

128th Meeting Executive Board Madrid (ES), March 18th, 2016

Summary Minutes

Participants:

EB Members

Maurizio Ferrari	(MF)	President
Graham Beastall	(GB)	Past President
Sergio Bernardini	(SB)	Secretary
Tomris Ozben	(TO)	Treasurer
<i>Daniel Mazziotta</i>	<i>(DM)</i>	<i>Member †</i>
Rosa Sierra-Amor	(RSA)	Member
Vanessa Steenkamp	(VS)	Member
Rolf Hinzmann	(RH)	Corporate Representative (Roche)

Invited guests, IFCC Regional Federations' Presidents:

Kamil Mohammed Hassan	(KMH)	AFCB
Adekunle Bashiru Okesina	(ABO)	AFCC
Leslie Lai	(LL)	APFCB
Graciela Queiruga	(GQ)	COLABIOCLI
Mauro Panteghini	(MP)	EFLM
David Kinniburgh	(DK)	NAFCC

The 128th Meeting of the IFCC Executive Board has been held in Madrid (ES), at the Auditorium Marriott Hotel, Avenida de Aragón, 400 - Meeting room: Yepes.

1.0 Preliminaries

1.0 Apologies for absence

Welcome and opening remarks from President.

EB observed a moment of silence remembering the colleague and friend Daniel Mazziotta, recently passed away. EB expressed great appreciation to Daniel for his efforts promoting quality management and Laboratory Medicine worldwide. Daniel passed away quietly in Buenos Aires on Sunday, February 14th, 2016. The IFCC has lost one of its brightest and sharpest specialists in Laboratory Medicine who contributed to worldwide IFCC reputation with a broad smile, spreading enthusiasm in promoting Lab Medicine well beyond the Latin American borders.

EB discussed about the possibility to fill the EB Member vacancy. EB agree that for the duration of the present board no further member will be co-opted.

1.1.127 Minutes of 127th EB Meeting, Quito (EC)

EB approved the Full Minutes and the Summary Minutes from the 127th Meeting.

Action List from 127th EB Meeting

Almost all the Actions from the QUITO EB have been done or are well in progress.

SWOT Meeting – EB has discussed the outcome of the SWOT Analysis and established the priority of the actions to be taken:

Next 6 months

- *More effective and efficient divisions, committees, working groups and task forces by establishing professional performance management including the selection of people to act in certain roles:* GB and the Division Chairs will collaborate to make a document for Divisions Guidelines about Performance Management and Evaluation of Improvements of Divisions (**GB**).
- *Deal with the new MedTech Europe code of conduct and its impact on conferences: probably there will be less investments in Congresses, a reduced number of Conferences, an increased time between different editions of the same Conference, an increased competition between conferences that might lead to improved Quality of the Conferences. The MedTech Europe code is in place and binding for all members of MedTech Europe. The following timelines apply: The code's dispute resolution principles are effective since January, most of the code will become effective January 2017, only the phase out of direct sponsorship has a transition period until January 2018. Therefore, EuroMedLab in Athens and the WorldLab in Durban will be affected by this changes. RH will inform the IFCC EB and EFLM about relevant news.*
- *Revisit vision and focus so that it is clear, compelling and communicated (**MF** and **CPD**).*
- *Promote the value of laboratory medicine in healthcare: CLMA, other Associations (**SB** and **DK**).*
- *More detailed clarification of customer/user groups and their needs: first, who are the most important groups of customers? Second, how IFCC can be attractive for them? (RSA and RH and All).*

In Philadelphia there will be a first check of the progress in the previous points of SWOT.

