to attract further companies to support the event. The programme covers a wide area of laboratory medicine, with topics covering biochemistry, haematology, immunology and microbiology. This approach should attract great interest from Europe as training schemes in Europe are multi-disciplinary rather than discipline specific.

It has been announced that Focus 2015 will be held at the Millennium Centre in Cardiff. The format will be similar to that at York in 2013. It is planned to continue the multi-disciplinary interest.

ACB Corporate members contributed to a workshop at the ACB Management and Leadership Course in July. Covering tendering and managed service contracts, this workshop highlighted the key considerations that need to be made in order to provide a secure, high quality and cost efficient tender delivery that meets the required financial and quality targets.

Lab Tests Online (LTO) UK will celebrate its tenth anniversary in 2014. At the Corporate Members’ AGM, Katy Heaney gave a talk on how laboratory medicine professionals communicate with patients, now and in the future. Feedback from the LTO website shows that around 50% of visitors are patients and some 25% are healthcare professionals. There is a drive to increase patient access to both laboratory results and professionals. Contact between laboratory staff and patients has been steadily increasing; however, the access patients have to results and the quality of the reports they are given varies considerably across the country.

A change to the Corporate Members’ Committee during 2013 is the assignment of Jonathan Cobbold to the Publications Committee. It is hoped that this will be beneficial to both the ACB’s publications and corporate members.

Chair: Mr Mark Weaver
North West
2013 was another productive and successful year for the North West region. Three new trainees in clinical biochemistry were recruited to the region and all our third year trainees were awarded their certificate for successful completion of pre-registration training. The impressive record of examination successes continued with 13 members in the region achieving success in the FRCPath examinations at all stages, some passing more than one stage within the year.

A travel grant was awarded to regional trainee Francis Fung, who presented his work ‘Mass Spectrometry Applications in a Clinical Setting’ at the annual Mass Spectrometry: Applications to the Clinical Lab conference, in San Diego in February.

Four high quality regional meetings have been held this year. In January, at the Ian Ward Members’ Papers meeting, there were ten presentations, all of high standard. Six related to service developments and four were case presentations. First prize was awarded to Francis Fung (Royal Liverpool Hospital) for his presentation ‘Teicoplanin by LC-MS/MS: 5 reasons to do (more?) drugs’ and the runner up was Antony Beardsmore (Royal Blackburn Hospital) with his case presentation entitled ‘Low serum alkaline phosphatase in a premature neonate with osteopenia’.

The spring meeting and AGM took place in March. The theme of the meeting was the central nervous system, and comprised five presentations, covering biochemical, immunological and microbial aspects. The summer meeting, ‘Gastrointestinal Disease and Nutrition’, also proved to be a success, with four regional experts providing excellent and interesting talks. In October, best practice was shared among laboratories at the NW regional audit meeting with nine presentations from regional members. We were also delighted to be joined by Peter West and Cathie Sturgeon, who kindly shared with the region the findings and recommendations of the ACB National Audit on Tumour Marker Service Provision.

There were several award successes for regional members. Phillip Monaghan (Christie Hospital) received the RCPath 2012 Research Medal in Clinical Biochemistry for his paper on the comparison of serum cortisol measurement by different techniques in patients on metyrapone. Caroline Griffiths (Central Manchester Foundation Trust) was awarded the ACB Poster Prize at Focus 2013 for her poster entitled ‘Two cases of non-liver hyperammonaemic encephalopathy in adults, their investigations and diagnosis’.

The regional website (www.acbnw2.org.uk) has continued to be developed, with a design that matches that of the new national ACB site. The content of the NW site is updated frequently with news and events from around the region. It also serves as an excellent learning resource, allowing access to many tutorial, audit and case presentations.

Northern Ireland
A successful joint ACBNI/ACBI spring scientific meeting was held in April in Belfast. Presentations included an update on the Northern Ireland Pathology Network from Jennifer Welsh, Director of Cancer & Specialist Services, Belfast Health & Social Care Trust; insulin measurement; thyroid function test interpretation; laboratory diagnosis of acute kidney injury; mass spectrometry in the investigation of secondary hypertension; newborn screening for sickle cell disorder and future developments in newborn screening, and a look at the issue of obesity from a biochemical perspective. The meeting was followed by tributes to two of our recent retirees, consultant chemical pathologists Dr Pooler Archbold and Dr Mike Ryan; we recognise their longstanding contribution to biochemistry in Northern Ireland.

Several ACB(NI) members attended the Association of Clinical Biochemists in Ireland Annual Scientific Meeting in Croke Park, Dublin in October.

The annual Royal College of Pathologists N Ireland regional seminar was held in June at Belfast City Hospital. It included a range of...
presentations from the various pathology disciplines and was attended by the College President, Dr Archie Prentice, who gave an update on the College and spent time talking with trainees after the meeting.

The regional audit group met in June and October. Audits on multiple myeloma/MGUS, renal stones, synacthen stimulation testing, vitamin D, high sensitivity troponin T, minimum retest intervals and turnaround time were discussed. The turnaround time audit, undertaken by Derek McKillop, had been conducted as a national survey and the results were presented at Focus 2013 in York. It is hoped that national standards and recommendations will be published, based on this work. Future audits include Royal College of Pathologists key performance indicators, dealing with abnormal results, outsourcing/send away tests and add-on tests. Following a re-audit of CSF spectrophotometry, a decision has been made to develop a regional lumbar puncture pack to include SOPs and standard collection tubes, LP needles etc.

There were five high profile hyponatraemia-related deaths in children in Northern Ireland hospitals in the late 1990s and early 2000s. Inappropriate fluid management has been identified as the major contributor to these unfortunate events. The ongoing public enquiry has exposed significant medical, nursing and management governance issues. The dissemination of evidence-based guidelines on fluid management through trusts was implemented in an adhoc fashion and not centrally coordinated. The only laboratory issue that has been raised to date is in connection with the reference range for serum sodium, which will remain as 135-145 mmol/L for children rather than the new Pathology Harmonisation values.

Lee Armstrong stepped down as Meetings Secretary and the role was filled by Jenny Hamilton. Her former role as Secretary/Treasurer was filled by Jennifer Cundick. Derek McKillop agreed to continue his work as the Federation of Clinical Scientists regional representative as the post is now open-ended. However, expressions of interest will be sought annually.

The Northern Ireland Pathology Network has recently transformed itself from a ‘federated’ to a ‘hybrid’ structure. This is a half-way house between ‘federated’ and ‘fully managed’. Dr Mike Ryan has been appointed regional Clinical Director with two protected programmed activities. The Network has yet to publish its regional implementation strategy. The Network is starting to tackle several major issues affecting Pathology, including biomedical scientists’ out-of-hours working arrangements and moving towards a regional ICT solution.

