



Chairman's Report

I am pleased to report that the Association continues to make steady progress towards the achievement of many of its objectives.

Membership has now grown to well over 300, with a welcome increase in SpRs following the Association's decision to extend membership to all SpRs in the speciality. The Association's Autumn Meeting in London on November 11-12 was the most successful so far in terms of attendance (well over 100) and delegate feedback. Many thanks to our Honorary Secretary, Peter Winocour, for organising yet another excellent programme and also to Ken Shaw, our Honorary Treasurer, for once again balancing the books and ensuring that the meeting was affordable for delegates. The main meeting was followed by the first of the Association's new style SpR meetings, organised by Gerry Rayman and supported by Eli Lilly. The programme, entitled "Dilemmas in Diabetes and Endocrinology", included a series of "Meet the Expert" workshops and a session devoted to SpR research and audit projects. Eli Lilly kindly provided a training award of £1,000 for the best presentation, which was won by Dr Manish Khanolkhan from Cardiff. Once again, feedback from the delegates was extremely positive and, henceforth, the Association plans to run these meetings on a regular basis.

There are a number of other positive developments to report including the publication of the first two ABCD position papers on Glitazones and Retinal Screening in *Practical Diabetes International*. These have been very well received. The glitazone paper, written by Lyn Higgs and Andrew Krentz, is especially opportune given the recent advice concerning the use of glitazones and insulin from the MRHA in the October issue of "Current Problems in Pharmacovigilance". Also we believe that the retinopathy paper, produced by an ABCD subgroup led by Chris Walton, provides some welcome clarity and practical guidance to support the rather hasty implementation of the national screening programme. Further position papers on insulin pumps and lipids in diabetes are in preparation and we are also working on a clinical guideline for the management of adult diabetic ketoacidosis. My thanks to the committee members and others who have contributed to these valuable initiatives.

I am delighted to report the award of the Association's first Sanofi-Aventis sponsored Clinical Audit grant to Mike Sampson from Norwich for his project entitled "Inpatient Diabetes Care in UK Acute Trusts and the Diabetes Inpatient Specialist Nurse" which was adjudged (anonymously) to be the best of those submitted. I hasten to add that I had absolutely nothing to do with this decision!

As many diabetologists also practice clinical endocrinology, the Association is keen to bridge the gap between the two parts of our speciality. Following our successful "back to back" meetings with the British Thyroid Association we have now organised joint meetings with the RSM and the BES. There will be a joint meeting with the Endocrine Section of the RSM on Transitional (adolescent) diabetes and endocrinology on February 21st. The programme is excellent and it looks as though the meeting will be oversubscribed.

The Spring ABCD meeting will be held in Harrogate on Wednesday 6th and Thursday 7th of April. For the first time, we will be meeting "back to back" with the British Endocrine Societies (which ABCD has now formally joined). I am delighted to report that the distinguished endocrinologist Professor John Wass has agreed to give a keynote address entitled "Diabetes and endocrinology: together we stand, divided we fall." This is a very topical issue because clinical endocrinology, which is largely

hospital-based, tends to be ignored by Trust managers and PCTs in their enthusiasm to move diabetes care out into the community. As three quarters of consultant diabetologists also provide a clinical endocrinology service, this has significant service implications for both parts of our speciality.

The Association continues to grapple with a range of current problems. These include Foundation Trusts, the proposed National Tariff for outpatient services (both of which are likely to seriously devalue hospital diabetes outpatient consultations), continuing poor recruitment into the speciality, the implications of "Modernising Medical Careers" for diabetes training and the ramifications of interesting but untested staffing proposals from the NHS Diabetes Workforce and Chronic Disease Management groups, eg Community Matrons. I am grateful to the officers, committee and members of the Association who are helping us to respond to this bewildering array of 'innovations'. I can assure you that the Association is committed to fight to preserve established high quality specialist diabetes services and to resist 'asset stripping' to support untested 'skill mix' initiatives and fanciful new models of care.

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