Next 6-12 months

- *Set-up a cost-reduction task force: guidelines for the efficiency of TFs (**TO** and Divisions Chairs).*
- *Review of the IFCC organizational structure: first identify weakness into the structure, activation of a call to call system by the Office to contact officers and pick up tips (**MF**, **PB**).*
- *Deal with expected financial challenges (**TO**).*

- *Demonstrating and communicating specific value generated and benefits received to all member groups: first, who are the most important groups of customers? Second, how IFCC can give value to them? (ALL) (RSA and RH will focus on Corporate Members).*
- *Find ways to increase collaboration with other clinical societies to increase visibility, credibility and influence (point still open for ALL).*
- *Increase collaboration with international organizations in laboratory medicine and international clinical societies and other international stakeholders in healthcare (point still open for ALL).*
- *More multi-language educational materials: Regional Federations should set the list of languages for which the translation is needed (managed by CPD with volunteers help, see ted.com).*

Next 9-24 months (discussion in next EB in Philadelphia)

- *Increased focus on harmonization and standardization in laboratory medicine*
- *More extensive and professional, customer/user-oriented media presence*
- *More specialized conferences stimulating new interests and membership*
- *Expand educational opportunities through innovative e-learning and distance learning programmes*
- *Find ways to improve the involvement of young scientists*
- *Identifying new and efficient ways to share best practices*
- *Redefining the interfaces between IFCC and its members to ensure effective communication*
- *Review membership criteria to increase the number of members*
- *Expand the membership beyond clinical chemistry into laboratory medicine*
- *Ensure fair representation and diversity in IFCC activities*

Divisions' reports:

9.0 Education and Management Division (EMD), report by Leslie Lai.

One member's 2nd term (AL Maselli) will end on 31st December 2016.

C-CMBC: the 7th Course on "Molecular diagnostics for beginners has been held" on 12th – 17th of July 2015, in Vilnius, Lithuania. In 2016, the Course will be held in Ethiopia. The Symposium "The liquid biopsy approach: following the tumor in peripheral blood" will be held at the EuroMedLab Athens in 2017.

C-AQ: updating of the directory of the "EQA Services", "EQA setup checklist" and "Resource table for EQA database" in the AQ-C session of the IFCC website. An e-learning presentation on Principles of EQA and of IQC has been developed.

A Joint AQ-C/C-CLM workshop "What is the best strategy to achieve compliance with QMS and QC requirements in the clinical laboratory" will be held at the GC in Madrid.

- C-EBLM: two modules for the e-Academy have been completed, a symposium is expected at the WorldLab 2017 in Durban.
- C-CLM: the Joint AQ-C/C-CLM paper "Developing Quality Systems in Clinical Laboratory" aimed at Developing Countries will be published in 2016; a "Training module on Leadership" will be developed at the CLM session of the IFCC website.
- C-DL: continue to develop the e-Academy in collaboration with the Committee on Internet and e-learning (C-IeL) with particular focus on the mass spectrometry area. In collaboration with the C-IeL, will present a workshop on using the e-Academy at the GC in Madrid.
- C-EUDB: is a new Committee starting by 2016 (Chair G. John), will meet for the first time in Madrid during the GC to formulate the working plan.
- WG-LEPS: a Consensus Conference that aims to approve the Model of quality indicators (MQI) to be used in clinical laboratories over the world and to define the criteria to evaluate the quality indicator data (quality specifications) would be held in October.
- WG-FC: the annual course in 2016 would be held in St Petersburg (Russia). For the first time a course was held in Latin America (Cordoba Argentina, March 2016).
- WG-CG: a symposium will be held on "Clinical Laboratory cancer genomics" at the APFCB Congress in Taiwan, November 2016.
- WG-ICQA: publication of a position paper by the end of 2016.

- DQCML: a meeting will be held at the GC in Madrid, the organization of accreditation workshops is ongoing in Sri Lanka and Ukraine as well as the support to Malawi to develop a programme of quality Competence.
- MENT: A survey will be conducted in 2016 for both mentors and associates. More Mentors are needed, particularly in Latin America.
- VLP: in 2016 the VLP Lectures have been approved for 5 Countries and supported directly by IFCC.