Funding for healthcare scientist trainees is being investigated by the Pathology Network. For several years, there have been no scientist pathology trainees in N Ireland. At present, there is no funding to enable healthcare scientists to follow a defined career/training route beyond the point of entry to service, i.e. beyond that of state registration with HCPC for scientists who complete a programme of education and training that meets HCPC requirements. Previous funding for the attainment of state registration for clinical scientists was withdrawn some years ago in N Ireland.

Furthermore, there is no provision to allow training to consultant level. The career progression of clinical scientists has been ad hoc, dependent upon local approaches. The desired future position is that of implementation of Modernising Scientific Careers policy with regard to providing a budget for a defined career/training route for postgraduate clinical scientists through the STP level healthcare scientist programmes and career progression to consultant level through HSST in the future, in line with MSC. The Department of Health has been requested to identify a revenue funding stream for STP training for all healthcare science branches and will hold an annual decision making process for the allocation of money based on identified needs. The NI Pathology Network Board would then ideally make a decision annually about the priority pathology disciplines. As yet no final decision has been made on this issue.

Professor Joy Ardill was made a Fellow of the Association, upon recommendation from the NI Region at the ACB Council meeting in July 2013.

Dr Derek McKillop was awarded the Audit Poster Prize at the Focus 2013 meeting. The title of the audit was ‘NT-pro BNP: Audit to determine compliance with assay use as a ‘rule-out’ marker for heart failure.'
The poster can be downloaded from the NI Regional Audit page on the ACB website.

Republic of Ireland
The Republic of Ireland 2013 scientific meeting was held in Dublin during January. Topics included minimum retesting intervals, a review on highly sensitive troponin and ISO 15189 accreditation from managerial and practical viewpoints. The meeting was well attended and rated highly in the feedback from evaluations.

Our regional tutor has been working with the tutor from the Association of Clinical Biochemists in Ireland to assist members who wish to sit the FRCPath examinations. Congratulations to the two members who recently completed module 2 of Part 2.

Members of the region have continued to face challenges with the implementation of the extended working day in 2012 combined with members’ retirements and a moratorium on hiring staff in 2013. This has had an added effect of increasing the difficulty of filling positions on the regional committee. With the implementation of hospital groups by the Health Service Executive in the coming years, alongside the proposed laboratory reorganisation, members are continuing to improve and increase efficiency within the various laboratories.

Despite these difficulties, members have attended a number of scientific meetings throughout the year, with good feedback from the various conferences attended. As always the ACBNI/ACBI meeting held in Belfast was widely welcomed and enjoyed, and a number of members chose to attend Focus. Participation in the annual ACBI conference as well as some College and corporate events throughout the year showed that despite recent reductions in staffing, members remain enthusiastic about the profession and committed to furthering their education.

Scotland
The Scotland region has continued to build on the good work and experiences of previous years. We have had two scientific meetings this year, the first held in Stirling in March and the second, our biennial two day meeting, near Edinburgh in November.

The Stirling meeting covered two topics, and was entitled ‘The Heart and Laboratory Informatics’. The morning session covered the clinical use of high sensitivity troponin and BNP and prompted some lively discussion, and there was also an interesting presentation on cardiac risk factors, which have particular resonance in Scotland. The afternoon session included two presentations, one on the implementation of order comms in primary and secondary care, and the other on the development of clinical portals and how these are being used to simplify access to many clinical systems, including laboratory results. The AGM also took place at this meeting.

Our successful programme of two day meetings continued this year with a well-attended meeting in November. This is a flexibly arranged meeting that allows delegates to attend for one or two days as day registrants, but also provides the option of an overnight stay. This offers our members the opportunity to enjoy an excellent scientific programme as well as socialise. The meeting began with the John King Award, where we heard four excellent talks by junior members. As always, the standard was high. The award was presented to Charlotte Syme for her talk entitled ‘Serum androgen profiling - coming soon to a lab near you!’.

Delegates also enjoyed informative sessions on nutrition and gastrointestinal biochemistry, and hypertension, which included a good mix of clinical cases, analytical methodology, trial evidence and quality assurance. The final session of the first day was a new venture for the Scotland region, with an inter-region biochemistry pub quiz, where teams covering the different areas of NHS Scotland and a team described as the ‘Rest of the World’ strove to answer questions on a wide range of biochemistry and other scientific topics. The second day began with a leadership workshop, which was developed and led by the NHS Education Scotland National Leadership Unit. This gave delegates the opportunity to consider what kind of leadership is needed, what their experience of leadership has been and what good leadership looks like. It also provided an opportunity for delegates to network with members of the National Leadership Unit with a view to building on the workshop in their own workplaces. A session on tumour markers provided much food for thought, with excellent presentations from clinicians about how they use CA125 and PSA in clinical practice.

The meeting closed after a plenary lecture from Mike Hallworth, which, as always, was thought provoking and entertaining in equal measure. Following several years without recruitment of trainees, we are delighted that there will be two STP training posts in Scottish clinical biochemistry departments, set to commence in September 2014: the posts will be based in Dundee and Aberdeen. These will be the first pre-registration training posts created in Scotland post Modernising Scientific Careers, with the trainees joining other UK STP trainees undertaking their MSc training in Manchester. Full funding for these posts has been provided by NHS Education for Scotland (NES) and this development has been gratefully received throughout the ACB Scotland Region. Over the last two years, NES has also actively encouraged postgraduate scientific staff, from within the established NHS graduate workforce, to pursue the Route 2/Equivalence pathway for STP registration but to date it remains uncertain as to the number of clinical biochemistry laboratories in Scotland that have been able to support their staff via this route.

The links between the Managed Diagnostic Network for Clinical Biochemistry and the ACB Scotland region have been maintained and it is
important that the regional committee continues to offer members a route to comment on and raise issues through the network.

South West and Wessex
The region held two high quality scientific meetings during the year. The spring meeting on ‘Laboratory aspects of infection’ at Southmead Hospital in Bristol focused on microbiology-themed topics of general interest to clinical biochemists, and included talks on antibiotic monitoring, quality assurance of in-house assays (from an antimicrobial laboratory perspective) and viral hepatitis. The autumn meeting in Exeter had a theme of ‘Trace elements and toxicology’ and drew its speakers from other regions as well as having a distinct SW&W regional flavour, with a highly entertaining and informative interactive session facilitated by Andrew Day, based on clinical cases submitted by members of the region. The breadth of cases reflected areas of specialist interest within the region, including a case from Exeter illustrating the clinical presentation and investigation of monogenic diabetes. The meeting also included talks on metal ion monitoring following hip replacement surgery from both a laboratory and orthopaedic surgeon’s viewpoint, which revealed an explanation for the variation in demand experienced by different laboratories within the region owing to historical local differences in orthopaedic practice and the types of implants used. We would like to thank our corporate sponsors for their continued support of our meetings.

