125th Meeting Executive Board
Milan, IT January 30-31, 2015

Minutes

Members:  Prof. Maurizio Ferrari (MF) President
Dr. Graham Beastall (GB) Past President
Prof. Sergio Bernardini (SB) Secretary
Prof. Tomris Ozben (TO) Treasurer
Prof. Daniel Mazziotta (DM) Member
Dr. Rosa Sierra Amor (RSA) Member
Prof. Vanessa Steenkamp (VS) Member
Dr Rolf Hinzmann (RH) Corporate Representative

Invited guests:

Dr. Layachi Chabraoui (LC) President AFCB
Dr. David D. Koch (DC) President AACC
Prof. Leslie Lai (LL) President APFCB
Dr. Bernard Gouget (BG) (COC President EuroMedLab Paris 2015)

In attendance:

Ms Paola Bramati (PB) IFCC Office
The 125th Meeting of the IFCC Executive Board was held in the IFCC Office, Milan, Italy.

**Strategic Planning Session**
After a very constructive discussion, the EB approved the Strategic Plan 2015-2017.

### Area A: Supporting our Membership

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<th>Strategic Action</th>
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<tr>
<td>1</td>
<td>Agree and implement a procedure to enable the future election of Regional Federation representatives to the IFCC Executive Board.</td>
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<td>2</td>
<td>Continue to conduct one/two surveys of Members’ opinion each year, one of which should be related to identifying the ways in which IFCC can best support its members.</td>
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| 3      | a) Maintain support materials and web-based tools to demonstrate the benefits of IFCC membership to developing countries.  
|        | b) Use and evaluate effectiveness of new support materials. |
| 4      | Extend to all countries the register of expertise of individuals in IFCC that may be of value to the Members. |
| 5      | a) Deliver the e-academy as the platform to support IFCC educational materials  
|        | b) Develop and present a series of webinars to meet the needs of Members. |
| 6      | Organise at least one opportunity each year for the Executive Board to meet with the Presidents of each of the IFCC Regional Federations to identify opportunities for collaboration. |
| 7      | a) Improve communication with COLABIOCLI and Members in Latin America.  
|        | b) Support at least one major new project in the Region in the next 3 year term. |
| 8      | a) Improve communication with AFCB and Members in Arab countries.  
|        | b) Support at least one major new project in the Region in 3 year term. |
| 9      | a) Improve communication with AFCC and with Members in African countries.  
|        | b) Support at least one major new project in the Region in the next 3 year term. |
| 10     | Devise and introduce a strategy to increase the attractiveness of IFCC to Corporate members. |
| 11     | Devise and introduce a strategy to encourage participation of countries in the 2017 Council meeting. |
| 12     | Increase the presence of IFCC Officers’ at meetings and national congresses granted IFCC auspices. |
| 13     | Improve the visibility of IFCC by encouraging National Societies to include a short IFCC news section in their national newsletters or websites. |
| 14     | Produce and publish an e-booklet to encourage young scientists to undertake research. |
| 15     | Consolidate the mentoring programme as a Special Project and promote its gradual expansion. |

### Area B: Broadening Our Horizons

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| 16     | a) Further develop and promote “Shaping the Future of Laboratory Medicine”  
|        | b) Agree and present a strategy to demonstrate the benefits of expanded IFCC Full Membership. |
| 17     | Identify, resource, prepare and deliver one new project each year in areas of laboratory medicine other than clinical chemistry. |
| 18     | a) Develop a plan to increase collaboration between IFCC and other international clinical organisations.  
|        | b) Establish at least one new collaboration each year with an international clinical organisation. |
| 19     | Invite organisations from outside laboratory medicine to contribute to the IFCC meetings to promote better interaction with healthcare professionals. |
| 20     | Agree and deliver a new work programme in the area of promoting clinical effectiveness of laboratory medicine. |
| 21     | Increase the number of young scientists participating in the IFCC Committees and Working Groups. |
| 22     | Collaborate with CLMA to agree and promote a programme of leadership development training. |
| 23     | Conclude and sign an agreement with the North American Federation of Clinical Chemistry and Laboratory Medicine (NAFCC). |
### Area C: Improving the Quality of Laboratory Medicine

