



Forty Years On

A History of the Australasian Association of Clinical Biochemists (1961-2001)



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PREFACE



“Scientific societies and associations have played key roles in the development of science and its applications since the seventeenth century. They have stimulated scientific research and disseminated its results. Where a body of scientific principles has had a direct application in, and impact on, daily life, professional associations have codified its practice and provided standards of training and competence for its practitioners, to the public benefit”. (Professor Donald W Moss Preface to The First Forty Years Broughton P, Lines J. ACB Venture Publications, London. 1996).

Just as with the genesis of the Association of Clinical Biochemists above, the AACB was founded forty years ago with the same lofty ideals to follow the finest intellectual traditions of science.

Thus the journey began which is detailed in this book. Our forefathers had the problems of distance, small population and difficulty with communications. These difficulties were overcome with typical Australian ingenuity and good humour.

Clinical Biochemistry is a human endeavour, which combines the rigours of experimental science with the vagaries of clinical medicine, and is a field shared by many in medical and laboratory practice. The fact that the pioneers described in the pages of this monograph were able to attain pre-eminence in this field as well as build the Association warrants the respect of all those of us who seek to follow their example.

I am proud to be President of the organisation, which was built by so many remarkable people. I congratulate Peter Dennis for the time and effort he has expended on the behalf of all those who have continued to make the AACB what it is today.

A handwritten signature in cursive script that reads "Tony Badrick".

Tony Badrick
AACB President

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1 INTRODUCTION

The Australian Association of Clinical Biochemists (AACB) was founded in May 1961 during an ANZAAS Congress in Brisbane. Following amalgamation between the Australian and New Zealand Associations in 1991, the new body was renamed Australasian. The formation of the Australian Association had been the product of a long series of discussions and informal meetings across Australia in the 1950s. The New Zealand Association formed later (1968) and did not unite with its Australian cousin for twenty-three years following intermittent discussions.

The first 21 years in the History of the Australian Association have been previously documented by Professor David Curnow, Dr Bill Riley and Dr. Ron Bowyer, and published by the Association. Their account has been reproduced in full (Appendix 1, p62) with the authors' willing agreement. It encapsulates the main events in that period as observed by three outstanding Fellows of the Association who were "there" and who have all played a major role throughout this time.

The foundation and subsequent rapid growth of the Association occurred in parallel with the development of clinical biochemistry across Australia and globally. This phenomenon was largely due to the introduction of rapid, automated methods of microanalysis and the emergence of clinical biochemistry as a major discipline in clinical pathology.

In the latter part of the twentieth century, advances in immunochemistry, information technology and molecular biology have added new dimensions to clinical biochemistry. Commercial and legislative factors such as laboratory accreditation, privatisation of public hospital laboratories, mergers of many small laboratories, the requirement for continuing education and imminently, the



Council : 1962-1963. Front row from left: Dr Frank Neale, Dr J O' Hagan, Dr E Newfield, Dr D Watson. Rear: Dr S Alexander, Mr K Steele, Dr D Curnow, and Dr V Roman (Centre)

certification of laboratory personnel are all transforming the practice of clinical biochemistry.

A major restructuring of the AACB announced in 2002, has been designed to invigorate Council, improve the effectiveness of the Association in all its activities, particularly in continuing professional development, scientific projects and plans for the registration of medical scientists. The Association now is a very different organisation from that formed in 1961 but over the last forty years it has endeavoured to uphold the ideals and aims laid down by its visionary founders. The next forty years will undoubtedly present the AACB with even greater and more complex challenges.

2 AN AUSTRALASIAN ASSOCIATION: The Merger with New Zealand

“Let me not to the marriage of true minds admit impediments.”

from Sonnet 116, William Shakespeare (1564-1616)

Foundation and early years

The New Zealand Association (NZACB) was formed at a meeting in Wellington on 25 October 1968 convened by Dr Frank Sims (Auckland). This association originated partly as a splinter group from the NZ Association of Medical Laboratory Technology which had been created primarily to improve salary and conditions for hospital scientists working in medical laboratories. From the outset, the membership included several medical graduates, clinical pathologists or medical trainees working in this field.

The first office bearers elected were:

President	Mr John Dunkley
Secretary	Mr Max Abernethy
Treasurer	Miss M. Robbins
Councillors	Dr Frank Sims, Miss J. Mattingley, Mrs. D. Hinton

All of these office bearers were also members of the AACB. The anticipated total membership (60) was slightly exceeded by the actual membership of 70.

Soon after this event, in 1968, Dr Sims wrote to Dr Robert Edwards, Federal Secretary of the AACB indicating that “in NZ it was hoped that every member of the New Zealand Group of Clinical Biochemists would become a member of the AACB”, an aim not realised until 1993.

Membership of the NZACB was open to “all persons with an interest in clinical biochemistry”, ie. not restricted to graduates. Prior to these events at the first meeting of the AACB Council (25.02.62) it had been resolved

“not to recommend the inclusion of New Zealand in the title of the Association (Australian) particularly with regard to possible future approaches to the Australian Commonwealth Government for financial support.” Possibly as an afterthought it was recommended “that a New Zealand member be coopted to Council”. Dr Frank Sims (NZ) declined to accept this invitation on the grounds of costs and travel among other factors. The inclusion of a representative on Council would have to wait until 1993, when Dr Charles Small, from Auckland was appointed to the reconstituted Australasian body.



Drs Charles Small, and Lindsay Wyndham

It was reported in the AACB Newsletter that “the NZ Association in its second year had a membership of 60”, and that the NZACB was “accepted by the Department of Health.” The principal of leave with pay and travel grants within, but not beyond NZ had been established. The NZACB and NZIMLT joint negotiating committee would be meeting with the Health Department on conditions of employment.

Early Cooperation

In January 1968, the New Zealand Association organised a joint meeting with the Australian Association in Christchurch in conjunction also with the 40th Congress of ANZAAS (the Australian and New Zealand Association for the advancement of Science). This successful event was the first national meeting of the NZACB, at which 23 scientific papers were presented, many in the field of endocrinology reflecting the fact that this meeting also included the New Zealand Endocrine Society.

Dr David Curnow, then president of the AACB in congratulating the New Zealanders on forming their association, mentioned the initial discussions in the AACB about forming an Australasian association, which had not gone ahead since it was felt that NZ would form its own association. He hoped that strong ties would be maintained between the two bodies. In his address, Dr Curnow remarked on areas of deficiency in clinical chemistry which had become apparent in Australia. These included lack of accuracy and uniformity in chemical methods which had led to different “normal ranges between various centres”. There had also been reluctance by the AACB Council to analyse CSL horse serum for the purpose of quality assurance. Dr Curnow also stressed the need for clinical biochemists to press for representation at “the level of boards, commissions and governments.”¹

In May 1968 at the AACB Council meeting, ten New Zealand members (3 Fellows, 5 Members and 2 Associates) were admitted. Despite the success of the joint meeting, the momentum was not sustained, although the NZ members of the Association attended AACB conferences regularly.

In May 1977 Professor John Sneyd, University of Otago, as chairman of the NZACB Education Committee wrote unofficially to the Association Secretary seeking the views of the AACB in forming a joint association. This had not been discussed formally by the AACB and the matter did not proceed.

Tentative Moves

Later in 1977 Joan Mattingley, President of the NZACB attended the Council meeting and reported that the NZ Department of Health favoured the acquisition of Australian qualifications and would support a number of scientists to visit Australia for this purpose. The Chairman of the Board of Examiners suggested that it would be preferable for candidates to come to the ASM and the examinations in Australia rather than examiners travelling to New Zealand.

In 1989, the AACB Council reported that preliminary discussions with the NZ Association concerning future activities had occurred including forthcoming joint annual scientific conference in Auckland in October 1990. The possibility of the Current Concepts Conferences to include New Zealand on its itinerary was also raised. In the same year Council sought representatives for the organising committee of the Auckland meeting, and the AACB International Relations Committee was requested to investigate ways of increasing AACB membership in New Zealand.

In 1990 Dr Charles Small, then President of the NZACB attended the AACB annual Scientific Conference and worked with Les Watkinson, AACB Federal Secretary and other members of the Auckland conference organising committee on aspects of closer association. Prior to the 1990 joint annual Scientific Conference in Auckland, the Council and all standing committees of the AACB met in Auckland. A proposal from the NZACB to be “more closely tied to the AACB” was later presented as a proposal for amalgamation, which was to be fully considered after the matter of non-graduate membership (ie. affiliate) of the AACB was resolved.

The Merging Process

In August 1991, NZ members of the AACB held a meeting in Wellington to form a branch of the AACB. Michael Guerin (Vice President AACB) attended this event as an officer of the Association and reported that the requirements of the constitutional by-laws had been met. The AACB Council overwhelmingly

agreed to change By-Law 17 (iia) to enable the appropriate number of members to vote for a proposal without being present at the meeting.

At the AGM held in Perth, October 1991, a proposal was submitted by the New Zealand branch that the name of the Association be changed from “Australian” to “Australasian”. This motion was carried. The necessity to change the name of the Association, requiring a constitutional change was questioned by some members, but Dr Charles Small, the New Zealand branch representative stated that the new term better reflected the Association’s international standing. The constitution for the NZ branch of the AACB was drawn up in January 1992. The last number of the NZACB Newsletter was published in March 1992 and it was promised that it would continue as the “AACB Branch Newsletter.”

The motion to change the name of the Association from “Australian” to “Australasian” was finally put and carried at the Annual General Meeting held in Hobart in October 1992. In June 1992, Dr Charles Small, the New Zealand AACB Branch Chairman had reported that the first annual NZ branch scientific and general meeting would be held in Auckland that year and that Dr Robert Conyers (Melbourne) would be the visiting speaker. A branch education course had been held and plans for the Roman lecturer, Dr Peter Pannall to speak in NZ were well in hand. By September 1992, the New Zealand branch was well established with an education representative, a newsletter editor and committee members representing Auckland, Hamilton, Wellington, Christchurch and Dunedin. An “Australasian” logo first appeared on the “Clinical Biochemist Newsletter” front cover in December 1993, later occupying the entire front cover of the March 1995 number. The process of selecting the winning logo, was by a ballot of the membership. The 39th Annual Scientific Conference of the Australasian Association, organised from both sides of the Tasman, was held in Auckland in 2001.

What did this amalgamation mean to New Zealand? In a guest editorial in the Clinical Biochemist Newsletter, Don Mikkelsen,^{2,3} then NZ branch representative, summed up the positive aspects: membership of a larger body of clinical biochemists, a member of a financially sound, internationally respected

organisation, better access to international speakers who would now visit NZ centres on their lecture circuits, access to awards, scholarships and higher qualifications in clinical biochemistry. On the negative side, New Zealand lost national identity, e.g. in the IFCC (but retained separate membership of the Asian Pacific Federation of Clinical Biochemists). The New Zealand branch membership of 55 (in 2001) was diluted in the total Australasian membership of approximately 1000.



The relatively larger proportion of affiliates (non-graduates) in the NZ branch was seen as a negative aspect but was likely to change with an increasing number of technologists being trained in degree courses, and later constitutional changes in 1991 overcame most of the problems facing affiliates in the AACB. The acceptance of non-graduates as affiliates by the Association in 1991 finally solved this problem.

The process of amalgamation of the Australian and New Zealand Associations of Clinical Biochemists was a protracted process but with relatively few difficulties considering that it was a merger of two separate and different scientific bodies from two separate but similar nations. It has undoubtedly been a positive move for clinical biochemistry in the region.