The region continues to be active in training and a regional training day was held at Southmead Hospital in August for clinical scientist and medical trainees preparing for FRCPath exams. There have been a number of exam successes at all levels with Mandy Perry, Francesca Mills, Alan Dodd, Chris Stockdale and Emma Crouch all passing their Part 1 FRCPath exams and Nicola Pullan passing her Part 2 practical exam.

Six trainees within the region have been appointed to Band 7 posts this year including both trainees from the 2010 intake. The MSC trainees appointed in 2011 and 2012 are all progressing well in their training. There were no new trainees appointed in the region this year.

Roberta Goodall retired this year after a long and distinguished career that included a number of roles within the ACB and FCS at a regional and national level.

It is with regret that we record the death of John Morton in April last year. During his time as Consultant Clinical Scientist at Poole Hospital, John was active on the regional committee and made a valued contribution to the training of clinical biochemists.

The South West and Wessex region is proud to have been given the opportunity to organise the scientific programme for the 2015 Focus meeting in Cardiff. Dr Andrew Day will chair the scientific programme committee, which has already begun work on planning the programme. Working with the Focus organising committee from Wales, we look forward to producing a high quality meeting with a stimulating scientific programme.

Southern
In 2013, the focus for many of us has again been pathology reorganisation. Some large projects have been initiated, some have stalled and others appear to have collapsed. All have involved huge input from ACB members and this remains crucial if we are to have any influence over the way in which our pathology service is delivered. As author of this report, my personal view is that the biochemists at the meetings are pro-active and forward looking but remain passionate about the science and clinical application of the work we do, since we believe that this translates into better patient care. We are open to change as long as the quality of the service is not compromised. It does take an enormous amount of energy and time but we understand our service better than anyone else.

Amidst very busy schedules and pressure the scientific meetings have provided an opportunity to network and to refresh and again become stimulated by the science behind our jobs. The winter meeting was held at the Royal Brompton Hospital and focused on the specialist heart and lung services provided there, with talks throughout the day from experts in these fields. The spring meeting, incorporating the AGM was held at the Royal College of Pathologists. Topics included therapeutic drug monitoring and ‘Getting out of the Laboratory’. A meeting on ‘Personalised medicine’ and ‘The New NHS’, held at Guy’s Hospital in September and the December meeting was on the theme of ‘Inherited metabolic renal diseases’ and included members’ papers and case presentations. Congratulations to Emma Ashley and Joe Bailey who received the Bill Richmond Members’ Papers Awards. All meetings received excellent feedback from delegates.

Trainees across the region are progressing well. One of the third year trainees has taken up a great opportunity to do a PhD. Several have
completed their FRCPath examinations and others have passed the Part 1. A number have also achieved state registration. The ACB national training course in November was held at Tooley Street, hosted by the London regional tutors, and was well received. A welcome evening for all Southern region trainees will be held at the end of January, giving an opportunity for them to meet the regional tutors and other members of the committee. Most of the trainees at the end of their third years have managed to secure posts, although a number of these are short fixed term contracts. There are similar concerns about job prospects for microbiology and immunology trainees in our region.

Now that the regional website is up and running again, one of our priorities is to expand its content to include access to audit data, presentations from meetings and minutes of committee meetings and thus make it a useful site for members of our region.

Trent, Northern and Yorkshire
The region has hosted scientific meetings on the themes of ‘Investigating sudden unexplained death in infancy’ and ‘Screening in clinical biochemistry’. Future topics to be covered will include research and development in the NHS and a toxicology update. Each of the Trent, Yorkshire and Northern areas of the region are now holding regular audit and harmonisation meetings, reflecting the increasing movement towards regional collaborative working, even where formal networks don’t exist. We hope to incorporate some of these meetings into the regional scientific meeting programme to promote this.

The region has seen a number of STP trainees move through their first and second years of training. Issues with programme through genetics, immunology and haematology were regional trainees about the perceived absence of posts available to them at the end of their training. The region has responded by the Chair writing to heads of departments suggesting that further recruitment of trainees should be at a minimum level to ensure survival of the training schemes. The overall number of clinical scientists working in diagnostic biochemistry departments in Wales has remained fairly stable over the last few years, although senior posts have tended to be replaced at a lower band. It has also been difficult, in some health board regions, to recruit suitable candidates to consultant clinical scientist posts. There is overall concern over the scarcity of posts available for trainees reaching the end of their contracts.

The All Wales Clinical Biochemistry Audit Group (AWCBAG) held a regional meeting in July on the topic of demand management and appropriate requesting. The AWCBAG also presented reports at the scientific meetings covering audits on ‘Investigating hypothalamic-pituitary-adrenal axis disease’, ‘Copper requesting in TPN patients’ and ‘Demand management’.

There are currently six pre- and eight post-registration trainees in the region working towards higher qualifications. The new Scientist Training Programme is requiring additional work from supervisors and trainees in particular to accommodate the three month rotations to haematology, genetics and immunology while still covering the core curriculum.

The region made retirement awards to Dr Keith Griffiths, Mr Gethin Roberts, Dr Nuha Haboubi and Dr David Hullin in recognition of their services to the region and we were particularly pleased to hear that Keith Griffiths was awarded an OBE in the New Year Honours in recognition of his services to health in Wales. The region was shocked and greatly saddened by the sudden death of Dr David Hampton on 24th May; Dave was a good colleague and is missed by us all.

The ‘All Wales TrakCare LIMS’ is now operational in the Hywel Dda and Cwm Taf Health Boards and will continue to be rolled out to the other health boards throughout 2014.

The National Pathology Programme Board has configured a group to form the South Wales Regional Pathology Collaborative. The remit of this group will be to develop the diagnostic services modernisation programme, focusing on the organisation and provision of pathology services across South Wales.
West Midlands

One of the key events in the West Midlands region in 2013 was the North West and South West Midlands Community Pathology procurement project, which was abandoned by commissioners. The reasons given for this included likely reduction in clinical and financial benefits and increased perceived risk.

Over the course of the past year, two scientific meetings were held at the Queen Elizabeth Hospital in Birmingham. Both meetings were well attended, with good feedback. The May meeting was held in honour of Dr Penny Clark, who has retired. The theme of the meeting was endocrinology and included MSc project talks from a number of trainees and presentations from Professor Jayne Franklyn and Dr Neil Gittoes on subclinical thyroid dysfunction and vitamin D deficiency, respectively. Dr David Halsall gave a talk on alternatives to IGF-1 quantitation by immunoassay. The meeting attracted 25 delegates. Feedback from this meeting was mainly regarding registration and paying for meetings online. The AGM was held immediately after the scientific meeting and was also well attended.