8.0 Scientific Division (SD), report by Ian Young.

The Chair, the Vice Chair (P. Gillery) and a Member (G. Merlini) are next to the end of their 2nd term (December 2016). The EB agreed to start a wide consultation to establish the new Chair and Vice Chair considering the need of a partial innovation. IY reported about the following projects:

- C-NPU: transfer and maintenance of the NPU generic database on the IFCC website, mapping of the IFCC-IUPAC laboratory coding system to SNOMED CT, development of an international vocabulary for nominal examinations in scientific communication.
- C-MD: establish an International Network of IFCC reference centres in Molecular Diagnostics, standardise formats for reporting of molecular diagnostic results.
- C-RSE: development of a reference measurement procedure for Pancreatic lipase, recertification campaign for a primary reference material for LD, CK, ALT and certification campaign for a primary reference material for ALP in collaboration with IRMM.
- C-TLM: support reference laboratories in the context of complete reference systems by establishing an External Quality Assessment Scheme (EQAS) for reference laboratories in order to monitor their competence, promote establishment and maintenance of IFCC reference laboratory networks for clinically relevant measurands.
- C-RIDL: make available reference intervals and decision limits that respect the requirements of internal directives, compare alternative approaches to establishment of reference intervals and to make recommendations about the applicability of such approaches (18 countries are collaborating in the global study).
- WG-CDT: preparation of reference material and selection of a reference method, establishment of appropriate reference intervals and development of guidelines for clinical use of CTD assays.

EB discussed the reduction in SD budget. MF proposed a general reduction of at least 10% of the expenses. The Division Chair should manage the financial support to Committee and WGs with some flexibility.

IY proposed a Joint Committee of Immunosuppressive drugs with other Scientific Societies and Research Institutes, a collaboration between SD and EMD on diabetes to avoid duplications and a WG “autoimmune assays joint project” with Clinical European Societies. EB agreed.

The following Projects proposal for a new WG have been rejected by the SD: “Neonatal Metabolomics”, “Epigenetics” and “Role of Laboratory Medicine in the emerging field of Regenerative Medicine” because of the lack of sustainability on the part of the SD.

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

EB noted the JCTLM Executive Committee Meeting minutes (December 2015)

10.0 Communications and Publications Division (CPD), report by Khosrow Adeli

Two Members (P. Vervaart and B. Jordan) are next to the end of their 2nd term (December 2016).

EB really appreciated that IFCC eJournal is Indexed by 2016.

- IFCC Website: several updates in 2016 have been done.
- IFCC e-News: the Flip & PDF Versions are presently available. The readership, with inclusion of IFCC congresses participants, is increasing (more than 15.000 email contacts are available). A prototype version in Spanish has been evaluated .
- IFCC eJournal: the Journal is indexed as of 2016 and continues to alternate themed issues to non themed ones.

- eAcademy: it is launched in Paris at EuroLabMed. The Insoft Digital has created the concept, description and functional mockups. The initial release will include the most common features, the second release will include more advanced features, the third release will include membership options, for tracking and crediting. 38 Webinars and 45 External Links are currently available.
- IFCC Public relations Tools: the PR brochures 2015-2017 have been completed for English, Arabic, Chinese, French, Greek, Italian, Polish, Russian, Spanish, Turkish, Portuguese, German and Farsi. The PR brochure for general public, governments and industry, both in English and in Spanish – new languages are coming.
- IFCC New Annual Survey: the first annual survey has been done in February 2016 and received 636 Responses, the results will be presented at the GC and published in IFCC eNews, the key finding is: “A communication block at the level of NRs”. It would be important to send information directly to members of NSs by e-mail. GB is working to obtain an IFCC corner on the website of NSs. MF suggested to renew NRs who are not active and are not able to answer to IFCC requests. RSA suggest to revise the term of reference of NRs and ask them a certain accountability.

10.9.2 IFCC Booth

EB was updated by PB on IFCC booth at the next AACC Annual Meeting – Philadelphia (PA-USA)

5.0 Regional Organisations

5.01 Asia-Pacific Federation of Clinical Biochemistry and Laboratory Medicine (LL).

Reported ongoing activities:

