



## Chairman's Report

So, what's been happening since the last Newsletter? The answer is - quite a lot. The Association's corporate sponsorship scheme has now taken firm root. We are most grateful to Eli Lilly, Novo Nordisk, GSK, Takeda and Sanofi-Aventis, all of whom have made generous contributions. This will give us greater financial stability and, as a result, our Treasurer will no longer have to go around the companies with his begging bowl for each meeting (although Ken is rather good at it and it's an invaluable skill).

Our membership has grown 16% in the past 12 months and we are particularly pleased to welcome over 60 SpRs. In recognition of this, we shall be co-opting an SpR representative onto the ABCD committee, which will see some other changes. We welcome Jiten Vora and Dinesh Nagi as new members, while Brian Frier and Anne Kilvert have been re-elected. Steve Olczak will be leading a Clinical Topics Sub-Group, to coordinate our responses to the ever-increasing number of national initiatives, such as NICE Guidance and Health Technology Assessments. This Sub-Group will also commission further position papers on behalf of the Association. Following the publication of the ABCD paper on the rational use of glitazones (written by Andrew Krentz and Lyn Higgs), I am pleased to report that the Medicines and Healthcare Products Regulatory Agency (MHRA) has now acknowledged that it is appropriate for specialist diabetologists to use insulin and a glitazone in combination, providing the patient is fully informed and carefully monitored for signs of fluid retention and heart failure. This is a real step forward and should help us to manage some of those difficult patients with severe insulin resistance who are poorly controlled on large doses of insulin.

The joint ABCD-RSM meeting on Transitional (Adolescent) Endocrinology and Diabetes on February 21st was a great success, with over 200 delegates, and we are hoping to repeat this model, possibly with a joint ABCD-RSM meeting on the management of endocrine disorders and diabetes in the elderly. I am sure that this will be of considerable interest to many members of the Association, especially myself (*surely not – Ed.*) Our first back-to-back meeting with the British Endocrine Societies in Harrogate in April went well and we will be repeating this arrangement in Glasgow next spring. If this pattern becomes the norm, though, we could find our choice of spring venues limited to Birmingham, Bournemouth, Harrogate and Glasgow. That would be a pity, as I have fond memories of earlier ABCD meetings in Windsor, Edinburgh, York, Stratford and, especially, Amsterdam. Our Autumn Meeting will be back-to-back with the British Thyroid Association, but this year the BTA will meet on Wednesday, October 26. We will therefore be meeting on Wednesday and Thursday, October 26-27 and the SpR Training Days will follow the main meeting. Those dates will be Thursday and Friday, October 27-28 and they will be supported by Eli Lilly. Our grateful thanks to them and to the organiser for ABCD, Gerry Rayman. This year, he will be aided and abetted by Geoff Gill, who will be bringing the best of his Liverpool SpR meeting to the south. We are very much looking forward to this exciting collaboration, which we hope will capture the best features of both programmes.

During the gathering of Diabetes UK in Glasgow in April, we

had our second liaison meeting with them. This was much more constructive than the last one and we have agreed to work together to address a series of current issues, including faltering recruitment to the speciality and the potentially disastrous effect of 'Payment by Results'. We will be jointly sponsoring a repeat of Peter Winocour's 2000 survey of specialist services, which had such a big impact on the NSF. This should give us a clearer picture of progress (or lack of it) towards achieving the NSF objectives. Sadly, this continues to be hindered by national and local politics. We are receiving further reports of specialists struggling to cope with PCT and Trust indifference to essential developments, such as pumps and DAFNE. We have also heard of serious attempts to shift specialist resources into primary care. I would like to reiterate that the Association will continue to make every effort to resist these damaging 'initiatives' and to support individual members who find themselves and their services in difficulties as a result because, in our view, it will not be possible to achieve good diabetes care without strong local specialist support

*Richard Greenwood, Chairman, ABCD*

### MEMBERSHIP APPLICATION FORM FOR ABCD

Membership of ABCD is open to all Consultant Physicians with an interest in diabetes patient care in the NHS and all SpRs in Diabetes and Endocrinology. At present, the annual membership fee is £25.00. If you are interested in joining the Association, please fill in the application form below and return it to the ABCD Membership Co-ordinator at the following address:

**Dr Jeremy Bending**  
**Consultant Physician**  
**District Diabetes Centre**  
**Eastbourne District Hospital**  
**Kings Drive, Eastbourne**  
**East Sussex, BN21 2UD**  
**Tel: 01323 414902**  
**Email: jeremy.bending@esht.nhs.uk**

*When your application has been approved, you will be sent a Standing Order Form for your annual subscription.*

#### Membership Proposal Form

**I wish to apply for membership of the Association of British Clinical Diabetologists.**

Please use block capitals

Name (in full, please)
Professional Qualifications
Position held
Address
/ Post Code
Tel. No.
Fax No.
Email
Signed
Date