

## 129<sup>th</sup> Meeting Executive Board Philadelphia (US), July 30<sup>th</sup>-31<sup>st</sup>, 2016

# Minutes

### Participants:

#### **EB Members**

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

#### **Invited guest:**

David Kinniburgh	(DK)	NAFCC President
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The 129<sup>th</sup> Meeting of the IFCC Executive Board was held in Philadelphia (PA, US), at the “Marriott Philadelphia Downtown” Hotel, 1201 Market Street, Philadelphia - Meeting room: 309.

## **1. Preliminaries**

### **1.0 Apologies for absence**

Welcome and opening remarks from President. The EB observed a moment of silence remembering our colleague and friend Gérard Siest, IFCC Past President, recently passed away. The IFCC has lost one of its brightest and sharpest specialists in Laboratory Medicine who contributed to worldwide IFCC reputation, spreading enthusiasm in promoting Lab Medicine.

EB agreed to deliver the “IFCC Gerard Siest Award” (850 euro) at the Santorini Conference where TO will represent the IFCC EB at the Conference.

### **1.1.128 Minutes of 128<sup>th</sup> EB Meeting, Madrid (ES)**

EB has approved the Full Minutes and the Summary Minutes from the 128<sup>th</sup> Meeting.

## **2. Full Member Societies**

No items

## **4. Affiliate Members**

No items

## **3. Corporate Members**

### **3.4 Annual Dues for Corporate Members update, on outstanding societies’ dues.**

Presentation of the consolidated results of a survey conducted at the IFCC General Conference 2016 in Madrid by RH, SC-L and Christine Zepezauer: «What can IFCC do to become more attractive for Corporate Members?» and discussion through the *Impact-Effort Matrix Model*.

The most voted groups of issues among the 12 groups identify by the survey were: extend role of CM and communication, increase IFCC support in regulatory procedures, focus on guidelines and standardisation, involve Clinicians, Pharma and Laboratory Informatics.

In total 18 proposals, included in the different Groups, were indicated by EB members; the most voted were: “Add CMs sessions/talks at IFCC events”, “Appoint an IFCC expert for regulatory bodies”, “Form Joint TF with CLSI for guidelines development”, “Increase validation and revision of tests”, “Improve test validation via IFCC network”, “Make contract with Clinical Societies”, “Enable LabMed sessions at clinical conferences”, “Invite and involve IFCC to IFCC events”, “Form research alliance on innovations”, “Look at emerging companies, define limits and conflict of interest”, “Seek mutual IFCC-industry support”, “Appoint a ne TF on best tests”, “Appoint a WG for economic benefits demonstration”.

In conclusion, EB agree that clinician have to be involved in scientific sessions at IFCC Congresses and Conferences. Moreover the discussion about the Impact Effort Matrix will continue until the next EB when specific points will be considered to go ahead.

## **8.0 Scientific Division (SD)**

EB noted the excellent Minutes presented by the SD.

Membership updates as 2017: EB noted that Ian Young (Chair), Philippe Gillery and GianPaolo Merlini will end their second term. MF pointed out the need to introduce some topics in innovation and then split the SD in two sections with two co-chairs/or two SD: a)standardization SD and b)SD for innovation in LabMed. The concern is related to a possible increase of the cost which can be partly offset by the closing of some functional units after the revision process. EB agreed in principle with this strategy. The two co-chairs will be nominated by the EB at the next EB in Taipei.

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

EB receive an update from GB. The JCTLM EC has been held in June in China. The IFCC EB agree that GB will continue to be its representative on the JCTLM Executive Committee.

EB discussed the paper by Howard Morris: “Leveraging the Real Value of Laboratory Medicine with the Value Proposition”. EB agree that improving quality and patient safety, containing costs and delivering value-for-money are the key drivers of change in the delivery of healthcare and have stimulated a shift from an activity-based service to a service based on patient-outcomes. The delivery of an outcomes-based healthcare agenda requires that the real value of laboratory medicine to all stakeholders be understood, effectively defined and communicated. The value proposition of any product or service is the link between the provider and the needs of the customer describing the utility of the product or service in terms of benefit to the customer. The framework of a value proposition for laboratory medicine provides the core business case that drives key activities in the evolution and maintenance of high quality healthcare from research through to adoption and quality improvement in an established service. EB approved the paper from HM and C. Price and a collaboration between IFCC and WASPaLM. EB would like the final paper to acknowledge the contribution of the global organizations.