The November meeting had the theme of ‘Harness the Haemoglobin’. Talks were given by Dr Jim Murray, Dr Dev Singh and Professor Callum Fraser on anaemia for non-haematologists, the glycation gap and faecal haemoglobin, respectively. Professor Garry John spoke on the pitfalls of measurement of HbA1c and Dr Geoff Keir gave a presentation on the evidence behind the guidelines for subarachnoid haemorrhage. This meeting was attended by 40 delegates. The special interest groups in demand management and diabetes have continued to be active and have been exploring other ways of encouraging harmonisation of strategies across the region.

There was no National Pathology Week (NPW) this year but the West Midlands Promoting Laboratory Medicine Group will continue to be involved in such public engagement events in 2014 with the proposed NPW event in November. Ordinary members of the regional committee have been asked to take on this role in 2014 and the importance of getting trainees involved in public engagement is recognised by the region.

This year, the Regional Audit Group completed several audits including ‘Hypertension in Pregnancy - (NICE guidelines CG107) - Assessment of proteinuria in hypertensive disorders of pregnancy’ for which the data have been reviewed, several standards set and recommendations made. This is now awaiting a final report and a standards/recommendations sheet for distribution. Other audits in progress and scheduled for completion in 2014 include ‘Biochemical investigation of anaphylaxis - (NICE guidelines Dec 11)’ and ‘BNP Services - survey of practice’. A survey of practice on ‘HbA1c in the diagnosis of DM’ was also undertaken on behalf of the WM Diabetes Speciality Group and the results were presented at specialty meeting in October. This is to be completed as a regional audit. Future audit ideas for 2014 include a national audit on anti-Müllerian hormone interpretation and a regional or national audit on standardising standards for TDMS assays.

This year the region has taken on a further four biochemistry trainees under the NHS Scientist Training Programme (STP). Several hospitals within the region now have STP trainees in accordance with Modernising Scientific Careers, thereby maintaining the region’s commitment to investing in the future of the profession. Across the region there are 12 pre-registration biochemistry trainees (including seven STPs), four pre-registration clinical scientists in microbiology and three in immunology. There are currently 30 registered trainees in biochemistry (the majority of these have substantive posts and most have completed FRCPath Part 1) and to the best of our knowledge we also have six registered trainee clinical scientists in microbiology and one in immunology. Two of our trainees have left the profession this year (although not because of a lack of job opportunities) and another trainee has left to continue her training in another region. Once again we celebrate exam success as two of our trainees have completed their FRCPath Part 2 practical examination and a further four have passed the Part 2 oral examination.

2013 has been a challenging year for laboratories across the region owing to continuing budget cuts and vacancy freezes as pathology departments attempt to adapt to restrictions imposed upon them. There have also been additional pressures imposed upon laboratories in the West Midlands as a result of the proposed Community Pathology Procurement Project. However, throughout these times of austerity, the region as a whole has maintained its high standards as it strives to remain active and promote education and best practice both at a regional and national level. This is echoed throughout this brief report and is testament to the dedication and calibre of the personnel employed throughout the region.

The Wales region spring meeting took place at Llanelli
The Association’s summary accounts are presented on the pages that follow, together with the accounts for two charities – the Benevolent Fund and the CP Stewart Fund. Following discussion at recent AGMs, the charitable deed for the Benevolent Fund has been amended to make it less restrictive. It is now standard practice for the Association’s President to write to the next-of-kin (where known) of members whose death has been reported to the Association, and these letters include a reminder that the fund is available should there be a need.

After a loss in the previous year, the Association had a surplus of income over expenditure in the year to 31 December 2013, despite an ever-increasing level of activity. Several factors have contributed to this. Following the change of publisher of *Annals of Clinical Biochemistry*, the surplus on publications increased significantly; holding the annual Focus meeting on a university campus rather than a conference centre contributed to an increased surplus on educational activities (it is reported elsewhere that this move was considered to be a success); partly repositioning our investment funds to generate income (an ongoing project) and taking profits where appropriate has contributed an extra £19,000; we have increased the income from work done for other organisations on an agency basis, and we were able to negotiate a refund of fees from an investment manager.

This is all to the good, as subscription income has fallen by nearly 10%, largely as a result of an increasing number of members retiring from the profession and leaving the Association or transferring to the retired subscription rate. The Association also faces increased expenditure during the year. No provision was made for redecoration or refurbishment to our offices when we moved to Tooley Street some 13 years ago, and this is now greatly overdue. We will also be installing a bespoke air-conditioning system on both floors. This should provide an increased opportunity to create income from the conference suite by letting to external organisations, in addition to being of benefit to members attending meetings at Tooley Street, and to our permanent staff. At present, the rooms can become uncomfortably stuffy even when it is only moderately warm outside. In addition, much of our office infrastructure, including the computer server, telephone system and main printer, needs to be replaced.

Council is determined that membership of the Association remains attractive, and to that end, it is hoped that we will introduce an increased number of membership benefits during the year. Any suggestions regarding these would be welcome.

All three sets of accounts have been given unconditional approval by our auditors, and I thank them for their diligence and advice. It is also a pleasure to thank Cheryl Taylor and Nic Law, and my colleagues on the Finance Committee, Executive and Council, for their support during the year.

Director of Finance: Dr William Marshall

### Income

- **Meetings**: 31.9%
- **Subscriptions**: 25.4%
- **Publications**: 29.1%
- **Lab Tests Online**: 1.3%
- **Income generated by Regions**: 2.0%
- **Investment income**: 3.1%
- **Other**: 7.2%

### Expenditure

- **Education**: 29.9%
- **Administration**: 29.6%
- **Publications**: 20.7%
- **Committees**: 8.6%
- **Regions**: 3.0%
- **Lab Tests Online**: 2.7%
- **Council activity**: 2.3%
- **Scientific scholarships**: 1.9%
- **Other**: 1.3%

### Association Membership

The total membership at 31st December 2013 (2012) was 2,358 (2,401) and included 31 (29) Honorary Members, 37 (35) Emeritus Members, 22 (19) Fellow Members, 1,445 (1,494) Ordinary Members, 146 (152) Overseas Members, 11 (11) Student Members, 132 (142) Federation Members, with 22 (17) Temporarily Retired and 512 (502) Permanently Retired Members. Currently 279 Members of the ACB have Chartered Scientist status, of which 199 registered through the Association.
Audited Accounts and Financial Statements

Report of the Council of Management for the year ending 31 December 2013

The Council of Management submit their report and the financial statements of The Association for Clinical Biochemistry.