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| 24     | a) In conjunction with others develop a route to laboratory accreditation for developing countries - DCQLM  
         | b) Apply the resource material at least once per year and evaluate its effectiveness  
| 25     | Establish one new high level project with WASPaLM that aims to promote the quality of laboratory medicine through global harmonisation  
| 26     | Establish at least one new project with ILAC that aims to improve the application of quality management and laboratory accreditation  
| 27     | Strengthen the links and collaboration with the World Health Organization (WHO)  
| 28     | Establish a WG on the harmonisation of interpretive comments in EQA and publish a report with recommendations. |

### Area D: Improving the Effectiveness of IFCC

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| 29     | Review IFCC finances and identify opportunities to improve financial performance. Identify opportunities for at least one new income stream  
| 30     | Launch and promote the Foundation for Emerging Nations as a new income stream for IFCC.  
| 31     | Devise and introduce a scheme to recognise the contribution of individuals who have given outstanding service to IFCC  
| 32     | Invite an external body to perform a wide-ranging SWOT analysis of IFCC, evaluate the findings and publish a report with recommendations.  
| 33     | Solicit nominations for, and conduct the election of the first President Elect |

#### 2. Full Member Societies

2.2 Applications for Full Membership

EB noted the application received from Malawi society, and will pull out for voting. Belarus Society’s application is ongoing.

EB noted following Societies’ mergings:

- “Royal Belgian Society of Clinical Chemistry (RBSCC)” and the “Belgian Society of Clinical Biology (BSCB)”, forming the “Royal Belgian Society of Laboratory Medicine” (RBSLM)”  
- “Romanian Society of Laboratory Medicine” and “Romanian Association of Medical Laboratories”, forming the “Romanian Association of Laboratory Medicine (RALM)”

#### 3. Corporate Members

3.40 Other matters related to Corporate Members (CMs)

Presentation from Corporate Member Representative RH

Actually the IVD industries are under pressure from many points of view:

1) **Price pressure and shift in decision makers.** The IVD industry is very innovative, but it is getting more challenging to make the medical value associated with these products available to patients and healthcare providers at adequate reimbursement. Decision making is shifted from lab professionals to budget controllers. Price eats quality.

2) **Regulatory hurdles.** FDA submissions often have become more complicated. CE marking will become more complicated. Local regulatory requirements increase.

3) **New tests or combinations of tests** are difficult to interpret by non-specialists. More and more non-professionals are dealing with increasing complexity of testing. Often the recognition of lab professionals being in charge of lab testing, quality assurance and result interpretation is challenged and the belief becomes prevalent that “everyone” can test and interpret the data.

At the same time there are new opportunities for manufactures: more people get access to healthcare, economic growth often goes along with better access to healthcare for a large proportion of the population, "middle-class" people are becoming more health-conscious, the success of products merging medical devices and consumer electronics aspects are booming: fuelband, Fitbit, etc. Nevertheless Companies like Google or Apple are providing solutions that are partially complementary to IVD products or enhance their usefulness, and partially competitive.
IFCC should support Corporate Members by increasing awareness for the importance of lab testing, supporting medical claims leading to reimbursement, emphasize the importance of quality, using IFCC's unique expertise in traceability, QC, EQA, avoiding duplication of guidelines and recommendations.

An IFCC SWOT analysis (Strengths, Weaknesses, Opportunities and Threats) by a professional moderator is desirable to increase the value of IFCC for corporate members, to increase corporate membership and avoid membership termination. New tools are needed to better monitor the efficacy and effectiveness of Cs, WGs and TFs as well as to better link IFCC to clinical societies.

EB agreed, and hopes that CMs will be more involved in IFCC activities; guidelines for CMs applications at Congresses and a checklist made by Companies for future events are needed.

### 4 Affiliate Members

No specific items to be discussed.

### 5 Regional Organizations:

#### 5.01 Asia-Pacific Federation of Clinical Biochemistry and Laboratory Medicine (APFCB)

The MoU with WASPaLM was renewed on Aug 27th, 2014 for another three years and a MoU with AACC was signed on Dec 11th, 2014 effective in 2015 and 2016.