## **9.0 Education and Management Division (EMD)**

The VLP program is still in standby waiting for the Abbott decision about the renewal of funding. VS: the list of lecturers should be updated and the hosting country should ask for a specific topic non for a specific lecturer; in this way money can be saved by sending the speaker closer to the hosting country; moreover no more than one speaker for each congress should be supported. EB cannot approve any other VLP until it will be re-funded in some way. TO will send to EB members the draft of a summary document about the VLP new rules and when approved it will be sent to LL.

## **10. Communications and Publications Division (CPD)**

No specific items to report.

## **7 Committee on Congresses and Conferences (C-CC)**

### **7.2 IFCC WorldLab Congresses**

#### **7.2.23 IFCC WorldLab Durban 2017 (ZA)**

Durban, October 22<sup>nd</sup>-25<sup>th</sup>, 2015

The organization of the Congress is going well, there are some concerns about the ICPLM satellite finances: VS will meet MZ (PCO) to better understand the financial support needed considering that no sponsor have been found until now.

#### **7.2.24 IFCC WorldLab 2020, Seoul (KR)**

Seoul, May 24<sup>th</sup>-28<sup>th</sup>, 2020

Organization ongoing

### **7.3 IFCC Regional Congresses of Clinical Biochemistry and Laboratory Medicine**

#### **7.3.1.14 APFCB Taipei 2016**

Taipei, November 26<sup>th</sup>-29<sup>th</sup>, 2016

Organization completed

#### **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 11<sup>th</sup>-17<sup>th</sup>, 2017

Organization completed, the last Scientific Committee meeting will be held in Philadelphia, August 2<sup>nd</sup>.

#### **7.3.4.23 COLABIOCLI 2017 Punta del Este (Uruguay)**

Congress dates confirmed 17-20 September, 2017, organization ongoing.

#### 7.3.6.15 AFCC Congress

EB did not received information on the next Congress to be held in Palestine in 2018.

#### 7.3.7.5 AFCC

#### 7.4 IFCC Specialised Conferences

##### 7.4.1 Roche Bergmeyer Conference (March 2018, Eibsee, Germany)

No items, the title is still to be defined

##### 7.4.8 2<sup>nd</sup> "IFCC-Roche conference on Biomarkers in Alzheimer Disease"

Mexico City, 20 May 2016, MF: the Scientific programme was excellent, but the budget plan was not well done and the cost had been excessive.

##### 7.4.9 IFCC General Conference

EB recived the update about the General Conference through a presentation sent by BG.

The numbers: 270 Participants, 59 accompanying persons, 71 National Societies, 14 Corporate Members, 33 Closed meetings and 13 Interactive sessions. A survey has been performed with 138 answers/273 participants; 41,3 % experienced the first time at the GC; the overall satisfaction was good and more than 95% of the attendants considered the GC an important event for the IFCC. Many coments had coming on how the GC can be improved in the future editions

##### 7.40 Other Business

No items to discuss.

### **5. Regional Organisations**

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

No items to report

#### 5.02 COLABIOCLI

The Quality management e-course with the sponsorship of PAHO and Foundation Bioquimica Argentina is going well, 78 participants from 11 LATAM countries. During the CALILAB congress in Buenos Aires there will be an extraordinary Assembly to discuss the status reform and the training program in LATAM. A questionnaire was sent to all affiliated societies enquiring about their national EQAS programs as database for the creatinine standardization program. EB members will participate at meetings in Panama, Venezuela, Colombia, and Argentina. COLABIOCLI congress organization in 2017 is going well. IDV representatives signed an agreement with COLABIOCLI. The scientific program is almost complete. A new project on pre-analytical phase is under revision by the COLABIOCLI Scientific Committee.

#### 5.04 European Federation of Clinical Chemistry and Laboratory Medicine

No specific items to report.

#### 5.05 Arab Federation of Clinical Biology

EB expressed some concerns about the difficulty in communication with the AFCCB.

#### 5.06 African Federation of Clinical Chemistry

#### 5.07 North American Federation of Clinical Chemistry and Laboratory Medicine

No items to discuss

### **6.0 International and Professional Organisations**

#### 6.1 World Health Organisation (WHO)

See SP, n. 27

6.2 Clinical Laboratory Standards Institute (CLSI) - liaison Larry Kricka  
EB noted a good collaboration

6.4 International Union of Pure and Applied Chemistry (IUPAC) - liaison GB  
No items to discuss

6.13 World Association of Societies of Pathology and Laboratory Medicine (WASPaLM) –  
liaison MF  
See SP, n. 25

6.23 International Standards Organisation (ISO) - liaison GB  
EB noted the draft Minutes of the ISO TC 212 WG-2 meeting held in London. GB produced a summary of the work streams on four ISO standards being processed by the WG together with expected completion dates.