If the merger of these two associations has the same success as with other professional or scientific bodies such as the Royal Australasian Colleges of Physicians, Surgeons, Radiologists and Pathologists, this process will strengthen clinical biochemistry in both countries.

3

THE INTERNATIONAL SCENE - THE IFCC

"Scientific activities are not mere national property.

They are international possessions." Havelock Ellis (1859-1939)

The Association in the International Scene

The International Federation of Clinical Chemistry (IFCC) was formed in 1953 simultaneously and jointly with the Commission on Clinical Chemistry, part of the division of biological chemistry, the original parent body being the International Union of Pure and Applied Chemistry (IUPAC). The organisational charters of both these two bodies, (IFCC and Commission of Clinical Chemistry) was ratified by all national societies of clinical chemistry existing at that time. The birth of the IFCC occurred in September 1951 at an IUPAC conference held in New York at which Prof. A. Tiselius (Sweden), a pioneer in the field of electrophoresis and president of the biological chemistry section of IUPAC together with other leading scientists, approached Prof. Earl King (UK) and requested him to accept presidency of the Commission on Clinical Chemistry.

The first meeting of the Commission on Clinical Chemistry was held in Paris in August 1952 at the time of the International Congress of Biochemistry when it was resolved to form an International Association of Clinical Biochemists. In July 1953⁴ this Association became the International Federation of Clinical Chemistry with Professor Earl J. King and Dr. Ian Wootton both from the Postgraduate Medical School, London elected as President and Secretary respectively. National societies of Clinical Chemistry or their equivalent had already been established in France (1942), the Netherlands (1947) and the United States of America (1949). The Association of Clinical Biochemists (United Kingdom) was formed in 1953 and quickly joined the IFCC.

In January 1962, Dr. Monroe Freeman, president of the Commission on Clinical Chemistry, wrote to Dr David Curnow inviting the AACB to nominate a representative to serve on the international commission of IUPAC, which

required the approval of ANZAAS. By the time of the first AACB Council meeting in May 1962, Dr. Curnow, the then Secretary, confirmed that the Association had applied to join the international body. David Curnow was nominated to serve on the International Commission as approved by ANZAAS. He was elected a delegate to the 5th International Congress on Clinical Chemistry in Detroit (1962). Thus the Australian Association within a year of its foundation was among the first ten national associations to become a member of the IFCC, consistent with its continuing support and active involvement internationally ever since. New Zealand was among the first twenty members and now since 1992 is represented in the IFCC with Australia as "Australasia". Approval had been sought and given by ANZAAS for Dr. David Curnow to serve on the Commission of Clinical Chemistry of IUPAC. He continued to play an important role on the international scene, not only serving for many years as the National representative of the AACB to the IFCC but also becoming chairman of the IFCC/IUPAC Committee/Commission on Education. In 1980 he and Dr. C.J. Porter (Canada) prepared a document for the IFCC/IUPAC entitled "Provisional Recommendations on a



Professor E.J. King

Glad to welcome you to the International Federation.

A handwritten signature in dark ink, appearing to be 'E.J. King'.

With Professor E. J. King's

Compliments

POSTGRADUATE MEDICAL SCHOOL OF LONDON,
DUCKETT ROAD,
RENDEN, W.11.

Scheme for a Two Year Postgraduate Course in Clinical Chemistry.”⁵

By the early 1990s the IFCC had revised its organisational structure extensively in order to cope with the increasing complexity of the field and the requirements of a growing membership.^{6,7} The Education Committee chaired, by Dr Callum Fraser (GB) a former secretary of the AACB Education Committee, became a division with four committees. An enlarged Publications and Communications Division is responsible for publishing formal recommendations and guidelines, news of IFCC activities and the Journal (formerly Newsletter) of the IFCC was now on the internet. The largest division, The Scientific, is composed of nine committees and several working groups. The fourth division, Congress and Conferences is responsible for promoting and coordinating not only the Triennial International Congresses but also the Master Conferences and master discussions e.g. the Bergmeyer, Beckman and Roche conferences. Within the scientific division new working groups include haematology and molecular biology.

This tradition of active involvement in the activities of the International Federation has been continued by many past and present members of the Association and includes the following:



Dr Robert Edwards, image courtesy of IMVS

Dr Robert Edwards (SA):

Vice President and Treasurer, convener of a task force to update the statutes of the IFCC, member of the Executive Board.

Dr Peter Garcia Webb:

Secretary, Member of the Education Committee, Chair of the Nominations Committee, member of the Executive Board.

Dr Renze Bais:

Secretary, member of the Scientific Division, member of the Executive Board.

Mr Des Geary:

Secretary, IUPAC, Chair of the Commission on components of Quality Systems in the Clinical Laboratory.

Dr Ron Bowyer:

Member, Expert panel on nomenclature and principles of quality control.

Mr Lloyd Penberthy:

Member of the Committee on Analytical Quality.

Dr P. Pannall:

Chair, Education Division, Member of the Committee on Rational Laboratory Use.

Dr Callum Fraser (now UK):

Chair, Committee on Education.

Dr Leslie Burnett:

Chair, Ethics Committee.

Dr John Whitfield:

Secretary, Member at large.

Dr Andrew Wootton:

Vice Chair, Communications and Publications Division.

Les Watkinson:

Committee on Laboratory Management.

Dr Peter Dennis:

Member, Editorial Committee, IFCC Newsletter.

Other association members who have served, or still serve on IFCC committees or working groups are: Ian Goodall, Neil Kent, Virginia Cronin, Dennis Blake, Julia Potter, John Edwards, Andrew St John, Jill Tate and Howard Morris.

The large Scientific division contains nine committees plus several working



Mr Des Geary

groups added when necessary. Within this division there are now working groups including haematology and molecular biology. Dr Andrew Wootton is Vice Chairman of the Publications and Communications Division. The fourth Division, Congress and Conference, is responsible for promoting and coordinating not only the triennial congresses but also the Master conferences and discussions. These major changes reflected the growing complexity of Clinical Chemistry and increasing global demand by member countries.

New directions for the IFCC became evident when the Federation together with the Roche Corporation established a series of conferences titled “Human Genomics - The Basis of Medicine Tomorrow”. The purpose of these was to highlight progress in molecular genetics and its potential in diagnosis and therapy. The first of these conferences was held in Singapore in 1998. This venue reflected the IFCC policy of dispersing its educational activities more globally. A similar venture promoted by the IFCC has been the “Frontiers of Disease” conferences, supported by Beckman Inc. and held biennially in European centres.

The IFCC changed its title to the International Federation of Clinical and Laboratory Medicine (IFCCLM) in 1998, representing a broader scope than clinical chemistry and now incorporating molecular biology. As a further extension of its realm, the Federation launched a global disease strategy in 2001 with the objective “to develop the best laboratory practices necessary in the diagnosis and management of diabetes mellitus.” Dr Andrew St John (WA) and Dr. Kur Miedema (Netherlands) were given the responsibility of planning and documenting the strategy for this programme.

The AACB will undoubtedly remain an important member of the IFCCLM and at the same time play a major role in promoting all aspects of clinical biochemistry especially in the fields of quality assurance and education within the Asian Pacific region.

The AACB and IFCC Congresses

International congresses have always been highlights of the International Federation’s calendar of activities. Bidding for the privilege of hosting these

meetings and more importantly winning the ballot is seen as a major achievement by all national societies of clinical biochemistry. To win gives great kudos to that society at both the national and international level, not dissimilar to winning the right to host the World Cup Soccer final. It usually attracts government attention and financial support, generates improved esprit de corps within the national association due to the effort and cooperation required to prepare the publicity and documentation leading up to the ballot at the congress. The support of the medical diagnostic industry is crucial for these congresses (and national meetings) so that closer working relations are fostered between the industry and the profession. International congresses are held triennially and the bidding to host the congress applies to the event six years ahead.

The IFCC member countries in the Southern Hemisphere have been disadvantaged because of their lack of voting strength in comparison with their more numerous Northern hemisphere cousins. Costs of travelling long distances and some communication problems have negative effects. Another factor is that the supporting medical diagnostic industries have always been predominantly sited in Europe, North America and Japan. This situation has been partly addressed by a policy developed in the 1970s to hold the International Congresses in regions outside Europe and North America.

Early in the history of the Association, intentions to host a congress “down under” were expressed. In 1964 a Council minute⁸ recorded that “The International Congress for 1969 is being competed for by a combined Franco-Swiss approach and Australia”. Not surprisingly this congress (the seventh), was won by the Swiss part of the consortium and went to Geneva. Dr Roman (President) raised the possibility of Australia hosting the Congress in 1972⁹ by stating that when in Munich (sixth Congress) he would “discuss the possibility of holding the 1972 congress in Australia.” The Danes won this round.

The AACB’s first real chance came in 1975 at the seventh Congress held in Toronto (a joint US-Canadian event). Here the voting was very close, the Austrians winning the ballot for the 1981 congress by two votes. It was noted by cynical observers that there was confusion in some sectors caused by the



XV International Congress of Clinical Chemistry
31st Annual Conference, Australian Association of Clinical Biochemists
6th Asian-Pacific Congress of Clinical Biochemistry
Satellite Meetings
AUSTRALIA 1993



similarity between the names of the strongest contenders, Austria and Australia! It had been predicted by David Curnow from his attendance at the IFCC council meeting in 1972 that holding the 1978 conference in Mexico “would make chances of a 1981 conference in Sydney remote”.¹⁰

Despite this setback there were some positive outcomes. The Association learned much from this experience and gained many supporters internationally. Australia proposed at the IFCC council meeting that the selection of conference venues should be made with regard to promoting clinical biochemistry in developing regions of the world. The event in Toronto led directly to the formation of the Asian Pacific Federation of Clinical Biochemistry and the first Asian Pacific congress in Singapore 1979 (see Bowyer R.C, Appendix 1, p62).

However, Australia at last achieved success in the bid for the 1993 (25th Congress) to be held in Melbourne. There was fierce competition from European members at this meeting in The Hague; our national representative Dr Ron Bowyer, reported that eight rounds of ballots were required before the winner could be declared. The bid committee for this event was chaired by Dr John Connelly, later Chairman of the Melbourne Conference organising committee which comprised Dr David Hay, Beryl Biegler, Ian Farrance, Drs Peter Garcia Webb, Ron Bowyer, Stephen Sykes and Michael Guerin. The organisation and holding of this world conference was probably the greatest challenge faced by the Association.

In 1990 at the fourteenth IFCC Congress held in San Francisco the association mounted an active publicity campaign assisted by Austrade acknowledging that the numbers of delegate clinical biochemists from the United States (and Japan) were crucial to the success or failure of a Congress in Australia.

The fifteenth IFCC Congress in Melbourne was attended by over 1300 delegates and was simultaneously the venue for the 31st Annual Scientific meeting of the Association plus the sixth Asian Pacific Federation Congress of Clinical Biochemistry. The setting for the opening ceremony of the Congress was the Melbourne Concert Hall and featured a dramatic display of indigenous Australian culture. The success and stature of the Congress was a credit to the organising committee chaired by John Connelly and reflected the maturity and strength of the AACB. The congress attracted many leading figures in clinical biochemistry and excellent scientific value was provided by the many leading speakers and session chairmen. The World Congress Centre in Melbourne

David Hay Memorial Lecture



David Lachland Hay 1950 - 1990

provided an excellent venue. A sad note was the untimely death of Dr David Hay (VIC) just before the Conference; he had made such an important contribution to the congress committee, the Association and the organisation of the protein electrophoresis workshop.