- APFCB Travelling lectures in Chronic Kidney Disease 2016 (Graham Jones): Hong Kong (done), IACC meeting in Indonesia and 14th APFCB Congress Taiwan (expected).
- Courses, Symposia and Workshops. 14th APFCB Congress in Taipei, 26-29 Nov 2016: Joint WASPaLM-APFCB Accreditation workshop and a APFCB Pre-analytical workshop by Education and Lab Management Committee (C-ELM); Vietnam: APFCB-Roche workshop on Lean-Six Sigma; Malaysia: Chemical Pathology Course, Kuala Lumpur; APFCB-sponsored symposium at the AACC 2016 Annual Meeting entitled “Addressing pre and post analytical issues in developing countries”; APFCB-sponsored symposium at EFLM-UEMS conference in Poland; APFCB-sponsored symposium at IFCC WorldLab, Durban 2017.
- Scientific Committee: the following projects are ongoing: Asia Pacific-wide study on reference values, Regional project on building a case record database of haematological malignancy, Urine steroid metabolomic studies by gas chromatography mass spectrometry to aid the diagnosis of disorders of sex development in Vietnamese children, Regional project for harmonisation of mass spectrometry-based steroid assays.
- Regional Federation Representative at the IFCC EB 2018-2020. LL: as far as it is possible the President of the APFCB should serve as the representative. The representative shall serve the full term of the IFCC-EB to which s/he has been elected to serve.

5.02 COLABIOCLI (GQ)

Reported ongoing activities:

- Stimulate Latin American Cooperation to help the Labs progress.
- Promote and encourage *Neonatal Screening* in all Latin American countries stimulating prevention.
- Create a *Catalog of Latin American Experts* to organize technical advice.
- Guidance and advice in the field of *Bioethics*.
- Promote the *Standardization of Creatinine* for all Latin America.
- Implement a system to *Buy Lyophilised Sera* for the entire region.
- Promote and stimulate *Accreditation of Clinical Labs*.
- Regional Federation Representative at the IFCC EB 2018-2020: no specific comments from GQ.

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

Reported ongoing activities:

- Promote active participation of YS (< 35 yrs) to EFLM activities: 12 YS members are currently active in EFLM WGs (one is chairing a WG).
- EFLM Publications: 25 papers in leading Journals in the last two years. EFLM position papers: "Flexible scope for ISO 15189 accreditation: a guidance prepared by the European Federation of Clinical Chemistry and Laboratory Medicine (EFLM) WG-A/ISO".
- CCLM: a new agreement on mutual co-operation has been signed between EFLM and CCLM for the duration of 5 years (2014-2018).
- Scientific Affairs: a 1st EFLM Strategic Conference on Performance Specifications in Laboratory Medicine was organized and a specific Task Force was created, including 5 TFGs; 3rd EFLM-BD European Conference on Pre-analytical Phase; a new WG on Harmonization was established; EFLM has started an initiative on the standardization of the tube cap color coding.
- Educational courses promotion: "Dubrovnik post-graduate courses"; "Developing medical tests that improve patients outcomes" in Leiden; 12th EFLM Symposium for Balkan Region Harmonization of total process: influence of the extra-laboratory phases.
- EC4 Syllabus: version 5 of EC4 Syllabus prepared and submitted for publication soon.
- Regional Federation Representative at the IFCC EB 2018-2020. The EFLM GM has always supported that the candidate to represent the Regional Federation inside the IFCC EB should be selected by the Regional Federation itself through the vote of the Regional Governing Body (the EFLM general Meeting). Otherwise, this would be a mere Regional Representative but not a Regional Federation Representative. EFLM proposed the following election procedure:
 - 1) The EFLM EB recommends the EFLM President or his representative (a person seated in the EFLM EB) to be elected at the IFCC EB; 2) EB has to inform the EFLM membership and to refer to IFCC for the ballot organization to have the NR approval; 3) this would require a change in the EFLM Statutes. The EFLM Generally Assembly in Madrid will discuss and eventually approve this procedure. MF: in conclusion, IFCC have to receive nominations and perform electronic ballot with NSs. Does not matter how the nomination will come from the Regional Federations.

5.05 Arab Federation of Clinical Biology

KMH not attended the EB meeting.