Change of Name
The company changed its name to The Association for Clinical Biochemistry and Laboratory Medicine on 30 April 2013.

Principal Activities
The principal activity of the Association during the year was to promote the advancement of Clinical Biochemistry and Laboratory Medicine.

Review of the Business
The results for the year are shown on page 27 of the financial statements.

Officers of the Association
The following officers (who are also directors for the purposes of company law) have held office since 1 January 2013:

President Dr M Thomas (to 18 April 2013) Prof E S Kilpatrick (from 18 April 2013)
Past President Dr M Thomas (from 18 April 2013)
President Elect Prof E S Kilpatrick (to 18 April 2013)
Company Secretary Mrs R Lapworth (resigned 18 April 2013) Mr P Newland (appointed 18 April 2013)
Treasurer Dr W J Marshall
Other Executive Officers Dr F G Boa Dr R P Hill
Mr G M Lester (resigned 18 April 2013) Dr M J O’Kane (appointed 7 November 2013)
Dr W S A Smellie (resigned 12 September 2013) Dr A P Taylor (appointed 18 April 2013)
Mr G C Burrows (appointed 18 April 2013)
Mr F D L Finlay (resigned 18 April 2013)
Dr C Ford (appointed 20 November 2013)
Dr D B Freedman (appointed 18 April 2013)
Ms M P O’Keane (appointed 18 April 2013)
Dr S R Goodall
Dr M J Murphy
Ms M P O’Keane
Dr P C Sharpe
Dr A C Tarn
Mr A M Yates
Members of the Council of Management’s Responsibilities in the Preparation of Financial Statements

The members of the Council of Management are responsible for preparing the Annual Report and the financial statements in accordance with applicable law and regulations. Company law requires the members of the Council of Management to prepare financial statements for each financial year. Under that law the members have elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). Under company law the members of the Council of Management must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the Association and of the surplus of the Association for that period.

In preparing these financial statements, the members of the Council of Management are required to: a) select suitable accounting policies and then apply them consistently; b) make judgements and accounting estimates that are reasonable and prudent; and c) prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Association will continue in business.

The members of the Council of Management are responsible for keeping adequate accounting records that are sufficient to show and explain the company’s transactions and disclose with reasonable accuracy at any time the financial position of the Association and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the Association and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Independent Auditors’ Report to the Members of the Association for Clinical Biochemistry and Laboratory Medicine

We have audited the financial statements on pages 27 to 30. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).
This report is made solely to the company’s members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the company’s members those matters we are required to state to them in an auditor’s report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company’s members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of Directors and Auditor
As more fully explained in the Directors’ Responsibilities Statement set out above, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board’s (APB’s) Ethical Standards for Auditors.

Scope of the audit of the financial statements

Opinion on financial statements
In our opinion the financial statements give a true and fair view of the state of the company’s affairs as at 31 December 2013 and of its deficit for the year then ended; have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and have been prepared in accordance with the requirements of the Companies Act 2006.

Opinion on other matter prescribed by the Companies Act 2006
In our opinion the information given in the Directors’ Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception
We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion: adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or the financial statements are not in agreement with the accounting records and returns; or certain disclosures of directors’ remuneration specified by law are not made; or we have not received all the information and explanations we require for our audit; or the directors were not entitled to prepare the financial statements according to the small companies regime and take advantage of the small companies exemption in preparing the directors’ report.

Paul Oxtoby (Senior Statutory Auditor)
For and on behalf of Baker Tilly UK Audit LLP, Statutory Auditor, Chartered Accountants, St Phillips Point, Temple Row, Birmingham B2 5AF
2014

### Income and Expenditure Account

<table>
<thead>
<tr>
<th>Notes</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative expenses</td>
<td>(1,124,558)</td>
<td>(1,250,926)</td>
</tr>
<tr>
<td>Operating surplus/deficit</td>
<td>90,812</td>
<td>(18,887)</td>
</tr>
<tr>
<td>Investment income</td>
<td>25,276</td>
<td>6,482</td>
</tr>
<tr>
<td>Surplus/deficit on ordinary activities before taxation</td>
<td>116,088</td>
<td>(12,405)</td>
</tr>
<tr>
<td>Taxation (charge)/credit</td>
<td>(835)</td>
<td>2,904</td>
</tr>
<tr>
<td>Surplus/deficit on ordinary activities after taxation</td>
<td>115,253</td>
<td>(9,501)</td>
</tr>
</tbody>
</table>

The operating (surplus)/deficit for the year arises from the company’s continuing operations. No separate Statement of Total Recognised Gains and Losses has been presented as all such gains and losses have been dealt with in the Income and Expenditure Account.

### Balance Sheet

<table>
<thead>
<tr>
<th>Notes</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible assets</td>
<td>5</td>
<td>798,429</td>
</tr>
<tr>
<td>Investments</td>
<td>6</td>
<td>1,154,261</td>
</tr>
<tr>
<td>1,952,690</td>
<td>1,963,689</td>
<td></td>
</tr>
<tr>
<td>Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debtors</td>
<td>7</td>
<td>152,746</td>
</tr>
<tr>
<td>Cash at bank and deposits</td>
<td>8</td>
<td>647,301</td>
</tr>
<tr>
<td>800,047</td>
<td>679,815</td>
<td></td>
</tr>
<tr>
<td>Creditors: Amounts falling due within one year</td>
<td>9</td>
<td>(505,111)</td>
</tr>
<tr>
<td>Net Current Assets</td>
<td>294,936</td>
<td>168,684</td>
</tr>
<tr>
<td>2,247,626</td>
<td>2,132,373</td>
<td></td>
</tr>
<tr>
<td>Funds of the Association</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated</td>
<td>10</td>
<td>433,679</td>
</tr>
<tr>
<td>Fixed asset fund</td>
<td>10</td>
<td>1,813,947</td>
</tr>
<tr>
<td>2,247,626</td>
<td>2,132,373</td>
<td></td>
</tr>
</tbody>
</table>

The financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies regime and with the Financial Reporting Standard for Smaller Entities (effective April 2008). The financial statements on pages 27 to 30 were approved by the Council of Management and authorised for issue on 27 March 2014 and are signed on its behalf by:

Dr W J Marshall, Honorary Treasurer
Accounting Policies

Basis of accounting

The financial statements have been prepared under the historical cost convention and in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008).

Group financial statements

In the opinion of the Council of Management, the company and its subsidiary comprise a small-sized group. The company has therefore taken advantage of the exemption provided by the Companies Act 2006 not to prepare group financial statements.

Income

Income represents the invoiced value, net of Value Added Tax, of services provided to customers.