A novel feature of the Congress was the array of satellite meetings held before or after the main event across Australia and New Zealand. These were: Enzymology (Sydney), Diabetes (Auckland), Education (Melbourne), Lipidology (Cairns),

Toxicology (Brisbane), Molecular Biology (Perth), Informatics (Uluru), Porphyrins (Melbourne) and Protein Electrophoresis (Melbourne). With the possibility of Australasia being the venue for future IFCC Congresses, preliminary discussions have been held in Council ¹¹ on the Association hosting the event in 2011. This will mark the fiftieth anniversary of the Association's formation and would be a very fitting tribute to the standing and success of the AACB.

The active involvement of the Association and a number of its members in the IFCC has enhanced its profile internationally and reflects its commitment to all aspects of clinical biochemistry.

For further information on the International Federation of Clinical Chemistry and Laboratory Medicine, the reader is referred to the publication "IFCC Celebrating 50 years", Lines, J. and Heeren, J., published by the International Federation of Clinical Chemistry and Laboratory Medicine, Milan, 2002.

4 FOCUS ON ASIA

The Asian Pacific Federation of Clinical Biochemistry

The conception of the Federation in the Asian Pacific Region occurred at a meeting held in Professor David Curnow's hotel room in Toronto in 1975 at the time of the 9th International Congress of Clinical Biochemistry. The AACB had just made an unsuccessful bid to hold the 11th Congress in Sydney in 1981. The Association's national representative Peter Dennis, put forward a motion at the IFCC Council meeting that future congresses should aim to promote clinical biochemistry in developing regions of the world. The idea was supported by Dr Martin Rubin, then IFCC President.

The meeting in David Curnow's quarters was attended by representatives from Singapore (Dr. Tan It Koon), Japan (Dr. Y. Yamamura), New Zealand and a delegation from the AACB. The main topic of discussion was the formation of a regional federation. This idea fell on fertile ground since the AACB Council in 1972 had considered a regional congress as a fall back position in the event that the Australian bid failed.

In 1977 a group within the Association produced a discussion document "A Regional Clinical Biochemistry Group in South East Asia?" which was distributed to colleagues in the region. The outcome of this was that the Singapore Association (a small group) led by the indefatigable Dr. Tan decided that their country could host the first Asian Pacific Congress in 1979 jointly organised with the AACB. Australia was well represented: Dr Peter Garcia Webb served as Scientific Sub-committee Chairman, Dr. Ron Bowyer with publicity and Dr. Meg Breidahl, AACB President, was Co-Chair of the Congress.



At this first meeting in the region, a group representing the 13 countries in attendance at the Congress suggested the formation of an Asian Pacific Federation. A document for discussion by this group was produced during the Congress, and resulted in the appointment of a Steering Committee to draft a constitution for the proposed Federation. The AACB made a modest profit from this first congress and allocated one third of this to underwrite scholarships assisting clinical biochemists to attend the second congress in 1982 also held in Singapore. A draft constitution for an Asian Pacific Federation was prepared in 1979 and adopted in 1982.

Some concern had been expressed in Council over making financial or other commitments to the APFCB and its activities, but these apprehensions were largely dispelled when the constitution was ratified and the second Congress proved to be a great success. Drs. Peter Garcia-Webb and Ron Bowyer were respectively Vice President and Secretary of the Steering Committee for the second congress which had the theme "Clinical Biochemistry in the Asian Pacific region". A three day post congress education meeting followed in which AACB members played a major role. This event attracted a large audience and set a precedent for pre- or post- congress workshops/courses which have become a feature of Asian Pacific Federation Congresses.

The Federation when first formed comprised five member countries: Australia, India, Indonesia, Japan and Singapore. The second Congress activated the formation of two new regional/national associations: Hong Kong and China (Taipei). At the third Congress in Bali 1985, the recently formed Korean (South) Association applied to join and was admitted in 1986. These additions were followed by the China Federation of Clinical Chemistry (renamed the Chinese Society of Clinical Chemistry). New Zealand and Thailand joined in 1990, followed in 1991 by the Malaysian and Vietnamese Associations.

The AACB has been active over the last twenty years in promoting clinical biochemistry in this region. Its members have occupied key positions in the Federation's Executive and Committee: Dr. Peter Garcia Webb, Secretary (1982-86), President (1998-2001); Des Geary, Secretary (1986-1991), President

(1991-1994); Mr Les Watkinson (Convener, Quality Assurance Working Group). Moreover, other Association members including the above have participated in numerous educational activities. These include: Dr. Andrew St. John and Ken Robertson, teaching in Vietnam; Les Watkinson, teaching in China; Lloyd Penberthy and Dr. Ken Sikaris, pre-congress course in clinical biochemistry; A/Prof. Howard Morris, Chair, Scientific Committee.

Collaborative projects within the region have been an important feature of the Federation's activities. A cholesterol standardisation program commenced in 1998 initially under the Chairmanship of Dr. Sethi (Singapore) has involved a region-wide questionnaire followed by testing within 100 laboratories, then determination of precision, accuracy and ultimately standardisation.¹² The working group for this major undertaking is now chaired by Professor Chris Lam (President of the APFCB 2001-2003 and AACB Roman Lecturer 2002).

The APFCB Lectureship sponsored by Roche Diagnostics is an important activity and was held by Dr. Peter Garcia Webb in 1999. His lecture, on recent advances in diabetes mellitus, was delivered in Malaysia, Singapore, Thailand and Indonesia. This lectureship has also been held by Dr. Evelyn Koay who spoke on aspects of molecular biology. Throughout most of its history, the Federation has published an annual newsletter, for which Dr. Tan It Koon is responsible, and which is distributed free to all countries in the Federation.

From a small informal meeting in a Toronto hotel room in 1975, the Asian Pacific Federation of Clinical Biochemistry has grown into a major regional scientific federation comprised of 12 member countries representing approximately one third of the world's population.

5

PROFESSIONAL RECOGNITION

“There is another way to the truth: by the minute examination of facts. That is the way of the scientist.” Shakespeare and Spiritual Life (1924), John Masefield, 1874-1967, Poet Laureate.

Admission, Examinations and Qualifications

Admission to the AACB

The constitution of the Association adopted at the inaugural meeting in 1961 defined the criteria for honorary and ordinary membership as follows: Ordinary membership applied to “persons who are mainly occupied in the practice of clinical biochemistry in Australia or New Zealand being university graduates or holding equivalent qualifications.” The membership clause was amended to exclude associate membership. The term “equivalent qualifications” would later prove to be one of the most contentious and at times divisive issues in the history of the Association.

Applications to join the AACB until 1967 were to be made “in writing to the Secretary of the Association supported by two members of the Association to whom the candidate is known”. If the application had been approved by Council, it would be put to the next General Meeting of the Association when “a favourable vote of two thirds of the members voting shall be sufficient to elect the applicant.” The second category of membership, “Honorary” was defined in the original constitution as “being persons of distinction (who) may at the recommendation of Council and a majority vote of two thirds of the General Meeting be elected Honorary members of the Association. They shall pay no subscription, have no vote, and shall be ineligible for membership of the Council.”

By 2001 the situation had changed. The categories of membership had increased to six plus affiliates and the criteria for eligibility had been considerably modified.

The debate over qualifications to obtain entry into the Association commenced within twelve months of foundation. In 1963 Council had resolved not to recommend non-graduate membership. In 1964 membership was extended to include graduates in veterinary or forensic science plus members of the College of Pathologists of Australia (MCPA). Exchange of membership between the College of Pathologists and the Association was raised at Council but went no further (see Chapter 11).

Later in 1964 a committee was formed to report on higher qualifications in clinical biochemistry and following this there emerged a membership and qualifications committee chaired by Dr Frank Radcliff with members Drs J. O’Hagan, F. Neale and R. Bartholomew, perhaps the antecedent of the future Board of Examiners. A provisional board was soon appointed by Council to facilitate classification of members of the Association. This body would become the first Board of Examiners



Dr Frank Neale



Dr Frank Radcliff

comprised of Dr Frank Radcliff (Chair), Drs Neale, Mackenzie, Roman and Parsons (Registrar) which was formally elected in September 1967 and approved by a postal ballot of the membership. The members of the Board were then all elected Foundation Fellows by Council. The annual subscription fees were set as follows: Fellows \$24, Members \$12 and Associate Members \$8. It was suggested at Council that the Foundation Fellows comprising the Board of Examiners should pay their subscriptions forthwith!

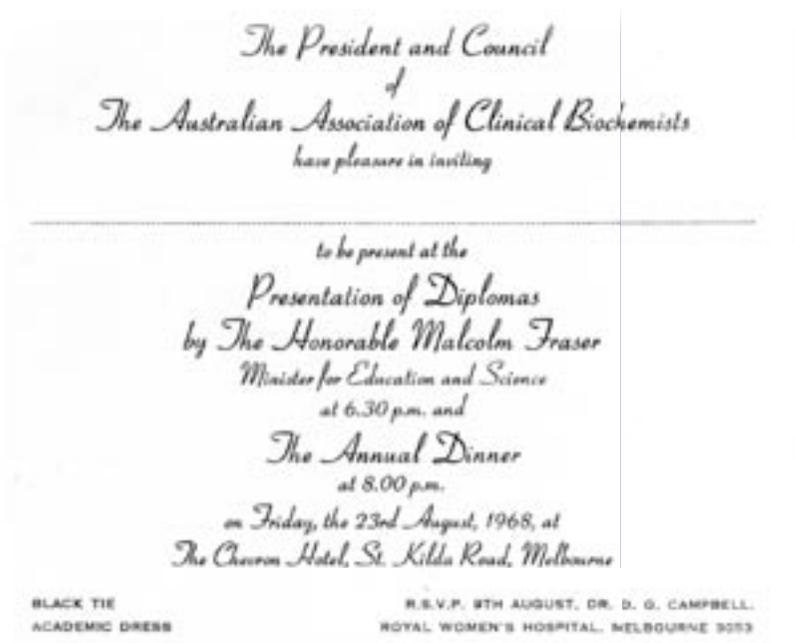
Qualifications for Admission

There was a division of opinion on the desirability of a stratified membership consisting of Fellows, Members and Associate Members. Separate classes of membership were considered unnecessary and divisive by several senior members of the Association however, acceptance of three classes of membership was carried by a majority vote at the Annual General meeting in January 1967.

In 1968 there had been 200 applications for foundation membership, of whom 52 were admitted as Fellows and 102 as Members. The majority of these were formally admitted and presented with their diplomas at a colourful ceremony during the 6th Annual Conference held in Melbourne in August 1968 (see Chapter 2). Since then, admission to Fellowship or membership at annual

general meetings has been a far less formal process without academic dress and without the presence of politicians or other dignitaries. Fees for admission were: Member \$24 and Fellow \$50, which produced a healthy injection of almost \$4,500 into the Association's funds in 1968. Sustaining membership was the next category of membership considered and accepted by Council in 1968. This was to prove an important factor in the future financial health of the Association (see Chapter 14).

The Board of Examiners in 1968 was faced with the major tasks of setting up arrangements for examinations, circulating a syllabus, preparing guidelines for eligibility to present for exams, and to continue processing a steady stream of applicants. Council gave the Board the green light to proceed with these processes and the ongoing task of receiving and assessing all applications for membership of the Association. In the initial years, there were delays in processing applications and understandable complaints from aggrieved applicants who perhaps did not appreciate all the work involved.