Prof Howard Morris is the IFCC-Abbott Visiting Lecturer to the Asia-Pacific region in 2015 and 2016 (topic: Vitamin D and bone disease) and Dr. Graham Jones is the APFCB Travelling Lecturer in 2015-2016 (topics: HbA1c measurement and interpretation, the role of the routine laboratory in Chronic Kidney Disease, Traceability).

APFCB will sponsor a Quality/Accreditation workshop at the WASPaLM World Congress in Cancun 18-21 November 2015.

Tony Badrik is managing the Clinical Comments Interpretation Programme and Pre-Analytical Working Group working together with EFLM Pre-Analytical Group to promote the importance of the quality of the pre-analytical phase, define the best practices and provide recommendations for some critical activities in the pre-analytical phase.

Prof Kiyoshi Ichihara is in charge of the regional multicenter study on Reference Values. Japan, China, India, Nepal, the Philippines, Pakistan, Bangladesh and Malaysia are in active collaboration. The results will be revealed by the end of this year.

Dr. Ronda Greaves is working on the Regional project for harmonisation of mass spectrometry-based assays and to the development of regional appropriate methods and reference intervals for complex biochemical tests for children.

Prof Graham Jones is working on improved tests for Chronic Kidney Disease in the Asia-Pacific Region establishing close relationships with the Asian Pacific Society of Nephrology and Asian Forum for CKD Initiative (AFCKDI).

EB appreciated the educational and scientific activities of the APFCB Region.

#### 5.02 Latin-American Confederation of Clinical Biochemistry (COLABIOCLI)

Two main projects are ongoing:

1) Training in diagnosis of vaginosis/vaginitis in primary care of women in fertile age or menopause with the following aims: improving indicators of maternal/child morbidity and mortality and lowering the frequency of sexually transmitted diseases, organization of workshops aiming to optimize biochemical studies, development and periodical update of a Manual of Procedures in consensus with physicians' bodies. DM will be the EB link to this project.

2) Implementation of the concept of analytical traceability in the Latin-American (LA) region. An agreement between Argentina NMI (INTI) and Argentine Biochemical Foundation has been established to incorporate the Laboratory for Reference and Standardization in Clinical Biochemistry (LARESBIC) as a member of the Argentinian Calibration System (SAC); at the COLABIOCLI Congress in QUITO (September 2015) a Workshop on the concept of traceability with the
participation of C-TLM experts, NMI’s of Mexico, Argentina, Uruguay and Ecuador will be held, in collaboration with Prof. Lothar Siekmann (C-TLM).

EB would like to encourage these Projects. DM asked for a collaboration for certificated reference materials to improve the harmonization/traceability process in Latin America.

RSA commented that COLABIOCLI countries should be encouraged to participate.

5.04 European Federation of Clinical Chemistry and Laboratory Medicine (EFLM)

EFLM held its Seventh General Assembly (GA) during the 3rd EFLM-UEMS Joint Congress in Liverpool (UK), on Tuesday, October 7th, 2014.

EFLM Strategic plan (SP) for 2014-2015 has 33 actions related to several different chapters, highlighting the main strategic goals.

During the GA, National representatives had the opportunity to discuss with the GB the “Shaping the future of laboratory medicine” proposal as well as the results of the IFCC ballot on Regional representation in the IFCC EB and how will this affect the future of IFCC.

EFLM EB has launched a working group on Harmonization whose aim is to act as a collector of the harmonization initiatives arising from the other EFLM WGs and from the National Member Societies active in the field and to promote dissemination and application of particular harmonization activities. EFLM EB has decided to create a Task Force on Performance Goals in Laboratory Medicine (TF-PG); EFLM is willing to take the leadership in this topic as the main driver focusing its activities in the next two years on the a) Performance criteria models for specific laboratory tests, b) Harmonization of allowable limits in EQAS, c) Total error, d) Performance criteria for pre- and post-analytical (extra-analytical) phases and e) Biological variation database.

Particular attention was dedicated to the liaison with IFCC, contributing regularly to the IFCC e-Newsletter with reports about the main EFLM activities.