5.06 African Federation of Clinical Chemistry (ABO)

Reported ongoing activities:

- Randox International Quality Assurance Scheme (RIQAS): 21 Health facility laboratories in the public and private sectors were enrolled in the program in 2014/2015 with the approval of the Zambian Ministry of Health (MoH). Randox laboratories through IFCC was sending EQA materials to these laboratories through the Biochemical Society of Zambia (BSZ), laboratories involved were uploading results of quality control materials online for the coordinator from IFCC (Dr Renze Bais) to review. Some laboratories were not able to upload results promptly, only 6 consistently performed as expected in the 12 months covered, in particular Nchanga South Mine Hospital in Chingola performed well, the University Teaching Hospital (UTH) also performed reasonably well.
- Educational events: introduction of External Quality Assurance (EQA) program in Zambia; workshop in Uganda during which the reports of LabSkills initiative of Royal College of Pathologist of Britain in conjunction with other organizations in Africa were presented.
- Labskill Africa Initiatives: LabSkills Africa is a health systems strengthening initiative, aimed at building the capacity and improving the standards and the quality of laboratory services in sub-Saharan Africa through skill training, knowledge transfer, leadership development and mentoring. The initiative has been piloted in 20 public sector laboratories in Kenya, Uganda,

Tanzania, Zambia and Zimbabwe. In total, these laboratories serve a combined population of 110 million and perform more than 1.7 million tests annually. Over 30 months, LabSkills Africa trained about 100 pathologist, biomedical scientist and laboratory technologist in the areas of leadership, quality management, personal development, planning and technical bench skill. The Project focused on seven key tests: rapid HIV antibody, rapid Malaria test, heamoglobin/hematocrit determination, urinalysis, malaria smear testing, TB smear microscopy, peripheral blood film.

- Challenges: the most disturbing challenge is that only few countries are members of IFCC . There are 52 countries in Africa and only about 14 have featured in our list as members or potential members. Out of these only about six are actively involved or represented. Some however belong to the Arab Federation. Other problems of Africa which cut across most of these countries can be broadly grouped into: inadequate of trained laboratory personnel; lack of infrastructure and consumables; inadequate provision of laboratory support to strengthen health care delivery services. Similar programs like RIQAS and Labskills can be initiated in many more countries in Africa, which will be strategically located to serve as a support for different regions, supporting materials in form of teaching aids should be made available. Moreover is needed an involvement of equipment suppliers/vendors to provide Africa with appropriate support with regard to type and specification of equipment, more POCT material for Africa is also needed. In particular reagents and kits supply should be improved upon and part of the training should include in long term for technology transfer so that some the reagents can be produced locally in some locations in Africa to certify immediate requirement and prevent repeated shortage (stock outs) that is currently the order of the day.
- Regional Federation Representative at the IFCC EB 2018-2020: no specific comments from ABO.

5.07 North American Federation of Clinical Chemistry and Laboratory Medicine (DK)

Reported ongoing activities:

- AACC activities: establishment of a Universal Sample Bank with the primary goal of establishing a universal 99th percentile for troponin; continued success and growth of the Lab Tests Online web site (37 million visits – up 68% over 2014); 32 LTO articles reviewed and updated; a new Journal, *The Journal of Applied Laboratory Medicine* has been announced; the 2016 AACC Annual Meeting & Clinical Lab Expo will be held in Philadelphia.
- CSCC activities: supporting appropriate laboratory utilization, scientific conferences, Industry meetings, webcasts, rounds and local meetings, collaboration with other lab medicine groups and with CADTH; participation on the Canadian Leadership Council on Laboratory Medicine; EPOCC initiative (Educating People on Clinical Chemistry) to educate public, governments, peers on clinical chemists and laboratory medicine; the 2016 Annual meeting with the CCMG will be held in Edmonton.
- Regional Federation Representative at the IFCC EB 2018-2020: no specific comments from DK, as already established, AACC and the CSCC nominee members will alternate in serving the IFCC EB as NAFCCCLM representative.

6.0 International and Professional Organisations

6.1 World Health Organisation (WHO) – liaison MF

EB is unhappy about the changing relationship with WHO, MF will arrange to meet with the new WHO Designated Technical Officer to discuss IFCC concerns.

6.2 Clinical Laboratory Standards Institute (CLSI) – liaison Larry Kricka

No new activities

6.4 International Union of Pure and Applied Chemistry (IUPAC) - liaison GB

Collaboration on Terminology is going well.