The first applicant for the Fellowship examination was Dr H. Hinterberger (NSW) who was awarded the FAACB in 1970 for a thesis on catecholamines and 5 hydroxy tryptamine.

Three candidates who were examined for Fellowship by viva only in 1971, were successful. The first Fellowship candidates who sat the full examination in 1973, Nick Balazs and Ian Farrance were both successful and both have gone on to make major contributions to many aspects of the Association including being appointed to the Board of Examiners.

Between 1970 and 1990, the Association was faced with recurring requests to broaden and relax the criteria for admission to associate membership. There were heated debates in all sectors of the membership extending from Council through the Board of Examiners to Branch meetings. The Board of Examiners in particular stood firm on this issue despite increasing pressure from state branches, notably NSW and Victoria, which lobbied for recognition of qualifications in Medical Laboratory Science/Technology awarded by Institutes of Technology / Colleges of Advanced Education. Much later, when several Institutes became Universities, recognition of upgraded courses for Bachelor of Applied Science/MT became possible.

In 1973, Dr Frank Neale, former president and member of the Board of Examiners published the following point of view in the AACB Newsletter 1973; 31:7:

"Kindred Thoughts

The admission of persons holding qualifications other than those already widely accepted as equivalent to a B. Sc, is now the issue. The issue arises at a time when our own professional qualifications are in their proving period, when our own competence as an examining body has far from received universal acknowledgement. It is at this time that we are asked to give our application to the non-graduate. it is questionable whether our so doing will enhance his status in eyes other than our own. It is perhaps naive to anticipate that a non-graduate, having obtained associate membership by whatever means presently postulated, subsequently progressing to Membership or Fellowship by appropriate examination, will not face disillusion in seeking employment, if his primary qualification, associate membership is not acceptable to employing authorities. Parallels to this situation already exist Is it not better for all that we aver our own professional standing as evidenced by independent assessment viz. the universities, before we seek to flex our muscles as a primary qualifying body? Show me good reason that in my drawing back, schism of the AACB would follow, or else leave me to differ in opinion from the protagonists of this move at this time in the evolution of our Association."

F.C Neale

A postal ballot was conducted in December 1974 covering proposed constitutional changes which would be required before any modification of the criteria for admission as an associate could occur. The most contentious issue to be resolved was a clause in the constitution applying to university degrees. It was proposed to delete the phrase (Clause 4(2)) "equivalent to a university degree" and replace this with a "suitable qualification for admission to the Association".



Dr Ron Parsons

In Council, although the majority of members were in favour, the Board of Examiners unanimously opposed this and in the postal ballot the necessary two thirds majority required to effect a change was not reached.

Other items tested in the ballot but not requiring a constitutional amendment were: (1) recognition of the Fellowship of the Australian Institute of Medical Technology (Biochemistry) as an acceptable qualification for Associate membership was passed while

(2) recognition of College degrees approved for national registration by the Australian Council for Awards in Advanced Education (ACAIE) was lost.

It was finally accepted by Council and the Board of Examiners that if a Baccalaureate in Applied Science from an Institute of Technology was recognised for entry into a Masters course in the Universities in that state, then the applicant would be eligible for admission as an Associate member. Thus the universities were still being recognised as the final arbiters of any qualifications claiming to be "equivalent to a university degree". This led to several unfortunate situations, e.g. an applicant with a B. App. Sci. in NSW being accepted (2 of 3 universities accepted this) while a B.App.Sci. applicant in Victoria (1 of 3 universities accepted this) was not eligible for admission.

Despite these few vexatious exceptions a steady stream of B App Sci graduates have since gained entry to the Association and now comprise a large proportion of members.

In 1974 Dr Frank Radcliff, Chairman of the Board of Examiners resigned this position and was succeeded by Dr Maurice Welby (SA). Between 1967 and 1974 Frank Radcliff had played a central role in creating an efficient and robust professional examination system. He strove to maintain high standards and resisted any moves which might lower the professional reputation of the Association and its post-graduate diplomas. Frank had been a convener of a study group in the late 1950s which preceded the foundation of the Association. He had played a major part in framing the Constitution and was President in 1970 and 1971. Dr Ron Parsons who had been Registrar of the Board since its inception, and President 1973 to 1975 resigned in 1976.

The geographical restrictions (i.e. beyond Australia and New Zealand) applying to candidates for the Membership or Fellowship exams were removed in 1975 when a motion prompted by a request from Malaysia was put to the Annual General Meeting, passed and the constitution changed accordingly. The first Malaysian candidate for the MAACB, Dr C.C. Beng, was admitted in 1975. In 1975 there were discussions with the RCPA over examinations and specifically with sharing practical examinations, however Council was not in favour of practical examinations for the Association's qualifications. There has been some cooperation between the Association's Board of Examiners and that of the RCPA. In 1982 examiners from each body attended the oral examinations for the Membership and Part I FRCPA respectively.

In the 1980s there was a steady stream of candidates for the Membership exam. From 1981 to 1990 there was an average of 19 Membership candidates annually



Dr Maurice Welby

with a pass rate of just over 60%. In the same period there were 6 Fellowship candidates of whom, four passed. What value did successful candidates for Membership or Fellowship qualifications place on these qualifications? In a survey of the Association in 1982 the majority of respondents (66%) replied positively on the question of developing better expertise in the field, but only 30% of respondents stated that acquisition of these qualifications benefited them in terms of promotion or salary. This survey did not consider the differences in scientists' awards among States and was carried out relatively early in the history of the Association before the Membership and Fellowship were more widely recognised.

There was also some competition from another society. The Australian Institute of Medical Laboratory Scientists announced in 1986 that members of the AACB of not less than three years standing could present for the FAIMLS by examination or thesis.¹³ No information is available on the number of AACB members who exploited this opportunity.

At this time there was discussion in the Board of Examiners and at Council about opening the membership and Fellowship examinations to those clinical biochemists who worked in specialised laboratories, e.g. endocrinology. The fellowship in 1987 could be obtained in one of three ways: a general examination, purely by thesis or by a shorter dissertation plus two written papers. The last two options required special consideration by the Board for each candidate.

Non-Graduate Entry

In 1988 the question of non-graduate entry to the Association raised its head again when Dr Graham White¹⁴ (SA), Chair of the Publications Committee, put a motion at Council that Affiliate (non-graduate) membership of the Association should be offered. It was suggested that this option would attract a group of experienced laboratory workers with a non-graduate level of technical qualifications. It was not intended that they would have voting rights or could present for AACB examinations but would attend AACB meetings. A motion to admit this affiliate category was lost. Graham White was persistent and raised

the issue again at the Annual General meeting in 1989 where the same outcome was repeated.

In 1990 a Victorian working party was commissioned by Council to develop ways of broadening the categories of membership. The opinion submitted by the Working Party proposed that affiliates and students be entitled to all member benefits with the exclusion of voting privileges, ie. appointment or election to national office or branch representation or entitlement to nominate a person for election in the Association or to present for the Membership or Fellowship examinations.

The merger of the NZACB with the Association in 1993 precipitated a major change whereby Council agreed to a proposal to create a new category of affiliates to include non-graduates and students who constituted a significant proportion of the New Zealand Association. This constitutional change was overwhelmingly endorsed in a postal ballot.

Through the 1990s there were further structural changes and requirements made in the examinations including the "slanting" of papers (on request) in the Fellowship exam, that Membership candidates have 3 years experience before presenting for the exam and other relatively minor changes in the content of Membership papers.





John Whitfield congratulating Mary Anne Townsend on achieving her MAACB certificate

A major revision of the whole examination process was proposed by Dr Alex Sharp (NSW) in an editorial.¹⁵ He proposed a more open and continuous assessment of candidates analogous to the open learning programmes offered by some Australian Universities and the Open University in England. This totally new approach evoked a positive response from Dr Peter Pannall, the then Chairman of the Board of Examiners, but he raised the major obstacles to implementing these changes. Despite his invitation for further discussion throughout the

Association there was no significant response to Peter Pannall's plea, and Dr Sharp's innovative proposal had no effect.

In 1996 the Board recommended that a person who acquired the NZ Diploma in Medical Laboratory Technology prior to 1995 and who had practised in a laboratory for 5 years could apply for Associate Membership. At this time there was further cooperation between the AACB, the RCPA and AIMS in the examination process with representatives of these bodies participating in viva exams or being involved in setting of questions.

The increasing involvement of the Association in the Asian Pacific region has been demonstrated in various ways. Dr Evelyn Koay, a distinguished member from Singapore was appointed to the Board in 1990 and in the same year, the Board exempted candidates who were accredited by the Hong Kong Association of Clinical Biochemists from the written part of the MAACB.

The Future of the Qualifications

Despite various efforts to change the examination processes for the Membership or Fellowship qualifications, the view of the Board expressed by the Chairman Dr Peter Pannall as that "The Fellowship is a professional, practical qualification." Undoubtedly there will continue to be scrutiny and debate on criteria for admission to the Association and the processes for obtaining higher qualifications in Clinical Biochemistry as long as the Association exists.

The declining numbers of candidates for the Membership and Fellowship exams is a continuing concern to the Association. A survey on the attitude of members of the Association towards the Membership and Fellowship examinations and qualifications was carried out on a group of sixty registrants at the 2002 Chemical Pathology course.¹⁶ This revealed in general negative responses to categories of questions on the value of the examinations and the qualifications, including a perception that the examinations were "too difficult", the areas covered were too narrow for multiskilled labour and a miscellany of other negative comments. Although the survey was conducted on a small sample of the total membership, the Board of Examiners was concerned at these findings and recommended that the Association "must address the issues raised by members for the benefit of the profession."

In view of this situation it is self-evident that the Association must review the value of its qualifications as well as the processes for assessing candidates. Renewed efforts are necessary to convince employers and regulatory authorities of these qualifications' worth.

“The direction in which education starts a man [or woman] will determine his [or her] future life.” after Plato (c.428 - c.348 BC).



Origins

Education, training and all associated activities have been from the time of foundation a major goal of the Australian Association of Clinical Biochemists. This is made clear in several objects of the Association laid down in the original version of the Constitution. These objects were and still remain:

- 2 (i) (a) To advance the study and practice of clinical biochemistry.
- (b) To disseminate knowledge of the principles and practice of clinical biochemistry.
- (ii) The Association may do all such things as are necessary for, or incidental to, the attainment of its objects.”

The subject of the training of clinical biochemists had been a major topic discussed at Annual Conferences in 1968 and 1969 recognising the considerable need for postgraduate education in this field. In Western Australia a well structured two year programme of lectures and seminars organised by the staff of the Biochemistry Department at The Royal Perth Hospital had run successfully.¹⁷ The Council, taking note of this, elected in October 1970 a “Standing Committee on Education comprising Professor D. Curnow (Chairman), Dr. Robert Bartholomew and representing the Board of Examiners, Professor Geoffrey Kellerman. This committee’s brief was “to investigate, report and make recommendations on all aspects of education and teaching of clinical biochemistry in Australia

especially with regard to the quality of the profession in its service, research and teaching commitments, including matters referred to it by the Council, the Branches and the IFCC Committee on education.” This was by any standards a very major challenge, but the Committee members were certainly up to this task all having a well recognised commitment to education. David Curnow later became Chairman of the IFCC Committee on Education and both Robert Bartholomew and Geoffrey Kellerman presented papers on the Training of Clinical Chemists which were later published in “The Proceedings”.¹⁸ By March 1971, the Chairman, Professor Curnow was able to report that the Committee had prepared a plan of action to provide material helpful for members preparing for the MAACB examinations. The subject matter was separated into three parts - (I) General Principles of Clinical Chemistry - Instrumentation etc.; (II) Individual methods, their Chemistry, Biochemistry and Clinical Application; (III) Chemical Pathology of Organs, Systems, Disease Groups. The components of Part I were further specified in the account appearing in the Newsletter. Despite rather slow progress, the new Chairman of the Committee was able to report in 1974 that “30 copies of the first set of notes had been sold and work was slowly progressing on a further set.”