The EFLM Committees and Working Groups are very active and obtained important advancements in 2014: the guidelines for EFLM congresses and meetings, the creation of the EFLM Speakers Bureau, an effective promotion of young scientists in the EFLM activities, production of educational materials (power point presentations, abstracts, e-seminars) arising from EFLM events, compilation of the version 5 of the EC4 syllabus for education/training in laboratory medicine, compilation of the European Guidelines related to the standards on quality management, risk management, POCT, measurement uncertainty, pre-examination aspects to be used for accreditation purposes.

EB appreciated the activities and strategic plan of EFLM and invited EFLM to submit an update on the strategic plan, on the occasion of the EB Meeting in Paris.

5.05 Arab Federation of Clinical Biology (AFCB)

The AFCB Action Plan, ongoing with the IFCC support, includes: continue with the education program for young scientists in the field of molecular biology, reinforce the education program in Quality Assurance and Quality Management, continue with the governmental process for updating and modernizing local legislations and regulations pertinent to the specialty of Laboratory Medicine, promote the culture of Quality Assurance and work with concerned governmental bodies to implement national Quality Assurance Programs in both, public and private sectors, foster the involvement of AFCB in international activities through IFCC, encourage and promote the participation of scientists from Arab countries in scientific activities at the regional and international levels, improve the AFCB website, continue to hold the ArabMedLab once every three years in one of the Arab countries and support the host country. An IFCC EB meeting took place on June 6th, 2014 in Rabat, Morocco; one of the main issues discussed was the 14th ArabMedLab which will be held in Khartoum - Sudan in December 2015 and Egypt was chosen as the host country for the 15th ArabMedLab in 2018.

5.06 African Federation of Clinical Chemistry (AFCC)

The mentoring programme, initiated by Donald Young in Africa, should be expanded to developing countries in other regions. Academic institutions should be more involved in supporting training and education in Africa in collaboration with IFCC member countries. The financial support for the PMEP and PSEP should be increased. It is desirable to insert a box in the IFCC website for vacancies and a page for careers (providing career profiles) in particular for young scientists, this is very
complicated because careers are different in different countries, nevertheless IFCC can encourage NSs to do this.

5.07 Foundation of the “North American Federation of Clinical Chemistry and Laboratory Medicine (NAFCC)” by American Association for Clinical Chemistry (AACC) and Canadian Society of Clinical Chemists (CSCC):

AACC and CSCC have agreed to found NAFCC as the regional federation of IFCC and with a specific focus as representation at IFCC based on rotation. The IFCC EB approved this agreement. A MoU between IFCC and NAFCC will be signed as soon as possible. David Koch showed the proposal for the MoU.

EB Liaisons with Regional Organizations’ Representatives

EB agreed to nominate IFCC Executive Board liaisons with Regional Federation during the next three years (2015-2017) as follow:
- APFCB: SB
- COLABIOCLI: DM
- EFLM: MF
- AFCC: VS
- AFCB: MF
- NAFCC: RSA

EB approved the Statutes’ changes consequent the decisions arising from the voting process held in September 2015.

6 International and Professional Organisations

6.1 World Health Organisation (WHO)
No specific items to be discussed.

6.2 Clinical Laboratory Standards Institute (CLSI)
EB confirmed Larry Kricka, previous EB Member, as liaison with CLSI.

6.4 International Union of Pure and Applied Chemistry (IUPAC)
No specific items to be discussed.

6.13 World Association of Societies of Pathology and Laboratory Medicine (WASPaLM)
EB noted that the IFCC TF-POCT is planning a satellite meeting prior of the WASPaLM 28th World Congress, which is being held in Cancun, Mexico in November 18-22, 2015.

