



## Chairman's Report

Judging by the reaction to my last "Chairman's Report", I am thinking of changing the name to "Chairman's Beef". I don't intend to be controversial and I am simply seeking to update members on the recent development of the Association. Be that as it may, the most sensitive issue I raised last time was the slightly tricky relationship between ABCD and Diabetes UK. This time I am pleased to report that encouraging progress is now being made in this area. Ken Shaw, Peter Winocour and I had a very constructive meeting in Birmingham with Sir Michael Hirst, Rudy Bilous and Benet Middleton. We reviewed a range of issues, which are of great concern to those of us working in secondary care. These included the implementation of the NSF, relationships with PCT's and, especially, problems with the recruitment of SpRs and Consultants in our speciality\*. We agreed that urgent action is required to boost recruitment because failure to do so will have long-term and potentially serious adverse effects on the quality of diabetes (and endocrine) care. We felt that the increasing burden of acute general medicine is probably a major factor. No instant solutions were produced but we did agree to set up a joint working party to address these and related issues. There is no doubt that our ability to apply effective political and economic pressure on decision makers will be greatly enhanced by a joint effort by ABCD and Diabetes UK. We hope that this will be the first of many such collaborations and that we can thereby avoid some of the duplication of effort that has occurred in the past.

The other important bit of news is that at the Manchester AGM the Association agreed to change its constitution and to open membership to all SpRs training in endo/DM, not just final year SpRs. This agreement was preceded by a vigorous debate. Some members felt that this change could result in many more SpRs attending ABCD meetings, thereby radically changing their character, but the majority felt that, as the SpRs are the future 'life blood' of the Association, we should encourage as many as possible to join and attend meetings.

I am also pleased to report that the Association is restarting its SpR training meetings. The first of these is being organised by Gerry Rayman and will happen on Friday, 12th and Saturday, 13th November, immediately following the ABCD Autumn meeting. We are grateful to Eli Lilly for providing financial support for this initiative. Other planned activities include a joint meeting with paediatric endocrinologists at the Royal Society of Medicine on Monday, February 21st 2005, which will address the important topic of transitional care for young adults with diabetes and other endocrine problems.

The Spring meeting of the Association will be held in Harrogate on Wednesday, April 6th and Thursday, April 7th 2005. The reason for moving from our usual days of Thursday and Friday is that, for the first time, we will be meeting 'back to back' with the British Endocrine Societies. If the experiment is successful we intend to continue the arrangement, although it will necessarily limit our choice of dates and locations for the Spring meeting. At this point I would like to acknowledge

the continuing contribution of our Honorary Secretary, Peter Winocour, who has negotiated this arrangement and continues to organise excellent meeting programmes. The recent Spring meeting in Manchester achieved the highest overall score so far in the post meeting evaluation. He is now working on the programmes for the November London meeting, the February RSM meeting and the Spring meeting in Harrogate.

Nationally, diabetes does seem to be gradually gaining a higher profile, although there is, as yet, little evidence of additional resources for diabetes care. The report of a joint working party of the RCP, RCGP and NHS Alliance entitled "Clinicians, Services and Commissioning in Chronic Disease Management in the NHS" emphasises the importance of high quality diabetes care although it does use Ladywood as an exemplar and this model is not appropriate for all centres striving to achieve effective integrated care. The Joint British Societies are about to publish updated guidelines on the Prevention of Cardiovascular Disease. These now identify all diabetic patients as being high risk, which is helpful, but there is no clear distinction between Type 1 and Type 2 diabetes and no appropriate recognition of the high CVD risk associated with IGT and IFG. Regrettably, ABCD was not invited to contribute to this exercise but the participating societies do pay us the compliment of borrowing our initials for their BP management strategy!

Finally I would like to congratulate Eli Lilly on becoming the first Corporate Sponsor of ABCD. This is an important step forward for the Association and if, as we hope, other companies follow suit this will greatly strengthen our financial base and this should enable us to address more effectively many more of our objectives, especially in the areas of clinical research, audit and the generation of position papers on topical issues..

*Richard Greenwood, Chairman, ABCD*

*\*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 to the Chairman on a postcard (or E-mail) please.*

### 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 September 2004 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)