In 1973 the Association was invited to provide a report on the training of Clinical Biochemists by the Australian Universities Vice-Chancellors’ Committee and the Committee on Health Careers, Personnel and Training of the National Hospitals and Health Services Commission. A comprehensive submission was presented which contained statements on the growth of clinical chemistry, staffing in laboratories, lack of university departments of clinical biochemistry and the need to establish in Australia positions for postgraduate students in this discipline analogous to those currently existing in various branches of the

medical sciences. The Association also expressed willingness to discuss the contents of this submission with the above committees. There was little official response to this document.

It is salutary to note that many of the points made in this submission were later made by Professor David Goldberg, the Roman lecturer for 1984, in the report he submitted for the Educational Committee on postgraduate and training for clinical biochemists in Australia.¹⁹

The Standing Committee on Education membership was increased from 3 to 5 in 1974 with a new chairman, Dr. Alan Clague replacing Dr. W. Riley and a new member, Mr. Des Geary. (also AACB representative to the College of Pathologists Board of Education.) This growing relationship between the College and the Association would continue as demonstrated by the annual course in Chemical Pathology run jointly by these two bodies up to the present.

In 1976 the Education Committee was renamed the Board of Education and the chairman was coopted to Council. This “emphasised the importance of education in the Association’s activities.”

Major Changes

In November 1978 a working party was appointed by the Council to ensure “optimal operation of the Board of Education” (the terms “Board” and “Committee” have been used interchangeably). This working party comprising Dr. Meg Breidahl (Chair), Ian Farrance and Nick Balazs, was also to take on the role of temporary Education Committee in consultation with the current chairman for an interim period. Within 6 months the working party had prepared a draft constitution and a comprehensive catalogue of aims and functions extending from the promotion and organisation of educational courses and the production of educational material to the coordination and itinerary for the Roman lecturer. This major revision of the education committee occurred in parallel with similar changes to the Scientific and Technical Committee (see Chapter 10).

The revised education committee was strengthened by its wide composition comprising representatives from all states, the Board of Examiners, the Royal College of Pathologists and the Scientific and Technical committee.

These major changes and their implications were outlined in the first editorial of the *Clinical Biochemist Reviews*.²⁰ The type of educational material to be published in this journal included: Reviews of existing literature on specified topics, each article to be reviewed independently. Dr. Callum Fraser, secretary of the committee was a most effective driving force with many innovative ideas; he was later to become very active on the international scene as chairman of the IFCC committee on education. Despite frequent pleas to the branches for educational or publishable material, Callum bemoaned the lack of effort among AACB members. Clearly they did not have his high level of energy and efficiency!

Within 12 months, the Committee had prepared “Guidelines for a course of study for candidates preparing for the membership examination for the AACB” published in the *Clinical Biochemist - Reviews*²¹ this being an update of the earlier “suggested scheme of study in preparation for higher qualifications in clinical chemistry” in 1978.

In 1985 at the request of the Education Committee, Professor David Goldberg from Toronto, Canada, who had been Roman lecturer in 1984 prepared a report



The Royal College of Pathologists of Australasia
and
Australian Association of Clinical Biochemists

UPDATE

The Institute of Administration have lowered their fees. Full registration fee, including the accommodation, has been reduced from \$900 to \$800.

The Chemical Pathology Course will be held at the Institute of Administration of the University of New South Wales in the grounds of the Prince Henry Hospital, Little Bay, Sydney.

Registration commences at 4 pm Sunday (17 February) and at 8 am daily. The full registration (\$800) includes all accommodation from Sunday evening (17 February) to Friday afternoon, all meals except the dinner party (DTP), and the course notes. The day registration fee (\$180) covers lunch, morning and afternoon tea, the evening meal and course notes for the day. An alternative day registration fee of \$75 does not include the evening meal.

The Institute overlooks the beach at Little Bay and is immediately adjacent to the golf course of the Coast Club and Recreation Club. All students are made honorary members of the Club during their stay at the centre and the Club's lending pool may be used by the course members. There will be ample recreational time from 12.30 - 4.00 to enjoy these facilities.

Organising Committee:
Marjorie Warwick, Dawn Snelson, Ruth Symons, David Rutherford, Debra Barr, Alan Lloyd, Alan Wang

CHEMICAL PATHOLOGY COURSE 1994

Organised by RCPA and AACB

Venue: Institute of Administration, Prince Henry Hospital, Little Bay

SYDNEY

13 February - 18 February 1994

PROGRAM			
Monday	Morning	Session 1	Pathophysiology of Diabetes
	Afternoon	Session 2	Clinical Chemistry of Electrolyte Disturbances
	Evening		Judicious Session
Tuesday	Morning	Session 1	Methodological Problems in Automated Instrumentation
	Afternoon	Session 2	Lipogenesis: What to measure and why
	Evening		Diagnosis of Renal Biochemistry 2: Analytical
Wednesday	Morning	Session 1	Endocrine Session
	Afternoon	Session 2	Case - Test and Teach
	Evening		Biological Assessment of Microbial Infection
Thursday	Morning	Session 1	Biological and Clinical Assessment of Prolytic
	Afternoon	Session 2	Judicious Session
	Evening		Laboratory Management: Practical aspects of TQM
Friday	Morning	Session 1	Thrombotic Drug Monitoring
	Afternoon	Session 2	Biological Assessment of Bone Disorders
	Evening		Judicious Session
Saturday	Morning	Session 1	Clinical Assessment of High Risk Pregnancy
	Afternoon	Session 2	Thrombotic Clinical Chemistry 2: Genetic Clinical Chemistry
	Evening		Work in Laboratory Organization and Reorganisation

based on his observations on the standards of clinical biochemistry, education and higher qualifications in this discipline within Australia. He made many astute observations and clear recommendations including the creation of more university departments of clinical biochemistry, a more coherent and coordinated continuing educational programme and more involvement of the AACB with salary and conditions of service for clinical biochemists.

Dr. Goldberg's report did not provoke much action or reaction initially, but in 1986 the President, Dr. Bill Riley made it clear how the Association might respond to some of the recommendations by noting "... the AACB represents the whole profession of clinical biochemistry and cannot become involved in employer-employee negotiations which are properly the province of the employer and relevant industrial Association."²² Strong support for Dr Bill Riley's response to Prof Goldberg's industrial recommendations comes from recent publications. The role of professional bodies in the field of education, training, encouragement of higher standards of practice, their financial independence, accessibility to

external scrutiny is clearly stated in an editorial by Phelan.²³ He also quotes two distinguished U.S. medical academics, Pellegrino and Relman.²⁴ who stated "unions and truly professional associations are incompatible."

At the State level AACB members were active in running educational programmes often in collaboration with other associations or institutions. In 1981 the South Australian branch formed a joint committee with the AIMS and the RCPA which ran blocks of lectures, workshops plus "Test and Teach" programmes. In Victoria the branch was recording monthly scientific meetings and ran a tutorial system of two blocks of 20 sessions. Western Australia had initiated a lecture programme organised by a joint standing committee for continuing education of the Western Australian Institute of Technology and the AACB.

In 1983 Professor Brian Shanley (Queensland) and Dr. Callum Fraser (SA) prepared a report on undergraduate teaching of clinical biochemistry in Australian Medical Schools which revealed that the situation was very unsatisfactory; the subject was not well taught or understood by students and that insufficient time was allocated for this topic in medical curricula. Their findings were later published in "Biochemical Education."²⁵

The Range of Educational Activities

Further expansion of educational activities was commenced in 1985 with the establishment of a correspondence course under the chairmanship of Dr. Lyndsay Wyndham (NSW). This course was intended to assist country members, in particular these who were preparing for the Membership examination. The programme which ran over a two year period was available only to associate members and was assisted by the Branch Education representatives. By June 1985 there were 31 enrolments and by 1986 the Education Committee reported that a 59 page booklet had been distributed to 45 Australian and 4 overseas participants. There were over 30 further enquiries from outside Australia which caused the Committee some concern and because of the volume of work it was decided to restrict the availability of course places to AACB members in the Asian/Pacific Federation region. Later in 1988 the correspondence course material

was made available to the Royal Australian College of General Practitioners. The range of activities of the committee had expanded considerably to the extent that Dennis O'Leary, the diligent secretary, September 1988²⁶ was able to enumerate ten major areas of responsibility and achievements which this group had accomplished or were responsible for. These ranged from selecting the David Curnow Plenary lecturer, the organisation of the Roman lecturer tour, preparation of educational material for "Omniscience", the regular educational column in "The Clinical Biochemist-Newsletter", the Current Concepts Conferences and, in association with the Scientific and Technical Committee, the selection and coordination of scientific education seminars.

Current Concept Conferences which had been initiated in 1977 as "miniconferences" (with Drs J.B. Edwards and R. Bais presenting "Enzymes in Clinical Biochemistry") continue to the present day. (See Appendix 8, p96.) Although changing in format, they are a very visible and successful activity of the Association attracting large audiences including those from outside the Association. The involvement of local speakers is a contributing factor to their popularity. In 1984, 35mm slide/tape packages of Current Concepts Conferences were made available on a loan basis for local members of the Association and for a \$75 fee to overseas applicants.

In the early 1990s Government reforms were introduced at the Federal and State levels aimed at improving standards of skills and competency in trades and professions,²⁷ the Training Guarantee Act (1990) requires that employers must spend a minimum of 1% of annual national payroll on eligible training.

Legislative Changes

At this time, several statutory bodies were created to achieve these educational aims. These organisations were: The National Office of Overseas Skills Recognition (NOOSR); The National Training Board (NTB), an incorporated company being a joint initiative of Commonwealth and State governments, and a Competency Standards Body (CSB) being concerned with developing standards in specific industries or professions.

The AACB reacted quickly to this legislation by creating a working party under the chairmanship of the President, John Whitfield to examine the proposed reforms and develop strategies so that the Association could provide a leadership role in these changes. As a result, it was recommended that the Association apply to become a Registered Training Agent (RITA) which was accepted. The AACB thus became a RITA for the occupations of medical technology and pathology. In December 1991 a meeting was called by the Association involving the RCPA, AIMS, the Human Genetics Society of Australia, the Australian Society of Clinical and Experimental Pharmacology and Toxicology with John Whitfield, AACB president, as Chair. An important aim of the meeting was to form a Competency-Based Standards Body recognised by the National Training Board Ltd.

At a meeting of the Education Committee with representatives of the RCPA Board of Education in 1993, the latter expressed disappointment at the quality of lecturers for Current Concepts Conferences and also indicated that the College would not subsidise an activity which was budgeted to make a loss! Since recertification of pathologists could occur by 1995 (this has not occurred to date) and consequently all conjoint meetings with the AACB would attract credit points, it was essential that both bodies work closely in planning joint educational events. Following these revelations it was decided that the chair holders of the Education Committee and the Board of Examiners meet twice yearly with representatives of the RCPA.