Annual subscriptions are allocated according to their renewal date which runs synchronous with the financial year. The subscriptions relating to the year under review are included in the income and expenditure account and those relating to the following year are shown in creditors as prepaid subscriptions.

Funds

Accumulated funds are those available at the discretion of the Council in furtherance of the general activities of the Association which have not been designated for other purposes.

Designated funds compose funds set aside by the Council for particular purposes. The aim and use of these funds is set out in the notes to the financial statements.

Tangible fixed assets

Fixed assets are stated at historical cost.

Depreciation is provided on all tangible fixed assets at rates calculated to write each asset down to its estimated residual value over its expected useful life, as follows:

- Long leasehold property: 2% straight line
- Office equipment: 15% reducing balance
- Computer equipment: 20% straight line

Investments

Long-term investments are valued at the lower of cost and mid-market value at the balance sheet date. Provision is made for any impairment in the value of fixed asset investments.

Impairments

Fixed assets are reviewed for impairment if events or changes in circumstances indicate that the carrying amount may not be recoverable or as otherwise required by relevant accounting standards.

Shortfalls between the carrying value of fixed assets and their recoverable amounts, being the higher of net realisable value and value-in-use, are recognised as impairments. Impairments of revalued assets, except those caused by a clear consumption of economic benefit, are recognised in the statement of total recognised gains and losses until the carrying amount reaches depreciated historic cost. All other impairment losses are recognised in the income and expenditure account.

Notes to the Financial Statements

1. Investment income

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank deposit account interest</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Dividend income</td>
<td>13,129</td>
<td>8,430</td>
</tr>
<tr>
<td>Profit/(loss) on disposal of investments</td>
<td>12,049</td>
<td>(2,353)</td>
</tr>
<tr>
<td></td>
<td>25,276</td>
<td>6,482</td>
</tr>
</tbody>
</table>

2. Surplus/(deficit) on ordinary activities before taxation

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus/(deficit) on ordinary activities before taxation is stated after charging:</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Auditors remuneration - as auditors</td>
<td>9,500</td>
<td>9,250</td>
</tr>
<tr>
<td>Depreciation - owned assets</td>
<td>23,048</td>
<td>22,131</td>
</tr>
<tr>
<td></td>
<td>25,048</td>
<td>21,401</td>
</tr>
</tbody>
</table>

3. Directors’ remuneration

No directors received any remuneration in the year.

4. Taxation

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax charge/(credit) on ordinary activities</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Adjustments in respect of prior periods</td>
<td>783</td>
<td>(2,904)</td>
</tr>
<tr>
<td></td>
<td>835</td>
<td>(2,904)</td>
</tr>
</tbody>
</table>

The Association’s investment income is liable to corporation tax at the small companies rate of 20% (2012: 20%), subject to relief for the small companies threshold.

5. Tangible fixed assets

<table>
<thead>
<tr>
<th></th>
<th>Long leasehold properties</th>
<th>Office equipment</th>
<th>Computer equipment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Cost</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 January 2013</td>
<td>1,068,068</td>
<td>27,013</td>
<td>47,269</td>
<td>1,142,350</td>
</tr>
<tr>
<td>and 31 December 2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The market value of the quoted investments is £1,389,140 (2012: £1,286,754).

The Association for Clinical Biochemistry and Laboratory Medicine is the parent undertaking of Clinical Biochemistry Conferences, a company limited by guarantee and a registered charity, by virtue of common control. The company was incorporated on 8 January 2003 and its principal activity is the management of conferences for the benefit of Clinical Biochemistry.

Clinical Biochemistry Conferences prepares accounts to 31 December. The latest accounts prepared for the year ended 31 December 2013 showed a loss of £8,105 (year ended 31 December 2012: surplus £3,479) and total reserves of £139,435 (2012: £147,540).

7. Debtors

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade debtors</td>
<td>63,395</td>
<td>165,767</td>
</tr>
<tr>
<td>Other debtors</td>
<td>2,761</td>
<td>8,418</td>
</tr>
<tr>
<td>Prepayments</td>
<td>86,590</td>
<td>39,783</td>
</tr>
<tr>
<td></td>
<td>152,746</td>
<td>213,968</td>
</tr>
</tbody>
</table>

8. Bank and deposits

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank current and deposit accounts</td>
<td>647,301</td>
<td>465,847</td>
</tr>
</tbody>
</table>

Cash surplus to daily commitments is held on bank deposit.

9. Creditors: amounts falling due within one year

<table>
<thead>
<tr>
<th></th>
<th>Notes</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade creditors</td>
<td>33,601</td>
<td>73,536</td>
<td></td>
</tr>
<tr>
<td>Other taxation and social security</td>
<td>19,556</td>
<td>55,962</td>
<td></td>
</tr>
<tr>
<td>Other creditors</td>
<td>13,611</td>
<td>8,559</td>
<td></td>
</tr>
<tr>
<td>Deferred income - income received in advance</td>
<td>215,430</td>
<td>132,476</td>
<td></td>
</tr>
<tr>
<td>Cash held on behalf of benevolent fund</td>
<td>21</td>
<td>9,179</td>
<td></td>
</tr>
<tr>
<td>Funds held on behalf of Supra Regional Assay Services</td>
<td>48,263</td>
<td>48,601</td>
<td></td>
</tr>
<tr>
<td>Funds held on behalf of Association of Clinical Microbiologists</td>
<td>-</td>
<td>3,220</td>
<td></td>
</tr>
<tr>
<td>Funds held on behalf of the Pathology Knowledge Repository</td>
<td>35,855</td>
<td>35,855</td>
<td></td>
</tr>
<tr>
<td>Amounts due to Clinical Biochemistry Conferences</td>
<td>138,743</td>
<td>143,743</td>
<td></td>
</tr>
<tr>
<td>Corporation tax</td>
<td>52</td>
<td>505,111</td>
<td>511,331</td>
</tr>
</tbody>
</table>

10. Funds

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accumulated fund</td>
<td>£</td>
</tr>
<tr>
<td>Balance at 31 December 2012</td>
<td>312,427</td>
</tr>
<tr>
<td>Surplus for the year</td>
<td>115,253</td>
</tr>
<tr>
<td>Transfer from Fixed Asset Fund</td>
<td>5,999</td>
</tr>
<tr>
<td>Balance at 31 December 2013</td>
<td>433,679</td>
</tr>
<tr>
<td>Fixed Asset Fund</td>
<td></td>
</tr>
<tr>
<td>Balance at 31 December 2012</td>
<td>1,819,946</td>
</tr>
<tr>
<td>Transfer to Accumulated Fund</td>
<td>(5,999)</td>
</tr>
<tr>
<td>Balance at 31 December 2013</td>
<td>1,813,947</td>
</tr>
</tbody>
</table>
Designated funds
(i) The fixed asset fund represents the balance of the Association’s funds that are invested in tangible fixed assets and investments, less the balance of the loan owed to Clinical Biochemistry Conferences.