8.13 Joint Committee for Traceability in Laboratory Medicine (JCTLM)
At the end of 2014, Mathias Mueller completed two terms as Chair. After discussion with SD and approval by EB, IFCC has nominated Gary Myers as the next Chair of JCTLM. As the Chair of JCTLM, GM will be a consultant member of SD. GM will provide a link between JCTLM and the AACC harmonization project.
Ordinary Members of the Executive Committee: GB is one of the two IFCC Members, but he has completed 4 years and should be replaced. The second IFCC Member on the Executive Committee is Lothar Siekmann (Chair of the IFCC SD C-TLM) who can continue.
EB agreed to nominate GB as EB representative on the JCTLM Executive and support him as the Chair of the WG3 “Working Group on Traceability: Education and Promotion”.
EB agreed that Mathias Mueller is the IFCC representative in the WG2. EB agreed that JCTLM’s website needs to become more user-friendly and that JCTLM should develop educational efforts, highlighting the value of accuracy and traceability, in particular for the clinical community and payors which are currently quite unknowledgeable about quality issues and their impact on patients. Reimbursement / tenders are often based on price only and not on analytical quality.
7 Committee on Congresses and Conferences (C-CC)

7.2 IFCC WorldLab Congresses
7.2.23 IFCC WorldLab Durban 2017 (ZA)
The WorldLab Durban 2017 congress will be held at the Durban International Convention Centre, October 22-26th, 2017 as a joint event with the 5th Congress of the Africa Federation for Clinical Chemistry (AFCC) and 57th meeting of the South African Association for Clinical Biochemistry. The members of the International Scientific Committee are as follows: Tahir Pillay (President and Chair), R Erasmus, T Matsha, A Khosrow, M Turzyniecka, J Delanghe and S Sandberg. The International Scientific Advisory Committee has been formed and invitations sent out. Campaign to attract 250 delegates from Africa (including South Africa) has begun. The first announcement of the congress was prepared and circulation has started.

7.2.24 IFCC WorldLab 2020, Seoul (KR)
Seoul, May 24th-28th, 2020. The Korean Society of Clinical Chemistry (KSCC) as the Hosting Society of IFCC WorldLab 2020, started to activate the Local Organizing Committee (LOC) by nominating Junghan Song (Seoul National University) as the LOC’s Chairman. The KSCC will nominate the other LOC’s members soon.

7.3 IFCC Regional Congresses of Clinical Biochemistry and Laboratory Medicine
7.3.1.14 APFCB Taipei 2016
The 14th APFCB Congress will be held on November 26-29, 2016 at Taipei International Convention Center (TICC), Taipei, Taiwan. The Organizing committee has been formed. Chairman is Woei-horng Fang. All the relevant information regarding the meeting is available on the congress website: http://www.apfcbcongress2016.org/committee.html. The program and the speakers have been defined.

7.3.2.21 EuroMedLab Paris 2015
The Congress will take place on 21-25 June at the Palais des Congrès de Paris including the 2015 JIB Exhibition. Presidents of the EuroMedLab are: P. Gillery (Scientific Programme Chair), J. Goudable (SFBC President), B. Gouget (Congress Organising Committee Chair). Looking at the timetable, the Congress includes: 5 plenary lectures, 17 symposia, 3 IFCC sessions (“Improving patients outcome through assay standardization”, “The IFCC e-Academy” and “The value and impact of Laboratory Medicine in patient care: what is the evidence?”), 3 EFLM session, 36 Educational Workshops, 3 satellite meetings. The EML 2015 Pre-congress satellite meeting will be held in June 18-19 in Versailles (6th Int Symposium “Critical Care Testing and Blood gases”) and the EML Post-congress satellite meetings will be held in June 26 in Reims (“HbA1c and management of diabetes mellitus in the 21st century”) and June 26 in Paris (“State of art in the biology of trace elements and vitamins”). As of today 777 abstracts have been received. The number of scholarships provided by IFCC in 2015 is 12 (2000 € each) for the four Regional Congresses.

7.3.2.22 EuroMedLab 2017, Athens (Greece)
Athens, June 11th-17th, 2017. The “Greek Society of Clinical Chemistry - Clinical Biochemistry (GSCC-CB)” has appointed the President of the Congress (Alexander Haliassos), nominated the members of the Congress Organizing Committee (COC) and requested the nomination of the representatives of IFCC, EFLM, and IFCC Corporate members (IVD companies) at the COC, appointed the President of the Scientific Program Committee (SPC) and the liaison of SPC with COC.