In 1996 the aims and objectives of the Education Committee were reviewed and a Strategic plan developed. This included a proposal to return to providing courses on management which had rather drifted away from the responsibility of the Committee. Expertise and advice on running these courses was sought from other professional bodies, however in 1997 it became clear that external management courses would be the preferred option. Another concern was the sponsorship of educational activities and it was re-affirmed that sponsorship should not interfere with these activities nor should sponsorship be used as a means to achieving a profit.

At the Annual General meeting held in Perth in 1997, the president Peter Garcia Webb commented that the initiative which the Association had taken in the

recognition of competency-based standards had stalled and there was a need to develop an active Continuing Professional Development Programme which would be voluntary.

Structural Changes

In 1998 Ken Sikaris, Chairman of the Education Committee recognised that there was a clear need to restructure this body with the aim of reducing the size and increasing its efficiency. The separate Branch Education representatives were replaced by a single branch liaison representative. The RCPA representative would remain as an important link and three individual supervisory positions were created to deal with (a) meetings and lecture tours; (b) Publications and “Omniscience” in the “Newsletter”; (c) Educational resources in both conventional and electronic publications; (d) Educational standards to provide a link to the Board of Examiners and have responsibility for continuing educational programs.

Dr John Coakley and Ms Helen Martin at the request of the Education Committee had investigated the issue of continuing professional development (CPD) including the costs, the necessity for participants to record activities and the implications of monitoring these activities. There was some concern among council members that CPD would become a “monster” in view of time consuming aspects and linkage to remuneration. It was, however, recognised that a short term benefit of a CPD scheme would be the recording and recognition of the value of AACB activities. It was suggested that the RCPA had a better system which focused on identifying weaknesses and addressing them.²⁸

At the Association’s Strategic Planning meeting in April 2002, it was resolved that a continuous Professional Development Programme (CPDP) should be commenced as soon as possible. This programme would be linked to the already developed Competency-based Standards (CBS) as determined by the AACB and other professional bodies.²⁹ It is recognised that CPD will be a prerequisite for the registration of medical scientists when implemented by NPAAC and NATA.

Over the last forty years, continuing education has been a major feature of the Association’s professional activities. This has always been a voluntary activity but in the future this is likely to become a statutory requirement.

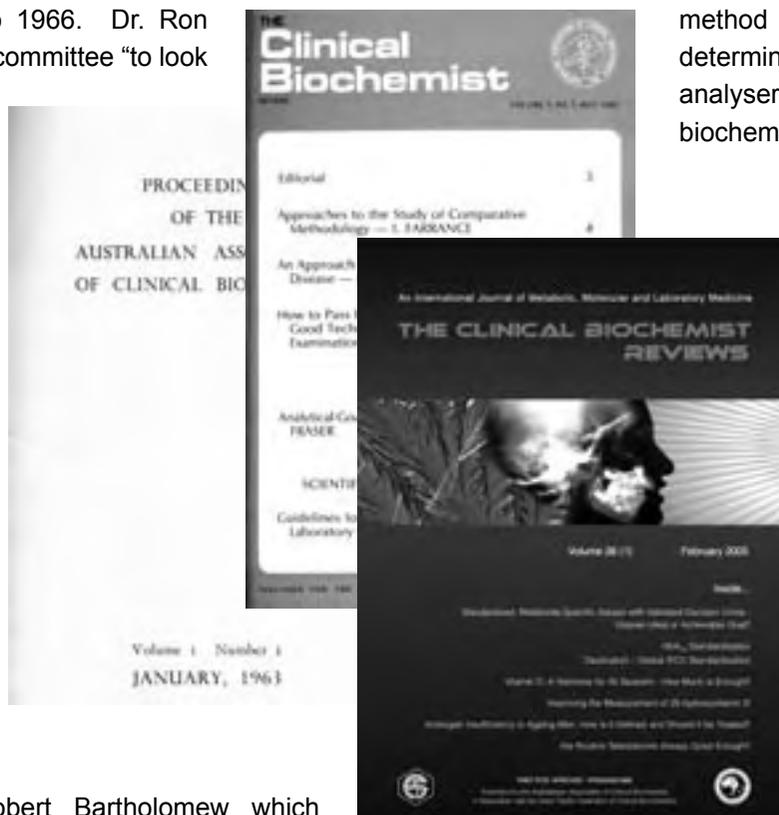
7 PUBLICATIONS

“Reading maketh a full man, conference a ready man and writing an exact man.”-
Francis Bacon (1561-1626)

Early in the history of the AACB at the meeting of the Council in February 1962 it was resolved “to produce two newsletters per year for members.” The Secretary (then Dr. David Curnow) was to undertake this responsibility, which he did very effectively from 1961 to 1966. Dr. Ron Parsons (TAS) was appointed convener of a committee “to look into all aspects of printing a “Proceedings” of the Association.” At the same time, it was resolved to approach several journals of clinical chemistry and closely related fields to obtain these at reduced rates for members of the Association.

In 1962 Council decided that a “Proceedings” of the Association be published twice a year, an objective regrettably which was never achieved; Dr. Robert Bartholomew (NSW) was appointed editor and Dr. R. Parsons, business manager of the journal. Dr. Robert Bartholomew worked valiantly over the next eight years to produce nine numbers of the “Proceedings” against the difficulties of rising costs, lack of submitted papers, and many delays. The last issue (Vol. 2, No. 1) was in May 1970 and contained two papers by Robert Bartholomew which had been presented at the 1969 Annual Scientific Meeting in Sydney, November 1969. The continuation of the “Proceedings” was

actively debated but a motion to cease publication was passed at a meeting of Council in October 1971. Perhaps the best epitaph to Robert Bartholomew’s great efforts to retain the journal was the frequently quoted method he published in Vol. 1, with Aileen Delaney on the determination of albumin using bromocresol green on an auto analyser³⁰ which was rapidly and widely adopted in clinical biochemistry laboratories.



From 1961 the Association’s “Newsletters” in their various formats have continued until the present, a total of 144 issues over 40 years. Initially their publication was the responsibility of the Federal Secretary and executed in succession after David Curnow by Robert Edwards, Ken Barber, John Connelly and John Whitfield. John Whitfield (Federal Secretary) and Nancy Dale (NSW) became co-editors of the new look “blue” newsletter in 1976 and faithfully kept their undertaking with their successors to publish this quarterly, a tradition which has continued to the present. The “blue” referred to the colour of paper used for printing, not the contents.

In 1978 a working party was set up by Council to consider the future form of the Association’s publications and the next year Council appointed Dr. Graham White as Chairman, and Miss



Dr Meg Briedahl

Nancy Dale as Secretary of the Publications Committee.

In May 1979 after the ashes had settled following the demise of the "Proceedings", Council discussed the future of publications, and the possibility of a journal for the publication of technical, educational or review material was considered as an addition to the "The Newsletter." A working party consisting of Nick Balazs, Nancy Dale and Graham White was appointed to consider all aspects of publications and report back to Council by early 1979. As a result of their report, a restructured Publications Committee

was formed with Graham White as chairman and Nancy Dale as editor of "The Clinical Biochemist - Newsletter".

There was considerable debate on the question of resurrecting a journal of the Association which would publish the Proceedings and scientific activities of its members, original articles, case reports of unusual biochemical interest, guest editorials and reviews on various topics. Ken Barber, immediate past president who called a spade a spade and whose opinion was sought on this question, wrote (September 1978) "... I fear that any foray by the Association into this sort of project would be an unmitigated disaster."

At this time the Association relied on "Pathology", the RCPA journal, to publish the Association's Scientific Meeting abstracts, but this had disadvantages such as delays and restrictions on content. Association members were also encouraged to submit original articles to the British Association's journal "The Annals of Clinical Biochemistry" on whose Editorial Board the AACB had a representative, Dr Tony Pollard (SA). The future of a new journal was resolved at a meeting of the Education Committee in December 1979 which unanimously decided that a new publication, "The Clinical Biochemist Reviews" be published. Dr Graham White, Chairman of the Publications Committee reported this decision

enthusiastically to Council and noted that Ian Farrance, appointed Coordinator (later editor) had a resource list of 22 potential topics associated with suitable authors. Margaret Arblaster (VIC) was appointed Coordinator of "bibliography reviews" and Des Geary coordinated scientific and technical publications. This proposal was fully accepted by Council.

The revised version of "The Clinical Biochemist" Newsletter was first published in March 1980 in a completely new format of pages with an editorial³¹ by the President, Dr. Meg Briedahl in which she outlined some future plans for publications, the Association's involvement in the emerging Asian Pacific Federation of Clinical Biochemistry and also exhorted AACB members to become as active as possible in all aspects of the Association's work and endeavours. The "Newsletter's" contents comprised guest editorials, a notice board quoting items of interest and advertising details of local and overseas events, reports from committees and branches, new products and developments plus a whole miscellany of items, some light hearted, which immediately made this a very appealing publication. Advertising was initially offered preferentially to sustaining corporate members of the Association which assisted considerably with costs.

In May 1980 the first number of "The Clinical Biochemist - Reviews" appeared, and was also very well received nationally, and within 12 months, internationally. "The Reviews" from the outset have contained editorials, invited articles, technical reports covering the whole field of clinical biochemistry, major contributions from the Education, Scientific and Technical Committees plus the Chemical Pathology Committee of the RCPA Board of Education and reports from the Board of Examiners. Bibliographies on selected topics, Scientific and Technical Committee reports on kit and equipment evaluations, and quality assurance program reports have all provided many laboratories with information valuable for good management. The texts of memorial or educational lectures such as the W. Roman lecture, the David Curnow plenary lecture and those lectures delivered at Current Concept Conferences are regular features. The "Reviews" contain the abstracts of scientific papers presented at the Association's Annual Scientific meetings.

These new publications are both of a very high standard and an expression of the progressive educational activities of the AACB. By September 1981, the Chairman of the Publications Committee, Graham White, was pleased to report that subscriptions were being taken by non-members in five countries overseas, and that in eighteen months the AACB had published seven of the new format newsletters, six reviews, plus a Members' Handbook - a prodigious effort. All of this was at a considerable cost, not only in human endeavour but also in the publication expenses which had reached \$17,933 in 1981 compared with \$4,018 in 1980. Council was sufficiently alarmed to limit the Publications Committee budget to \$8,000 in the following year. The Publications Committee chairman was strongly encouraged "to attract more advertising in order to offset costs".

The growing volume of work associated with the publication of "The Newsletter" and "Reviews" justified the appointment of a business manager, Mr Tony Elderfield in May 1982. The Editor, Dr Graham White, announced in that year that the "Clinical Biochemist Reviews" were now included in Index Medicus. Dr John Whitfield in 1984 replaced Ian Farrance who had edited and contributed to Reviews since its inception in 1981.



A new venture for the Committee was the publication in 1985 of the first in the "Monograph" series "Advanced Electrophoretic Techniques for Protein Investigation in Clinical Diagnosis". This successful series of monographs has appeared at intervals up to the present (see Appendix on page 83). These publications have had their origin in workshops or Scientific Education Seminars organised or supported by the Scientific and Technical Committee with contributions by both AACB members and invited experts, some outside the Association.

In 1988 the death of Nancy Dale (see Chapter 12), Editor of the "Newsletter" from 1976 deprived the Association of one of its most respected and popular members (see under "Prizes, Awards and Scholarships" Chapter 12). Nancy had played a major role in the transformation of the original "Newsletter", firstly into its "blue version" then in March 1980 emerging as a professional, informative publication.