11. Cash held on behalf of benevolent fund

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations received</td>
<td>-</td>
<td>9,179</td>
</tr>
</tbody>
</table>

12. Committees
These sums represent the cost of the meetings of the Council of the Association and all the committees.

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Meetings</td>
<td>735</td>
<td>1,088</td>
</tr>
<tr>
<td>Council and Executive</td>
<td>23,588</td>
<td>22,560</td>
</tr>
<tr>
<td>Scientific</td>
<td>8,342</td>
<td>9,146</td>
</tr>
<tr>
<td>Education</td>
<td>12,940</td>
<td>15,660</td>
</tr>
<tr>
<td>Publications</td>
<td>1,877</td>
<td>2,518</td>
</tr>
<tr>
<td>Federation of Clinical Scientists</td>
<td>48,355</td>
<td>42,912</td>
</tr>
<tr>
<td>Corporate Members’</td>
<td>720</td>
<td>1,098</td>
</tr>
<tr>
<td>Clinical Practice Section</td>
<td>-</td>
<td>894</td>
</tr>
<tr>
<td></td>
<td>96,557</td>
<td>95,876</td>
</tr>
</tbody>
</table>

13. Status of the Association
The Association for Clinical Biochemistry and Laboratory Medicine is a company limited by guarantee and has no share capital.

14. Related Party Transactions
A non-interest bearing loan provided from Clinical Biochemistry Conferences, a subsidiary of the Association, has existed throughout the year. The amount due in respect of the loan at the balance sheet date was £138,743 (2012: £143,743).
Benevolent Fund

The trustees present their annual report and financial statements for the year ended 31 December 2013. The unincorporated charity, number 254213, is registered with the Charity Commission and entered in the Central Register of Charities.

Principal Activities
The fund has been established to aid persons who are or have been clinical biochemists regardless of whether they are subscribers to the fund and the wives, children, widows or dependents of deceased or disabled clinical biochemists.

Governing Document
The charity is governed by a Deed of Trust dated 24 October 1967.

Trustees
The following were Trustees during the year under review. The Association for Clinical Biochemistry and Laboratory Medicine represented by the Benevolent Fund Committee comprising:

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>Dr M Thomas (resigned 15 May 2013)</td>
</tr>
<tr>
<td>Honorary Treasurer</td>
<td>Dr W J Marshall</td>
</tr>
<tr>
<td>Dr H G J Worth</td>
<td></td>
</tr>
<tr>
<td>Dr G Challand</td>
<td></td>
</tr>
<tr>
<td>Dr J H Horner</td>
<td></td>
</tr>
</tbody>
</table>

Reserves Policy:
It is the policy of the charity to maintain unrestricted funds which are adequate to fill the objectives of the charity, subject to the limitations placed on the use of funds which has resulted in reserves building up to the current level. Any surplus funds are held in investments or short term deposits to help maintain the income levels for future years. Limited amounts have been paid to beneficiaries over the past few years and the trustees will endeavour to find suitable persons whom the charity can help.

Public Benefit:
The trustees have given due consideration to Charity Commission published guidance on the public benefit requirement.

Independent Examiner’s Report
I report on the accounts of The Association for Clinical Biochemistry Benevolent Fund for the year ended 31 December 2013, which are set out below.

Respective responsibilities of trustees and examiner
The charity’s trustees are responsible for the preparation of the accounts. The charity’s trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed. It is my responsibility to examine the accounts under section 145 of the 2011 Act; to follow the procedures laid down in the general Directions given by the Charity Commission under section 145 (5)(b) of the 2011 Act; and to state whether particular matters have come to my attention.

Basis of independent examiner’s report
My examination was carried out in accordance with the general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a “true and fair view” and the report is limited to those matters set out in the statement below.

Independent examiner’s statement
In connection with my examination, no matter has come to my attention: 1) which gives me reasonable cause to believe that in any material respect the requirements to keep accounting records in accordance with section 130 of the 2011 Act; and to prepare accounts which accord with the accounting records and comply with the accounting requirements of the 2011 Act; have not been met; or 2) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

Statement of Financial Activities

<table>
<thead>
<tr>
<th>Description</th>
<th>2013 (£)</th>
<th>2012 (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net incoming resources</td>
<td>50,764</td>
<td>50,237</td>
</tr>
<tr>
<td>Interest receivable</td>
<td>1,612</td>
<td>1,172</td>
</tr>
<tr>
<td>Total income</td>
<td>52,158</td>
<td>51,204</td>
</tr>
<tr>
<td>Expenditure</td>
<td>52,158</td>
<td>50,764</td>
</tr>
<tr>
<td>Net assets</td>
<td>1,612</td>
<td>2,572</td>
</tr>
<tr>
<td>Accumulated fund at 1 January</td>
<td>50,237</td>
<td>50,237</td>
</tr>
<tr>
<td>Accumulated fund at 31 December</td>
<td>50,764</td>
<td>50,764</td>
</tr>
</tbody>
</table>

Balance Sheet

<table>
<thead>
<tr>
<th>Description</th>
<th>2013 (£)</th>
<th>2012 (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funds held by The Association for Clinical Biochemistry and Laboratory Medicine</td>
<td>52,158</td>
<td>50,764</td>
</tr>
<tr>
<td>Balance at bank</td>
<td>52,158</td>
<td>50,764</td>
</tr>
<tr>
<td>Current liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors: Amounts falling due within one year</td>
<td>954</td>
<td>0</td>
</tr>
<tr>
<td>Net assets</td>
<td>50,237</td>
<td>50,237</td>
</tr>
<tr>
<td>Unrestricted funds</td>
<td>50,764</td>
<td>50,764</td>
</tr>
<tr>
<td>Accumulated fund</td>
<td>50,764</td>
<td>50,764</td>
</tr>
</tbody>
</table>

These unaudited financial statements have been subjected to independent examination.

Notes on Financial Statements

1. Principal accounting policies
   Accounting convention: The financial statements are prepared under the historical cost convention. In preparing the financial statements the charitable company follows best practice as laid down in the Statement of Recommended Practice “Accounting and Reporting by Charities” (SORP 2005) issued in March 2005 and applicable UK Accounting Standards and the Charities Act 2011.
   Investment income: Investment income is accounted for in the period in which the charity is entitled to receipt.
   Resources expended: Expenditure is included on an accruals basis. Grants payable are charged in the year when the offer is conveyed to the recipient, in those cases where the offer is conditional, such grants being recognised as expenditure when the conditions attaching are fulfilled.