6.13 World Association of Societies of Pathology and Laboratory Medicine (WASPaLM) – liaison MF.

EB discussed the letter from HM about the activity of an informal IFCC-WASPaLM Joint Group [(Rob Christensen US), Howard Morris (AU), Patti Jones (US), Volkher Scharnorst (NL), Janet Kreizman (AACC CEO), Loretta Doan (AACC VP), Chris Price (UK), Michael Oellerich (DE) and Andrew St. John (AU)]. The main topic is “*Demonstrating the Value of Laboratory Medicine*”; A. St. John and Howard Morris will make a presentation on this subject at the GC in Madrid and the Group is making a position paper. EB agree to support this activity.

6.23 International Standards Organization (ISO) - liaison GB
IFCC will support this collaboration through ISO TC212 WG2, but noted that this work progress to slowly.

6.50 International Laboratory Accreditation Cooperation (ILAC)
MF attended the Meeting in Milan, good collaboration in practical project presented in the e-Academy and an interview at “EL Microscopio” by GB.

7.0 Committee on Congresses and Conferences (C-CC)

7.2 IFCC WorldLab Congresses

7.2.23 IFCC WorldLab Durban 2017 (ZA), Durban, October 22nd-25th, 2015

EB received an update from VS: all symposia and two satellite meetings have been established
IFCC symposia will be planned soon.

7.2.24 IFCC WorldLab 2020, Seoul (KR), Seoul, May 24th-28th, 2020
EB received an update from MF on congress planning that is ongoing.

7.3 IFCC Regional Congresses of Clinical Biochemistry and Laboratory Medicine

7.3.1.14 APFCB Taipei 2016, Taipei, November 26th-29th, 2016

EB received an update from MF on congress planning that is ongoing.

7.3.1.15 APFCB India, 2019, Jaipur – Rajasthan, 17-20 November 2019 (tentative dates)

7.3.2.22 EuroMedLab 2017, Athens (Greece), Athens, June 11th-17th, 2017

EB received an update from MF. The organization is going very well as well as the scientific planning.

7.3.4.23 COLABIOCLI 2017 Punta del Este (Uruguay)

The XXIII Congreso Latinoamericano de Bioquímica Clínica will be held in Punta del Este September 17th-20th 2017.

7.3.6.14 AFCCB 2015 Khartoum (Sudan), Khartoum, December 4-6, 2015

EB received an update on behalf of KMH on the congress outcome, It has been good Congress with many local attendants.

7.3.7.5 AFCC

The 5th AFCC conference will be held concurrently with the WorldLab Durban on 22-25 October 2017.

7.4 IFCC Specialised Conferences

7.4.1 Roche Bergmeyer Conference (7th-9th March 2016, Eibsee, Germany). Title: “Biomarkers in the Diagnosis and Monitoring of Cancer”

EB received an update by MF on the conference, very good program and speakers with the participation of many clinicians. The contributions will be published in the Scandinavian Journal of Clinical and Laboratory Investigation.

7.4.8 2nd “IFCC-Roche conference on Biomarkers in Alzheimer Disease”
Mexico City, 20th May 2016

EB received an update by SB/RSA on the conference organization. The scientific program and the organization has been finalized.

7.4.9 IFCC General Conference

EB received an update about the General Conference organization by MF, there will be a very good attendance (about 280 officers). EB appreciated the venue and the organization and thanks BG for his effort.

7.40 Other Business

WASPALM Congress. IFCC will organise one session in the 2017 congress in Japan

13.0 Task Forces: reports by the EB member liaison with TFs

13.01.01 Task Force on Ethics (TF-E) – liaison MF

Four Members (EY Arcelana Nuqui, T. Higgins, K Okhan Akin and C. Sekadde-Kigoundu) are next to the end of their 1st term (December 2016)

13.01.02 Task Force on Paediatric Laboratory Medicine (TF-PLM) – liaison SB

One Member (SM Geaghan) is next to the end of their second term (December 2016)

The venue for the XIV ICPLM will be Elangani. The program is set with chairs and co-chairs assigned. The TF-PLM is waiting to learn the names of some WorldLab speakers to understand who can be speaker at the ICPLM too. The critical value project is gaining momentum and there will be a presentation at the GC. Four webinar lectures are going to be organised on the topic of paediatric reference intervals to be available through the e-Academy.

13.01.03 Task Force on Pharmacogenomics (TF-PG) – liaison MF

The Chair (R Van Schaik) and three Members (N. Neumaier, H Guchelaar, M Pirmohamed) are already in extra-term. MF will discuss with Ron Van Schaik to renew the membership.