Nancy was succeeded by Danny Sampson also from the Royal Prince Alfred Department of Clinical Biochemistry who had assisted Nancy in editorial activities during her illness. The Newsletter continued under Danny's dynamic and firm control with the introduction of several new features such as "Omniscience" including a Computing Section and a corporate members' page with Andrew St John as sub-editor. Danny made her views on editorial policy unmistakably clear in "The Newsletter".³¹ She graciously acknowledged the quality of the publication as left by Nancy Dale and introduced a range of very practical changes. Danny continued most effectively in this role until 1991 when she succeeded Graham White as Chair of the Publications Committee.

Innovations introduced in the "Newsletter" between 1989 and 1991 included a new style of sustaining members' page with increased technical and scientific content, a Journal Club, and a column on a lighter note, "Laboratory Laughter". Simon Langton (WA) suggested to the Editor that the "Newsletter" could contain





original articles but the Chairman recognising this recurring chestnut responded by stating that a change of policy would be necessary for this to occur and the suggestion was firmly rejected. In 1995 the Editor of the Annals of Clinical Biochemistry (UK) proposed that the Association enter into joint ownership of the “Annals”. The offer was politely declined on the grounds that the expected increase of \$50 per annum per member in subscription rates would be unacceptable to the Association. Other proposals for a merger of AACB publications with the ACB Annals, was to recur in 1997 and 1998 with the same outcome.

Major changes were made to the front cover and layout of “The Newsletter” from March 1997 under the editorship of Les Watkinson who maintained the high standards of publication established by Nancy Dale and Danny Sampson.

In May 1994, the retiring editor of the “Clinical Biochemist Reviews”, Dr Bob Conyers, questioned whether the journal was continuing in the educational role as originally intended.^{32 33} There had been several requests to include original work, as with the “Newsletter” but this had been opposed by the former Editor, John Whitfield on the grounds that it would blur the identity of the journal and it would be difficult to maintain a volume of high quality papers. It had been acknowledged, however, that any publication should be open to change if it were to prosper.

Bob Conyers, on originally accepting editorship had a brief to introduce innovations into the “Reviews” in order to enhance its appeal to readers. He commented that there had been a dearth of material from the Education Committee and consequently he reconstituted the editorial panel to include chairs of the Association’s major committees or boards (Education, Scientific and Technical, Publications, Examiners) plus the Treasurer, thus linking the editorial activities to senior positions. He pointed out the serious situation facing the Publications Committee resulting from staff cutting and downsizing throughout the profession which impacted on scientists in hospitals and reduced their opportunity to do honorary work for professional associations. Bob Conyers suggested possible remedies for the “Reviews” woes, including a merger of two or more “pathology” journals across Australasia, a merger with an overseas clinical biochemistry



journal or the “internationalisation” of the journal. Under the editorship of Assoc. Prof. Howard Morris from September 1994 major changes to the “Reviews” as outlined above have not proved necessary.

There was a further approach in 1997 for a merger with the “Annals of Clinical Biochemistry” which was not recommended but it was realised that a greater circulation in the Asian Pacific region was very desirable. Thus as from May 1999 the “Reviews” has been published jointly by the Association and the Asian Pacific Federation of Clinical Biochemistry

as a “new look” journal bearing the logos of both associations on the front cover. Dr Evelyn Koay (Singapore), Secretary of the Education Committee, APFCB, was appointed to the Editorial Board in 1999 and articles submitted by our colleagues in the Asian Pacific region appear regularly giving the “Reviews” a more international flavour.

From 1997 the advent of desktop publishing and the internet have had a significant impact on publishing and communications in the Association. In 1997 a Home page Editor, Dr Andrew Wootton (VIC) was appointed and the possibility of the AACB office taking more responsibility for journal production was considered. By the end of that year, the AACB had a new domain name and this site was being visited with increasing frequency.

Major efforts have been made in recent years to increase the income from advertising mainly in the “Newsletter” and the Conference Abstracts issue of the “Reviews”. Andrew Wootton, Chairman of the Publications Committee, stated at a Council meeting, August 1998, that “the Association should continue to publish its high quality journals whatever advertising income was forthcoming.”³⁴

A notable change in content of the Newsletter since March 1999 has been Specialised themes/issues commencing with “Automation”. These are essentially educational initiatives presenting a range of aspects of major practical or theoretical topics in clinical biochemistry. The “Reviews” have also undergone a significant change of presentation rather than in content under the joint aegis of the AACB and the Asian Pacific Federation. Professor Leslie Lai (HK) has joined Dr Evelyn Koay as the second editorial representative from this region on the Board of “Reviews”. As a result of a vigorous marketing campaign, continued interest in the “Reviews” has been maintained by colleagues in the ACB and more recently Indonesian and Malaysian clinical biochemists.

The Publications Committee has continued to promulgate material in recent years using its members’ considerable informatics skills, e.g. powerpoint presentations (such as the Chemical Pathology and Management Update courses), development of a “Quiz” site originally produced by Dr Anne Reid and Professor Magnus Hjelm from Hong Kong, and the creation of a web site for the Asian Pacific Federation. Throughout the Association, Branch newsletters are now being distributed via the Internet. Planning is currently proceeding for the production of the “Monograph” series and The Association Handbook in CD electronic versions.

The Association’s publications since 1961 and especially over the last twenty years have reflected its vitality and high professional standards. The Clinical Biochemist “Newsletter” the “Reviews” and Monographs are respected internationally for providing valuable media in the dissemination of knowledge and news across Australasia, the Asian Pacific region and beyond.

AACB PUBLICATIONS

MONOGRAPHS

Advanced Electrophoretic Techniques in Clinical Diagnosis, (eds.) B. Biegler, S. Sykes, November 1989.

High Performance Liquid Chromatography in the Clinical Laboratory, (ed.) D.C. Sampson, November 1986.

Biochemical Markers of Metabolic Bone Disease, (ed.) Morris, H.A., May 1989.

Screening for Drug Abuse: A Community Challenge, (eds.) Bell, J. and Wyndham, L., January 1991.

Diabetes, Glycation and Complications, (ed.) Coulston, L., May 1996.

Current Issues in Thyroid Disease: Laboratory and Clinical Developments, (eds.) Michelangeli, V., Morris, H.A. and Topliss, D., May 2001.

Current and Emerging Strategies in the Diagnosis and Treatment of Prostate Cancer, (eds.) Costello, A., Sikaris, K., Crowe, H. and Michelangeli, V., November 2001.

OTHER PUBLICATIONS

Cases in Chemical Pathology: A Diagnostic Approach, Walmsley, R.N., and Watkinson, L.R., 1988, published by the Education Committee, AACB., Flinders University Press, Bedford Park, Australia 5042.

Comprehensive Study Guide in Clinical Biochemistry, ISBN 0-9587812-5-7 (1990). O'Leary, T.D., Guerin, M.D., Sikaris, K.A., and Rankin. WA.

Comprehensive Study Guide in Clinical Biochemistry. 2nd Edition. ISBN 0-9587812-5-7 (1993). Sikaris K.A., O'Leary T.D., DiScasio P and Guerin M.D.

8 THE AACB AND INFORMATION TECHNOLOGY - Informatics

“Travelling, gentlemen, is medieval. Today we have means of communication not to speak of tomorrow and the day after, means of communication that bring the world into our homes. To travel from one place to the other is atavistic”.

- Max Frisch, Swiss author (1911-1991).

Medical informatics is defined as “being concerned with cognitive information processing and communication tasks of medical practice, education and research including the information science and technology to support these”³⁵

The advent of electronic data process into clinical laboratories was undoubtedly heralded by the introduction of automatic chemical analysis by Leonard Skeggs³⁶ of Cleveland, Ohio in 1951. The marked increase in the volume of analytical data issuing from these early automated systems and their much more efficient successors created an urgent demand for processing large volumes of analog and digital data, storage of such data and the production of laboratory reports. Foremost, of all clinical laboratory disciplines, clinical biochemistry has led the way over the last fifty years in developments in this field and more recently in the distribution of laboratory data plus the use of expert systems for data interpretation.

The recognition that laboratory medicine is an information-based discipline was exemplified in the holding of a satellite meeting of the 15th International Congress of Clinical Chemistry in November 1993. This also demonstrated that considerable expertise in this field existed within the Association. In a review by Prof. Leslie Lazarus³⁷ (NSW) appearing in “The Clinical Biochemist” in 1993 prior to the above satellite meeting, he commented that “the information sector in the health care field was under-resourced in comparison with other industries such as airlines and banks, which allocated 4 to 5 times more funds from their annual budgets to information technology compared with hospitals.” Lazarus commented that the ideal laboratory information system including interpretative expert systems should be networked to computerised patient data records. Expert systems, now being increasingly used in data interpretation, have been developed by AACB members.³⁸ The emergence of evidence-based

medicine will undoubtedly increase the demand for expert systems in clinical management.

The importance of information technology systems in many activities of the Association cannot be overstated. In 1990 a scientific education seminar “Computers in Exchange of Information and Management” mounted jointly by the Education, Scientific and Technical committees was organised by Andrew Wootton and Des Geary. This covered a wide field from information exchange, through robotics and data management to the use of artificial intelligence in computerised interpretation. This was an appropriate prelude to the IFCC satellite meeting in informatics held in 1993 and indicates the significance of this field in clinical biochemistry (see Chapter 3).

From 1995 onwards, email facilities have been used by an increasing proportion of members, and that by 2000 a survey has shown that just over 60% of the membership had email addresses. In 1996 the AACB created a home page which was used with increasing frequency and in October 2000, over 4000 “hits” had been recorded that year.

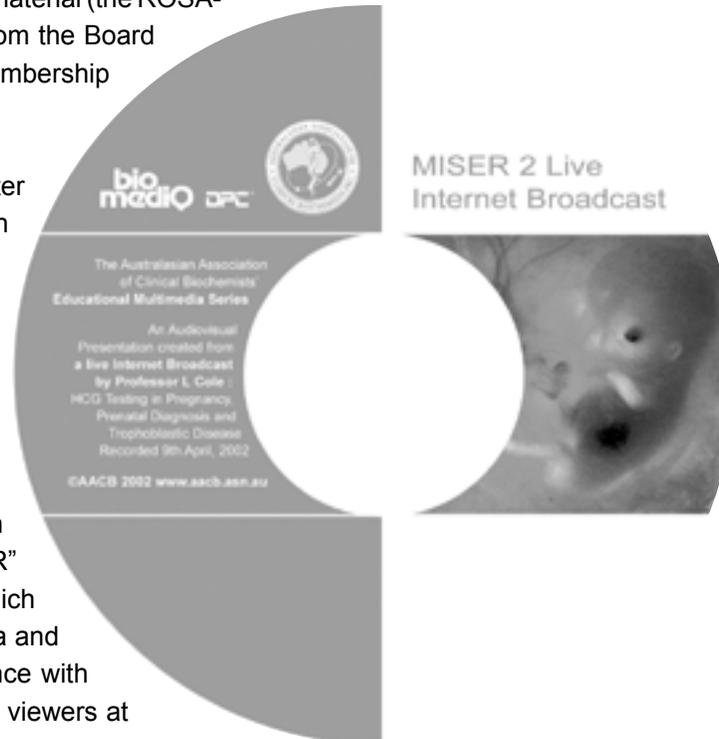
In 1996, Standards Australia on which the AACB is represented, created a Health Informatics Committee (IT14) with the brief to produce an Australian Standard for pathology. In the same year the Education Committee requested that all its members be contactable by email. This requirement was then extended to all Council members which required the necessary networking facilities. A proposal was made to Council that the Association should also have a home page with the facility for displaying publications, notices of meetings, Council and local branch notices, advertisements, journal articles, reviews and kit evaluation. Important aims of this move were to raise the public profile of the AACB and provide a

public service by presenting items of current interest to the community, e.g. blood lipid abnormalities, diabetes, prostate specific antigen. The responsibility for producing any educational material through this medium was given to the Education committee.