7.3.4.22 COLABIOCLI 2015 Quito, (Ecuador)
The XXII COLABIOCLI Congress, Latin American Congress of Clinical Biochemistry and Laboratory Sciences will be held at Marriott Hotel in Quito, Ecuador on 24-26 September, 2015. 24 Symposiums, 2 plenary conferences, oral communications and posters have been programmed to be presented by prominent professionals from different areas of Clinical Laboratory and Laboratory Medicine. There will be 3 pre-congress courses and 3 intra-congress courses. EB confirmed to hold a Board meeting there.
7.3.4.23 COLABIOCLI 2017 Punta del Este (Uruguay)
EB noted that this congress will be held in October 2017

7.3.6.14 AFCB 2015 Sudan
EB noted that the ArabMedLab 2015 - 14th Arab Congress of Clinical Biology (AFCB) will be held in Khartoum, Sudan in December 2015. No further information is available regarding the preparations for this congress.

7.3.7.4 AFCC 2015 Harare (Zimbabwe)
The 4th Conference of the African Federation of Clinical Chemistry, AFCCLabMed 2015, will be held on 28-30 April 2015 in Harare, Zimbabwe and will be hosted by the “Zimbabwe Association of Clinical Biochemists (ZACB)” The conference venue has been moved from Victoria Falls to Harare to minimize costs. The theme for the conference is “Integrating Clinical Chemistry and Laboratory Medicine in Evidence Based P4 Medicine”. This theme is very appropriate as it encompasses the Preventive, Predictive, Personalized and Participatory aspects of Medicine all of which are essential to improve patient care. The Conference Organizing Committee (COC) has been established and the Past-President of the AFCC, Vanessa Steenkamp, has been appointed as the Chair of the congress. The Local Organizing Committee has been appointed too.

7.4 IFCC Specialised Conferences
7.4.1 Roche Bergmeyer Conference (7-9 March 2016, Eibsee, Germany)
EB noted that the Proceedings of the 2015 Conference on ‘Women’s Health’ have been published in Scand J Clin Lab Invest. The topic of the Roche Bergmeyer Conference 2016 will be “Biomarkers of diagnosis of cancer” (IY).

7.9 IFCC General Conference
EB agreed that the GC will be held in Madrid, 17-21 March 2016 at the Hotel Auditorium in the Airport area. The EB approved in the last EB meeting in Rome the outline programme for the General Conference proposed by BG, nevertheless the programme has been updated, moving the social event on the 3rd day, allowing participants to leave on that day if not willing to take part to the social event. A detailed budget will be presented in the next EB in Paris. It was noted that the schedule should not include leisure activities.

7.40 Other Business
No items to be discussed

8. Scientific Division (SD)
8.0 Minutes
EB noted the SD Report presented at the EB in Rome in November 2014.

8.2 SD Committees
No specific items since November 2014

8.3 SD Working Groups
No specific items since November 2014

8.13 Joint Committee for Traceability in Laboratory medicine (JCTLM)
See 8.13

8.15 SD Aspects of IFCC Specialised Conferences
No specific items since November 2014
8.16. AACC Harmonisation Project (International Consortium for Harmonization of Clinical Laboratory Results)
No Specific items since November 2014

9.0 Education and Management Division (EMD)
EB noted the EMD Report presented at the EB in Rome in November 2014 and the presentation of the EMD Strategic Plan 2015-2017. All the Committees would like to organize at least a workshop per year and to review and update their webpage and also in particular:
C-CMBC: to plan an advanced course including course handbook in molecular biology over the next three years; C-EBLM: to make materials available on the IFCC website, to publish at least one publication per year related to EBLM; C-AQ: to develop e-learning presentations of Principles of EQA and IQC in 2015, to develop other educational materials on AQ for IFCC website; C-CLM: to produce support documents for Developing Quality Systems in the laboratory in collaboration with C-AQ by the end of 2016; C-DL: to upload presentations by other Committees and IFCC Congresses on the IFCC website, to develop learning materials for the e-Academy, to develop IFCC curriculum on training in Laboratory Medicine; WG-LEPS: to define a model of quality indicators (MOI); WG-CG: to produce guidelines for standardization of methods for Cancer Diagnostics using high throughput sequencing by the end of 2015, to produce guidelines for bioinformatics pipeline by the end of 2015; DQCML: to proactively contact the President of the Association of Clinical Biochemistry of Sri Lanka to identify the needs of laboratories in Sri Lanka for accreditation (ISO 15189) and to conduct a 2-day accreditation workshop in 2015, to proactively contact the President of the Ukrainian Society of Clinical Laboratory Diagnostics to identify the needs of laboratories in Ukraine and formulate a program accordingly in 2016; VLP: to publicize VLP at least twice a year to member societies and to maximize utilization of funds provided by Abbott Diagnostics, to update Speakers’ bureau yearly