13.01.04 Task Force on Chronic Kidney Disease (TF-CKD) – liaison GB

The EB has approved Flavio F. Alcantara for a first term as Chair of the TF-CKD. The corresponding members are very active, but Flavio has to send the program of the TF for 2016. GB will push it.

Six Members (J Coresh, J Delanghe, E Lamb, A Narva, M Panteghini, D Seccombe) are next to the end of their 2nd term (December 2016)

13.01.06 Task Force for Young Scientists (TF-YS) – liaison GB

All members renewed for the 2nd term. GB will encourage AFCB to nominate YS able to collaborate with the TF. GB suggested that YS working in CMs can be involved in the network of YS of IFCC and that usually meet electronically two times monthly to discuss about laboratory medicine.

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

The Chair (J Ordoñez-LLanos) and nine Members (F Apple, M.HM Chan, P Collinson, JE Hollander, A Jaffe, B Lindhal, M Mockel, M Plebani, M Than) are next to the end of their 2nd term (December 2016).

13.01.08 Task Force on POCT (TF-POCT) – liaison RSA

EB noted that meeting in Cancun was scientifically very good but with a low attendance.

13.01.13 TF for Geriatrics Lab. Medicine (TF -GLM) – liaison SB

Cynthia Balion (CA) accepted to be the Chair of the TF composed by G. Lippi (IT), F. Sagin (TR), L. Shaw (US), G. Sypniewska (PL). TF will have the first meeting in Philadelphia on August 1st. There will be a Conference Call between all members of the TF before AACC Meeting. EB agreed that the TF have to focus its scientific interests and make a program soon.

13.02 Professional Exchange Programmes

EB received a report on PSEP and PMEP applications

13.03 Roche Travel Scholarships

EB received update on Roche funding and 2016 support.

18.0 Foundation (FEN)

EB received an update from GB about Foundation's launch.

Two other Foundation Board Members: Tomris Obzen and Lucia Monaco. FEN has been formally registered in Switzerland and has a separate bank account. The website has been made by InSoft. The new logo has been made and a leaflet will be distributed at the GC and then the campaign for fundraising will start sending the advertising to the IFCC members.

Next steps:

- May 2016:Deadline for first applications to FEN
- September 2016:Deadline for applications to FEN
- June 2016: Campaign to raise sponsorship
- September 2016:Deadline for applications to FEN
- January 2017: Annual report and annual accounts for 2016
- February 2017:Campaign to raise sponsorship
- March 2017:Deadline for applications to FEN
- June 2017: Campaign to raise sponsroship
- December 2017:Update of Business Plan
- January 2018: Annual Report and annual accounts for 2017

14.0 IFCC Statutes and Rules

Ballot on the statutes is on-going (1st – 31st March, 2016).

EB formally approved the changes of IFCC Rules that have been discussed in Quito.

15.0 Financial Matters

15.1 Treasurer's Report

Future trends and proposed actions by TO:

- In the recent years, the scientific, and educational activities of IFCC have increased significantly leading to a significant growth in its expenditure. The income of IFCC has not increased proportionally. Financial difficulties are anticipated in 2016 due shortage of income as no major conferences will be held in 2016 and increase expenditure (i.e.General Conference).
- It should be set-up a cost-reduction task force also with a focus to the adaptation to the recently adopted "Med Tech Europe Code of Ethical Business Practice", the increasing demand for e-learning and distant education, the opportunity to organize more specialized conferences, workshops, courses stimulating interests in new and emerging areas of laboratory medicine, new joint activities with corporate members to introduce their new technologies and products.

15.2 Budget for 2016

EB received updates on 2016 budget (TO)

The budget 2015 was the following: *total income*, actual 1.952.283 CHF (proposal 2015 1.388.000 CHF); *total expenses* 1.797.422 CHF (proposal 2015 1.796.461 CHF); *profit (-loss) for the year*, +154.861 CHF (2015 proposal -408.461 CHF).

Proposal 2016: *total income* 580.000 CHF; *total expenses* 1.877.341 CHF; *profit (-loss) for the year*, -1.297.341 CHF.