6.50 International Laboratory Accreditation Cooperation (ILAC)  
No items to discuss

## 15.0 Financial Matters

### 15.1 Treasurer's Report

EB received an update on finances by TO. Budget 2016 (CHF) : total income 580.000 (proposal), 719.100 (actual YTD); total expenses 1.877.341 (proposal), 784.146 (actual YTD); net income - 1.297.341 (proposal), -65.045 (actual YTD). In the period January-July 2016 the actual expenses of all the functional units are significantly lower than allocated budgets.

Received dues 2016 (CHF) Full Members 165.112 (88,49%); Affiliate Members 3.977 (82,87%); CMs 278.913 (86,34%).

## 16. Organizational Matter

16.1 IFCC Office  
No items to discuss

### 16.3 IFCC Nominations Committee

EB noted that the ballot for the President-elect position will take place from September 1<sup>st</sup> to 30<sup>th</sup>, 2016 and that the call for nomination for the Treasurer and Secretary (2018-2020) has been distributed, deadline to receive nominations: December 15<sup>th</sup>, 2016. To note that the Ballot will take place from April 1<sup>st</sup> to 30<sup>th</sup>, 2017.

Election procedure of the Regional Federations' Representatives at the EB (2018-2020), the document showing the procedure has been send to Regional Federations Presidents.

### 16.40 Other business

## 13.0 Task Forces: updates by the EB members liaison with TFs

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

EY Arcellana Nuqui, T Higgins, K Okhan Akin and C Sekadde-Kigonde will end their 1<sup>st</sup> term in December 2016.

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

SM Geaghan will end her 2<sup>nd</sup> term in December 2016.

The TF planned the XIV ICPLM in Durban, unfortunately there is very little good to report in regard to financial support. Moreover as the committee would have been aware: there is little paediatric expertise in Africa with very few children's hospitals. A typical African laboratorian will be unable to afford to attend this conference, travel for international registrants is lengthy and expensive. Industry

support in Africa is sorely lacking, attempts to generate financial support from aid organisations and the UN/WHO have not met with good response (the most common response is no response), the question is raised regarding the extent of the support of the IFCC for the XIV ICPLM. EB is uncertain about the sustainability of ICPLM in Durban, then VS will meet Michael Metz and MZ to obtain more details.

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

R Van Schaik, M Linder, M Neumaier, H Guchelaar and M Pirmohamed will end their 2 year extra-term in December 2016.

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

J Delanghe, J Coresh, E Lamb, A Narva, M Panteghini and D Secombe will end their 2<sup>nd</sup> term in December 2016.

GB had arranged to meet the Chair in Philadelphia and agreed to communicate the outcome of that meeting to EB.

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

The Chair P Kumar Dabla and G Boursier will end their 1<sup>st</sup> term in December 2016.

EB outlined the great job done by this TF and in particular the booklet “How to do research” and the developing of many webinars and presentations.

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

The Chair J Ordoñez-LLanos and all the members, F Apple, M HM Chan, P Collison, JE Hollander, A Jaffe, B Lindhal, M Mockel, M Plebani, M Than will end their 2<sup>nd</sup> term in December 2016.

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

The TF will held a meeting at the AACC Congress in Philadelphia about guidelines and educational activity on blood gas analysis.

#### 13.01.11 Task Force on Proficiency Testing (TF-PT) – liaison RSA

The Chair A Haliassos and all the members, B Asian, A Carobene, A Perret-Liaudet, C Weykamp, J Dai and M Rottmann will end their 1<sup>st</sup> term in December 2016. The data base of PT providers is not active yet at the IFCC webpage; the Web company providing the service is still working on the program.

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

EB did not received any report from this TF, SB will ask for a meeting with the chair Cynthia Balion.

#### 13.02 Professional Exchange Programmes

EB noted the PMEP applications in 2016: Jorge Díaz-Garzón Marco (Spain), Nguyen Huu Hieu (Vietnam), Aysegul Hanikoglu (Turkey), Wafa Omer (Pakistan), Raylton Chikwati (Zimbabwe). EB noted the PSEP applications in 2016: Ayoub Rezeq (Palestine).

#### 13.03 Roche Travel Scholarships

Roche funded 20.000 euro for scholarships, EB decided that four scholarship will be delivered for the attendants at the APFCB Congress in Taipei to people coming for the Region and the remaining to the attendants at the iFCC WorldLab in Durban.