9.2 Committees
No specific items since November 2014

9.3 Working Groups
No specific items since November 2014

9.3.10 Working Group on Cancer Genomics: Clinical Laboratory Guidance
The invited members of the WG are: Jason Park, Paolo Fortina, and Michael Neumaier. Contact with D. Paine C-MD under SD for other members. The WG will meet in Paris and has already started the funds raising process from specific companies.

9.4 Special Projects

9.4.1 Visiting Lecturer Programme
Abbott financial support is confirmed for 2015.

9.4.3 Developing Quality Competence in Medical Laboratories (DQCML)
EB approved an extra term 1 year for Chairmanship (Michael Thomas).

9.4.4 IFCC-CLMA Project on Leadership
To note that the "IFCC-CLMA Project on Leadership", will be considered as Task Force (13.01.14)

10. Communications and Publications Division (CPD)
EB noted the CPD Report presented at the EB in Rome in November 2014

EB agreed that a part of the Siemens sponsorship for the Siemens-IFCC Conference held in Toronto in October 2014 ("Bio-markers in Neuropsychiatric Disorders") (€ 26.500) could be
transferred on the e-Academy Project organized by InSoft together with Peter Vervaart. JH will contact Siemens.

10.2 Committees
No Specific items since November 2014

10.3 Working Groups
No specific items since November 2014

10.9.2 IFCC Booth
The IFCC booth at next AACC Annual Meeting – Atlanta (GA-USA) is already planned

13.0 Special Projects and Task Forces
EB noted the annual reports from each of the ten IFCC Task Forces already presented in the EB in Rome in October 2014.
EB noted the growth in the number of TF over recent years and agreed that the number of TFs is too high to be managed by one person (President). Each TF needs a liaison with one EB member; TF should seek to collaborate with Clinical Organizations; the nomination process of members has to follow IFCC rules; the participants that are not member of IFCC associated Societies have to be considered as consultants; however not financially supported.

13.01.01 Task Force on Ethics (TF-E)
*EB liaison: MF*

13.01.02 Task Force on Paediatric Laboratory Medicine (TF-PLM)
*EB liaison: SB*

13.01.03 Task Force on Pharmacogenomics (TF-PG)
*EB liaison: MF*

13.01.04 Task Force on Chronic Kidney Disease (TF-CKD)
*EB liaison: GB*
A new chair is required, GB will contact Greg Miller. The new chair should implement guidelines.

13.01.05 Task Force on Implementation of HbA1c Standardisation (TF-HbA1c)
*EB liaison: RH*
GB proposal: close the current TF-HbA1c, establish a more broadly based TF- Education in the Use of Biomarkers in Diabetes (TF-EUBD), which includes continuing elements of TF-HbA1c. The aim will be to promote a harmonised approach to the use and interpretation of biomarkers in the diagnosis and management of diabetes. The TF will comprise a group of experts from laboratory medicine together with organisations’ consultants, whom the TF will liaise with. The TF should collaborate with IFCC SD and EMD, TF-POCT and WHO, IDF, WASPaLM. Suggested Chair: Garry John (UK); suggested members: Cas Weykamp (NL), Gojka Roglic as a Consultant responsible for WHO liaison, Erna Lenties as lead on POCT, Emma English to provide an Academic/Education lead; other two members should be selected from nominations made by IFCC Members and a consultant should be nominated by IDF.
EB agreed to close the TF and open an EMD-Committee, merging some projects with the SD.