2.0 Full Member Societies

2.4 Annual Dues for Full Members

EB received an update on outstanding dues 2015, some societies should pay on occasion of the GC.

4.0 Affiliate Members

4.4 Annual Dues for Affiliate Members

EB noted that the “Society for Medical Technology and Laboratory-Jordan” and the “Nepalese Association for Clinical Chemistry” have been approved as Affiliate Members.

3.0 Corporate Members

EB received an update on outstanding 2015 membership dues.

Report by RH. IFCC currently includes 46 Corporate Members, with annual fees of CHF 293.000 (17% of IFCC's total annual income) in 2015. However, this does not reflect the total financial contribution of the Corporate Members since in addition Corporate Members' organizations continued sponsoring of IFCC conferences, workgroups, scientific awards, e-learning programs and travel scholarships. 7 members decided to discontinue their membership: Care, Dako, Drew Scientific, Labquality Scipac, Wiener Lab, and, early in 2016, Biocrates Life Sciences and Merck Millipore. Helena Biosciences Europe, UK, and Ningbo Medical System Biotechnology, China, joined IFCC as Corporate Members in 2015. The MedTech Europe has developed a new Code of Ethical Business Practice, setting mandatory rules for the interaction between industry and healthcare professionals / healthcare organizations. MedTech Europe comprises the members of Eucomed (Medical Devices), EDMA (In-vitro Diagnostics).

This new code, which will impact all medical conferences substantially, was passed by Eucomed's and EDMA's members in December 2015 and will become effective in January 2017. In particular the part describing sponsorship of conferences will become effective in January 2018. The phase out of direct sponsorship will mean in practice: 1) *third-party organized conferences*: Companies may not directly support an HCP, neither as a delegate, nor as a speaker; 2) *Company-organized events in the framework of third-party organized conferences* (e.g. satellite symposia): Companies may directly support speakers (i.e. their consultants) but not delegates; 3) *third-party organized procedure / hands-on trainings*: Companies may support delegates but not speakers, the latter being independent; 4) *Company-organized product / procedure trainings*: Companies may directly support an HCP either as a delegate and/or as a speaker.

Moreover the the rules for educational grants will change: 1) grants will be publicly disclosed, ensuring increased transparency of the funds allocated to medical education; 2) grants can only be provided to legal entities but never individuals and will require a written contract & other related documentation; 3) Companies will be able to define the type of recipients which should be eligible for the grant but not individual recipients; 4) Companies must have an internal & independent process based on objective criteria to assess the grant requests; 5) Conferences will still need to comply with specific requirements and with the Conference Vetting System. (The Conference Vetting System is a separate entity and is already in place now and binding for manufacturers.)

RH then described the current challenges and the opportunities for the IVD industry. Decision making has shifted from lab professionals to budget controllers and price often 'eats' quality; regulatory submissions are becoming more complex because local regulatory requirements are increasing; the recognition of lab professionals being in charge of lab testing, quality assurance and result interpretation is sometimes challenged, indeed it becomes prevalent that 'everyone' can test and interpret the data, including new tests or combinations of tests; 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; 'Big Data' companies are providing solutions that are partially complementary to IVD products, enhancing their usefulness, and partially competitive.

RH commented the IFCC analysis of its strengths, weaknesses, of opportunities and threats (SWOT), the major topics from a corporate point of view: How to re-define & enhance the value of IFCC for Corporate Members to increase corporate membership and avoid membership termination to guarantee the important financial contribution of the IVD industry? How to better (1) enable and (2)

monitor the efficacy and effectiveness (= output) of committees, working groups and task forces?
How to better link IFCC to clinical societies?

16.0 Organizational Matter

16.2 IFCC Awards

Call for nomination will be done as soon as possible after the GC.

16.3 IFCC Nominations Committee

EB noted that Call for nomination for the President (2018-2020) has been distributed and the deadline is April 30th.

16.4 Annual Report for 2015: coming soon.

19.0 Meetings

19.3 Executive Board Meetings in 2016

- 30-31 July (Saturday-Sunday) at AACC Annual Meeting in Philadelphia
- 24-25 November (at APFCB Congress Taiwan), before the Congress