2. Creditors: Amounts falling due within one year

<table>
<thead>
<tr>
<th>Description</th>
<th>2013 (£)</th>
<th>2012 (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creditors: Amounts falling due within one year</td>
<td>954</td>
<td>0</td>
</tr>
</tbody>
</table>

Amount due to the Association for Clinical Biochemistry and Laboratory Medicine
The trustees present their annual report and financial statements for the year ended 31 December 2013. The unincorporated charity, number 269345, is registered with the Charity Commission and the Office of the Scottish Charity Regulator, number SC004417.

**Principal Activities** - The fund has been established to fund the advancement of scientific knowledge and education by providing financial support to enable scientists to visit laboratories within the United Kingdom or elsewhere for the purposes of learning specialised techniques or to obtain first hand knowledge from a recognised expert in a field that would assist them in their studies.

**Governing Document** - The charity is governed by a Deed of Trust dated 29 January 1974.

**Trustees** - The following were Trustees during the year under review. The Association for Clinical Biochemistry and Laboratory Medicine represented by The C. P. Stewart Fund Committee comprising:

- **Chairman**: Dr M Thomas (resigned 15 April 2013)
- **Secretary**: Mrs R Lapworth (appointed 15 April 2013)
- **Honorary Treasurer**: Dr W J Marshall

**Reserves Policy** - It is the policy of the charity to maintain unrestricted funds which are adequate to fulfil the objectives of the charity, subject to the limitations placed on the use of funds which has resulted in reserves building up to their current level. Any surplus funds are held in short term money market deposits to help maintain the income levels for future years. No amounts have been paid out in connection with the objects of the charity for the past few years so the trustees will endeavour to find suitable persons whom the charity can help.

**Public Benefit** - The trustees have given due consideration to Charity Commission published guidance on the public benefit requirements.

The trustees present their annual report and financial statements for the year ended 31 December 2013. The unincorporated charity, number 269345, is registered with the Charity Commission and the Office of the Scottish Charity Regulator, number SC004417.

**Principal Activities** - The fund has been established to fund the advancement of scientific knowledge and education by providing financial support to enable scientists to visit laboratories within the United Kingdom or elsewhere for the purposes of learning specialised techniques or to obtain first hand knowledge from a recognised expert in a field that would assist them in their studies.

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**Reserves Policy** - It is the policy of the charity to maintain unrestricted funds which are adequate to fulfil the objectives of the charity, subject to the limitations placed on the use of funds which has resulted in reserves building up to their current level. Any surplus funds are held in short term money market deposits to help maintain the income levels for future years. No amounts have been paid out in connection with the objects of the charity for the past few years so the trustees will endeavour to find suitable persons whom the charity can help.

**Public Benefit** - The trustees have given due consideration to Charity Commission published guidance on the public benefit requirements.

**Independent Examiner’s Report**

I report on the accounts of the charity for the year ended 31 December 2013, which are set out below.

**Respective responsibilities of trustees and examiner** - The charity’s trustees are responsible for the preparation of the accounts in accordance with the terms of the Charities and Trustee Investment (Scotland) Act 2005 (the 2005 Act) and the Charities Accounts (Scotland) Regulations 2006 (the 2006 Accounts Regulations). The charity trustees consider that the audit requirement of Regulation 10(1) (a) to (c) of the 2006 Accounts Regulations does not apply. It is my responsibility to examine the accounts as required under section 44(1) (c) of the 2005 Act and to state whether particular matters have come to my attention.

**Basis of independent examiner's statement** - My examination is carried out in accordance with Regulation 11 of the 2006 Accounts Regulations. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeks explanations from the trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently I do not express an audit opinion on the view given by the accounts.

**Independent examiner’s statement** - In the course of my examination, no matter has come to my attention:

1. which gives me reasonable cause to believe that in any material respect the requirements:
   - to keep accounting records in accordance with Section 44(1) (a) of the 2005 Act and Regulation 4 of the 2006 Accounts Regulations, and
   - to prepare accounts which accord with the accounting records and comply with Regulation 8 of the 2006 Accounts Regulations; have not been met, or
2. to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

**Statement of Financial Activities**

<table>
<thead>
<tr>
<th>Unrestricted Funds</th>
<th>Notes</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Incomings</strong></td>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Interest received on bank deposit account</td>
<td>62</td>
<td>67</td>
<td></td>
</tr>
<tr>
<td><strong>Resources expended</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charitable activities</td>
<td>-</td>
<td>(1,082)</td>
<td>(1,082)</td>
</tr>
<tr>
<td>Net incoming/outcoming resources</td>
<td>62</td>
<td>62</td>
<td></td>
</tr>
<tr>
<td>Accumulated fund at 1 January</td>
<td>21,523</td>
<td>21,523</td>
<td></td>
</tr>
<tr>
<td>Accumulated fund at 31 December</td>
<td>21,585</td>
<td>21,585</td>
<td></td>
</tr>
</tbody>
</table>

The statement of financial activities has been prepared on the basis that all operations are continuing.

**Balance Sheet**

<table>
<thead>
<tr>
<th>Notes</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current assets</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Cash held at bank</td>
<td>22,818</td>
<td>22,756</td>
</tr>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors: Amounts falling due within one year</td>
<td>2</td>
<td>(1,233)</td>
</tr>
<tr>
<td>Accumulated fund</td>
<td>21,585</td>
<td>21,585</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unrestricted funds</th>
<th>Notes</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unrestricted funds</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated fund</td>
<td>21,585</td>
<td>21,585</td>
<td></td>
</tr>
</tbody>
</table>

**Notes on Financial Statements**

1. **Principal accounting policies**
   - **Accounting convention** - The financial statements are prepared under the historical cost convention. In preparing the financial statements the charitable company follows best practice as laid down in the Statement of Recommended Practice “Accounting and Reporting by Charities” (SORP 2005) issued in March 2005 and applicable UK Accounting Standards and the Charities Act 2011.
   - **Investment income** - Investment income is accounted for in the period in which the charity is entitled to receipt.
   - **Resources expended** - Expenditure is included on an accruals basis. Grants payable are charged in the year when the offer is conveyed to the recipient, in those cases where the offer is conditional, such grants being recognised as expenditure when the conditions attaching to the offer are fulfilled.

2. **Creditors: Amounts falling due within one year**
   - Amounts due to the Association for Clinical Biochemistry and Laboratory Medicine | 503 | 503 |
   - Accruals | 730 | 730 |
   - **Amount due to the Association for Clinical Biochemistry and Laboratory Medicine** | 1,233 | 1,233 |

These unaudited financial statements have been subjected to independent examination.