13.01.06 Task Force for Young Scientists (TF-YS)
*EB liaison: GB*
EB discussed the proposal by Endang Hoyaranda, “the IFCC Young Scientists’ Mentorship Program”. This mentorship program is intended for IFCC Young Scientist members who are interested in advancing their careers, through the basic knowledge in the laboratory research area. The program provides young research scientists an opportunity to work with experienced...
laboratorians/scientists on a focused research project in a specialized field. The mentors shall include experienced scientists and/or laboratorians who are active in the research laboratory field. The mentorship process allows young research scientists to work with their mentor(s) in conducting a research study in a laboratory setting. Mentors would share their research insights and expertise with their mentee(s) in how to conduct a successful research program. EB in principle agrees, however the management of the Program has to be evaluated in deeper details.

13.01.07 Task Force on Clinical Applications of Cardiac Biomarkers (TF-CB)
*EB liaison: TO*

13.01.08 Task Force on POCT (TF-POCT)
*EB liaison: RSA*
EB agreed to send out a call for nominations to replace RH as Corporate Representative in the TF.

13.01.09 Task Force on the Impact of Laboratory Medicine on Clinical Management and Outcomes (TF-ICO)
EB agreed to close this TF.

13.01.11 Task Force on Proficiency Testing (TF-PT)
*EB liaison: DM*

13.01.13 TF for Geriatrics lab. Medicine (TF -GLM)
*EB liaison: GB*
EB discussed how IFCC should participate in the Task Force on Geriatric Laboratory Medicine. GB reported that a discussion with AACC is ongoing in order to find an agreement on how to manage the TF and the membership of the International Clinical Organizations interested in the Geriatrics field. A document should be produced before the next EB meeting in Paris.

13.01.14 Task Force on “IFCC-CLMA Project on Leadership” (TF-IFCC CLMA)
*EB liaison: GB*
A new special project of EMD with a designated budget is a joint TF between the Clinical Laboratory Management Association (CLMA) and CLMA representatives, proposal discussed in Chicago/AACC by MF, GB. The TF is composed of 4 IFCC members and 4 CLMA members with LK as the IFCC Chair. The proposal of the TF should be to “Meeting the Non-Technical Professional Development Needs of Medical Laboratory Leaders”. A survey to understand which countries may be interested has been prepared and distributed.

13.02 Professional Exchange Programmes
EB agrees that PSEP and PMEP applications should be mostly reserved to developing countries and only in a very limited number of cases, for other countries. The EB would like to increase these programs with the support of CMs.

13.03 Roche Travel Scholarships
In 2015 Roche should provide 20,000 CHF that will allow the funding of 10 scholarships plus the Jocelyn Hicks scholarship. EB has agreed to divide the scholarships between the 4 IFCC Regional Meetings in Harare, Paris, Atlanta, Quito, and Khartoum.

14.0 IFCC Statutes and Rules
IFCC Statutes will be changed following the voting held in September 2014. After a constructive discussion on the process of election of the regional representatives, the EB agrees that all member societies within the relevant region should be encouraged to nominate their candidates and that the election should be done by electronic ballot possibly through the IFCC Office and in complete transparency. GB will send a paper to NSs for discussion and comments.
16.1 IFCC Awards
EB agreed to appoint Howard Morris as Chair and to ask him to suggest Committee’s members. PB will ask for availability of HM.

16.3 IFCC Nominations Committee
EB agreed to appoint Bernard Gouget as Chair and to ask to him to suggest Committee’s members. PB will ask for availability of BG.

16.2 Annual Report for 2014
It will be prepared as electronic copy only and will be available as of next June for Paris EuroMedLab Congress.

16.5 IFCC Handbook 2015-2017
Preparation on going, to be prepared as electronic version only, ready by next June (EuroMedLab Congress).

16.40 Other business
13.01.12 Special History Project (SP-H)
EB agreed to prepare a booklet with the National Societies’ Histories, as electronic version only (coordinated by Peter Wilding SP-H, in cooperation with CPD).