### 11.1 IFCC Awards

EB noted that the following WorldLab Durban Awards' sponsorships have been confirmed:

- IFCC Distinguished International Services Award (1981-1987) - IFCC-Henry Wishinsky Award for Distinguished International Services (since 1990) - SIEMENS
- IFCC Award for Distinguished Contributions in Education – ABBOTT MOLECULAR
- IFCC-Abbott Award for Significant Contributions in Molecular Diagnostics - ABBOTT

- IFCC-Robert Shaffer Award for Outstanding Achievements in the Development of Standards for Use in Laboratory Medicine Co-sponsored by NIST and CLSI – NIST / CLSI
- IFCC Young Investigator Award (from 2011) – IFCC (ROCHE US only sponsored once in 2011);
- IFCC Hytest Distinguished Award for contributions to Cardiovascular Diagnostics - HYTEST

The following sponsorships were not confirmed:

- IFCC Distinguished Clinical Chemist Award
- IFCC Distinguished Award for Laboratory Medicine and Patient Care

HM will send a letter to other Companies to find support for the lost awards.

#### **14.0 IFCC Statutes and Rules**

Statutes changes, approved by ballot held in March. Changes now at the final approval steps on behalf of Swiss authorities.

#### **16.4 Annual Report for 2015**

Distributed and uploaded in the IFCC website on June 6<sup>th</sup>, 2016

#### **18. Foundation**

EB received an update from GB about Foundation's activities

a) Project applications, the closing date for project applications was 31 May 2016. Two project proposals were received and were approved after evaluation by the FEN Board:

Laboratory Surveillance for Communicable Disease: The FEN provided a grant of CHF 5561 to enable two laboratory scientists from Malawi to attend a two-week AMREF training course in Nairobi on laboratory surveillance for communicable (infectious) disease in Malawi. This project was identified as a priority in the strategic plan of the Malawian Society (MAMLS) and has been supported by the Ministry of Health (MoH). The two trained scientists will develop learning materials for use by MAMLS and the MoH.

Lab Surfing: The FEN provided a grant of CHF 3451 to support the construction and launch of a website to connect Young Scientists from around the world, and especially from emerging nations. The specific aim of the Lab Surfing project is to facilitate self-organised exchange programmes between YS who are trainees in laboratory medicine. The application was submitted by TF-YS on behalf of individuals based in India, Nigeria and Argentina after discussion of the concept by the YS during their visit to La Paz hospital in Madrid. Once established the website will be maintained in Argentina (via Santiago Fares Taie).

The next closing date for project applications is 30 September 2016.

'Adopt a Professional': the FEN has had discussions with the Italian society (SIBioC) leading to a signed memorandum of understanding (MoU) on a project known as 'Adopt a Professional'. The aim of the collaborative project is to train individuals from designated emerging countries through a two month visit to an Italian laboratory followed by one-to-one mentorship.

SIBioC will be responsible for the content of the training; the selection of the host laboratories; the mentorship; fundraising. FEN will be responsible for publicity and promotion; selection of the trainees; administration and financial management; assessing evaluation reports. The cost per trainee has been estimated at €7000 and it is hoped to commence the scheme within ~6 months. The FEN Board sees this as an important model for similar collaborative projects.

b) Fundraising, this is proving predictably slow. Awareness has been raised with: personalised letters to IFCC Corporate Members (minimal response), IFCC Full Members from 'wealthy' countries (significant interest).

A list of charitable foundations active in laboratory medicine / healthcare has been identified and communication has commenced with the most promising of these. To date three main messages are emerging: specific projects are more likely than a general donation to attract funding, education in

laboratory medicine is not a topic for designated funding at present, vignettes of appropriate projects will need to be developed.

### **The IFCC Medal for Outstanding Service**

PB will send to Members the call for nominations expiring December 31<sup>st</sup>.

### **19.0 Meetings**

#### 19.3 Executive Board Meetings in 2016:

- 24-25 November (at APFCB Congress Taiwan)
- Venue: Pacific Business Hotel, schedule as follows:
- November 24: 11.00-17.00
  - Nov. 25: 09.00-17.00

#### Executive Board meetings in 2017:

- Milan, February 24-25, 2017 (tentative date)
  - Athens, before the EuroMedLab Congress: June 9<sup>th</sup>-10<sup>th</sup>, 2017
  - Durban, before the WorldLab Congress: October 20<sup>th</sup>-21<sup>st</sup>, 2017
-