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## OTHER LECTURES AT THE SPRING MEETING

The following state-of-the-art lectures were also presented at the meeting:

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| Treating to target in type 2 diabetes                           | Professor Hannelle Yki-Jarvinen (Finland) |
| New approaches to treatment of erectile dysfunction in diabetes | Dr David Price (UK)                       |

|   |                        |
|---|------------------------|
| Surgical treatment of obesity                               | Mr Steve Pollard (UK)  |
| Pitfalls in the diagnosis and treatment of pheochromocytoma | Dr Pierre Bouloux (UK) |
| Recent advances in hypolipidaemic therapy                   | Dr Alan Rees (UK)      |

A fuller report on the ABCD Spring 2003 Meeting can be found on the ABCD website and in *Practical Diabetes International* (October 2003). Conference report by James Wroe



## Chairman's Report

I am pleased to report that the Association is making steady progress. Our meetings continue to be successful and membership is growing at a healthy rate, thanks to the efforts of Jeremy Bending, our membership coordinator.

Nevertheless, we are keen to recruit more members because we believe that ABCD is becoming "the only game in town" as far as specialist services are concerned. Following its recent reorganisation, Diabetes UK seems to have largely disengaged from secondary care and there is no other obvious forum in which diabetes specialists can be heard. We are producing a series of folders and leaflets incorporating the new ABCD logo (see separate article) and will shortly be launching a recruitment drive aimed at consultant non-members, newly appointed consultants and final year SpRs.

The Committee has agreed that we should keep the subscription level low and if possible continue to subsidise meetings for members. We would also like to sponsor clinical audit and research. In order to do this, we shall need an increase in funding and we will soon be launching a corporate membership scheme designed to maximise our income from the pharmaceutical industry. Several companies have been very supportive of ABCD in the past – indeed without their help, we would never have got started. However, this support has been on an "ad hoc" basis and not organised in a tax-efficient way. Now that we have the support of our registered charity, the ABCD Diabetes Trust, we can utilise the Gift Aid Scheme to maximise income.

Being "the only game in town" does have practical consequences. The Association is receiving an increasing number of requests for input into national initiatives such as the NICE

Appraisals, guidelines and manpower issues. We hope that our substantial input into the "GP with a Special Interest in Diabetes" initiative will bear fruit. There are yet more challenges, including the new GP contract, with its "points mean prizes" scoring system. Does anyone know who invented the strange scoring system with its inappropriate emphasis on HbA<sub>1c</sub>? ABCD was not consulted about this and that is regrettable.

We could find that GPs will be paid for work traditionally done by specialists, such as retinopathy screening and the change in emphasis will almost certainly have an adverse effect on hospital practice. Some diabetes services are being threatened with the wholesale removal of resources, which will then be redeployed to support the development of diabetes care in general practice. ABCD would be interested to hear of such instances and may be able to give support if required. It has been suggested that where there is a high quality specialist service accompanied by a good relationship with local primary care then there is less threat from PCTs, but only time will tell.

Further challenges loom including the European Working Time Directive, Foundation Hospitals and the uncertain future of general medicine. Most diabetologists do a large amount of acute general medicine and it has been suggested that the pressure arising from this and the uncertainty surrounding it is one reason why diabetes is losing its appeal as a speciality. We are receiving reports of poor-quality applicants for Endo/DM SpR posts. This does not seem to be affecting the other acute medical specialities to the same extent. ABCD would be very interested in the views of members as to why this is happening and what can be done about it. How can we make our speciality more attractive to trainees? Answers on a postcard (or E-mail) please.

**Richard Greenwood**  
Chairman, ABCD

## DETAILS ON YOUR ABCD WEBSITE!

[www.diabetologists-abcd.org.uk](http://www.diabetologists-abcd.org.uk)



A more detailed report on the ABCD Spring meeting appears in the October 2003 issue of *Practical Diabetes International* as well as on the ABCD website (address above), along with other interesting and useful information relating to the activities of ABCD and its members. If you have any comments or suggestions about the website, please contact the ABCD Website Officer, Bob Ryder on Tel No: 0121 507 4591 Email: [bob.ryder@swbh.nhs.uk](mailto:bob.ryder@swbh.nhs.uk)

## SEND US LETTERS, NEWS, ARTICLES AND SUGGESTIONS

Please send us your comments on this issue of the ABCD Newsletter as well as your suggestions for contents of future issues. Or send a Letter to the Editor or a contribution to the Controversy column. Information about future meetings of interest to Diabetologists is also welcome, as are corrections to wrong addresses and notifications of change of address of members.

Finally, the Editor is pleased to receive news of recent appointments in diabetology or of pending vacancies, which he will be pleased to mention in the Newsletter. All communications to the ABCD Newsletter should be addressed to the Editor at the publishing address (see front cover for details).