By late 1997 the AACB website was fully installed and presented educational material such as the Chemical Pathology course notes, diagnostic notes prepared by Dr. Noel Walmsley (SA), technical material (the ROSA-File [Register of Specialised Analyses]) and from the Board of Examiners, examples of Fellowship and Membership examination papers.

Advances in informatics have provided better and far reaching modalities in the distribution of technical, scientific and educational material and presentations. Video conferences now can reach all branches. Internet or web based technology such as MISER (Multimedia Internet Streaming Education Resource) conferences have reached colleagues in India and Hong Kong. In 2001 a Current Concepts Conference was conducted by Andrew Wootton and Peter Vervaart followed by the first “MISER” presentation on “Markers of Inflammation”³⁹ which was sent to 176 persons at 17 sites in Australia and New Zealand. The 2002 “MISER 2” Conference with Prof. Leonard Cole (USA) was webcast to ISS viewers at fourteen remote sites including New Delhi.

Recent advances in the technology of webcasting have enabled the Association’s educational activities to be readily accessible to a larger proportion of its members in an interactive environment. The AACB is among few professional associations to use this newer technology so effectively. Informatics, a technology in everyday use, will inevitably expand rapidly.



"In the field of science, chance favours the mind which is prepared"

- Louis Pasteur (1822-1895)

Origins

A major factor in the formation of the Association had been a concern for analytical accuracy in clinical biochemistry voiced by Dr. David Curnow (WA) at an ANZAAS meeting in Perth in 1959. A group of hospital scientists including Margaret Coles (SA), Nancy Dale (NSW) and others, indicated that they should meet more frequently to discuss common problems in this area. From these early discussions, the Study Group in Clinical Methods was formed which resulted in descriptions of methods then used in Australian diagnostic laboratories being circulated to members of this group. Originally organised by David Curnow, this was continued by Dr. Frank Radcliff (NSW) who became secretary of the group.⁴⁰ The circulation of cyclostyled method sheets by Drs. Curnow and Radcliff contributed to the use of reliable methods throughout the profession and improve standards of analysis.



The suggestion that this study group could be transformed into a more formal association led to Drs. Roman (SA) and O'Hagan (QLD) inviting interested group members to attend an inaugural meeting during the ANZAAS conference

in Brisbane in May 1961.⁴¹ This initiated the foundation of the Australian Association of Clinical Biochemists (see Appendix 1, p62).

In February 1962 at the AACB Council meeting in Melbourne, David Curnow was elected convener of the Study Group and asked to "set the pattern for this group's activities including standardisation of methods ... and canvass membership in areas not covered at present." At the same time Dr. Roman was asked "to investigate all aspects of the production, purchase, distribution and use of sera for quality control in members' laboratories."

A Standing Committee on Methods (1965) convened by Dr. John Mackenzie (VIC) was created with a widely based membership and had the responsibility of "investigating and reporting on all matters relating to methods in clinical chemistry" - quite a challenge! At the same time, matters relating to the Clinical Chemistry Survey which was conducted by the then College of Pathologists of Australia, largely due to the pioneering work of Dr. Peter Hendry (NSW), were also made the responsibility of the Standing Committee. This committee was later reconstituted as the "Scientific Committee" convened by John Mackenzie with two other Victorian members, Drs. John Owen and Margot Bailie and given broad terms of reference, including the investigation



Dr John MacKenzie

into lack of agreement among laboratories as revealed by College of Pathologists surveys, reliability of particular methods, but avoiding the setting up of so called "Standard Methods" and importantly to increase the interest of members in the performance of their laboratories.

Some of the work of the Scientific Committee which compared laboratory data on serum electrolytes and urea with results from the College of Pathologists survey was reported in the Association's "Proceedings"⁴² and revealed an unsatisfactory situation. There had been considerable debate over the right of individuals to publish some of these survey data and to add to this situation, the convener notified Council that this Victorian committee wished to disband because a second committee had been formed in that State which was composed of a "wider group including pathologists and technologists." It was hoped that in other states scientific committees would be formed to take up the activities of the original Scientific Committee but nothing really emerged.

In 1970 a laboratory practice committee was set up by Council with Drs. F. Neale and P. Dennis as members and commissioned to "handle those matters affecting Laboratory Practice referred to it by Council." This was later to include (later) material referred from associate members of expert panels of the IFCC. This committee did not function effectively and had difficulty in recruiting members. Within twelve months, a coordinator, Peter Dennis was appointed to assist the associate members of these expert panels (IFCC) which covered this area more effectively. These activities were later to become a direct responsibility of the National Representative of the Association to the IFCC.

A subcommittee (Dr. Frank Radcliff, Convener) on the supply and maintenance of equipment had been formed in 1973 and a year later was enlarged with the appointment of representatives from each State. The purpose of this group was to receive and examine complaints on laboratory equipment rather than undertake evaluations. It was stated in a veiled threat that "pressure may then be applied to those companies providing unsatisfactory equipment or service." How this pressure was to be applied was not made clear.

In 1974 Des Geary (SA) became convener of this group and created a more effective system for the evaluation of equipment and the publishing of reports. Notification of these reports was printed in the "Newsletter" with full copies available on application. Largely because of the quality of these reports and the existence of an effective system of evaluation, advice on these matters was sought by the National Hospitals and Health Services Commission. Initially all these equipment evaluations were performed at the Institute of Veterinary and Medical Science (IMVS) in Adelaide but it was decided to decentralise this work to other laboratories using appropriate guidelines.

Proposals for a restructured Scientific and Technical Committee (S&TC) were presented to Council by Des Geary in November 1978 which proposed a new composition and better definitions of the Association's activities in this field. Not surprisingly, Des was elected Chairman of the new Committee with Nick Balazs (VIC) and Ron Bowyer (WA) as members. Subcommittees were formed to deal with Analytical Methods, Instrumentation, Diagnostic Products and Quality Control, each headed by a member of the above Committee. These subcommittees continued to play a very effective role in the activities of the Association for many years. By August 1980 the Instrumentation and Diagnostic Products Subcommittee of the S&TC had published evaluation reports on 15 analytical instruments and nine analytical kits. This was a remarkable achievement in the 18 months since the formation of the S&TC and its three subcommittees.

Quality Assurance

Early Years

The early history of the Association's ventures into this field is mentioned in Appendix 1 (p62) by Curnow, Riley and Bowyer. Nationally there was increasing interest and activity in the area of Quality Control, more correctly termed Quality Assurance. A joint working party on quality control in Immunoassay (JWPQCI) had been created in 1977 including representatives from the RCPA, the Endocrine Society of Australia, the Human Pituitary Advisory Committee, CSL and the Association (represented by Dr. Margaret Stuart) with the major task of

addressing factors responsible for variability in results of immunoassays. The JWPQCI's first program ran from February to October 1981.

Quality control programmes for general serum chemistry had been created in both South Australia and Victoria as local collaborative ventures mainly among public hospital laboratories. In 1980 there was a "mini-conference" (later termed "Current Concepts Conference") on Quality Control. Dr. Bill Riley (WA) and Lloyd Penberthy (SA) were the travelling lecturers to all States with local speakers. This was followed by a Laboratory Improvement Workshop which was conducted jointly by the Association and the RCPA.

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The Chemical Pathology Quality Assurance group was formed by Dr David Thomas (RCPA) in 1980 and included Association representatives Ron Bowyer, Des Geary and Lloyd Penberthy.

In March 1981, following the Laboratory Improvement workshop in 1980, jointly convened by the RCPA and the AACB where a national QC Scheme was discussed, a description of the proposed Australian Quality Control Scheme for clinical chemistry was published by the RCPA/ AACB Chemical Pathology Group.⁴³ This programme which included

general serum chemistry, lipids, immunoassays, therapeutic drugs (initially qualitative) and urine general chemistry was the basis for the program which exists now. It was launched in April 1982 and included 185 full participants plus an additional 64 taking either the sera or data reduction options. The anticipated charge for the scheme was estimated at \$320 to \$460 per annum. (In 2001 it was \$1909). Those laboratories participating in regional Q.C. programmes which had existed in states such as South Australia and Victoria had within two years enlisted in the RCPA/AACB scheme which has the considerable advantages of larger data bases and better information on comparative methodology and statistical analysis. The National Scheme offered other advantages, one being the choice of individual or group (regional) participation whereby one major laboratory could join the general chemistry programme for say, \$450 per annum and associated laboratories could participate at a cost of \$150 for the Serum option only. The need for local QC programmes no longer existed.



Mr Lloyd Penberthy

Reports on the results of successive cycles to the RCPA-AACB Quality Assurance Programmes have been published regularly in the "Clinical Biochemist - Reviews", the first appearing in 1983.⁴⁴ The development of this programme as a joint effort by the AACB and RCPA is one of the best examples in Australia of close and effective collaboration between two scientific bodies in the health services field. It remains a credit to all those who developed and have maintained the scheme.

The Curse of the Cow in Clinical Biochemistry

A report from Melbourne by Balazs and Dennis⁴⁵ in 1981 revealed a discrepancy between urine total protein values obtained in the Prince Henry's laboratory and the group mean values obtained in the Quantitative Urine programme (QUP). Investigations by the Prince Henry's group proved that the QUP material contained bovine albumin which gave a much lower value than human albumin when measured by that laboratory's turbidometric method. The organisers of the QUP responded briskly⁴⁶ by defending the QU Programme but admitting that the commercial supplier of the human urine used, had added "non-human constituents". This episode generated a spirited exchange of witty correspondence in "The Clinical Biochemist" which focused mainly on the undesirability of including non-human constituents in any type of quality control material. Strong criticism of the original plaintiffs' methods and lack of professional courtesy was made by the accused but they did not imply that there was criticism of the overall value of the RCPA/AACB Quality Assurance Programmes. There is no further report of a similar situation recurring in the QU Programme.

Withdrawal of CSL from Production of Material

The current range of Chemical Pathology Quality Assurance Programs, provided from within Australia, was offered to Pathology laboratories in 1982. The Commonwealth Serum Laboratories (CSL) was central to the development and production of the material used for these programs. This collaboration between CSL and the QA group led to steady growth in the number of participants to approximately 280 and to 10 different programs.

At the annual meeting of QA organisers and CSL in June 1990, CSL unexpectedly announced that they would be withdrawing from the business of producing QA material on the basis of their perceived lack of future for such business! In

spite of suggestions to the contrary from many sources including Dr Lindsay Wyndham, the newly appointed Chair of the Chemical Pathology QA Program, Dr Stewart Bryant, Chair of Quality Assurance Scientific and Education Committee of the Royal College of Pathologists of Australasia, this decision could not be reversed.

It was decided to request production of two years material for 1991 and 1992 to allow time for the Chemical Pathology QAP Group to consider its position and find alternatives to current arrangements. Meetings and discussions were held throughout Australia to review the services offered by the Chemical Pathology QA Group, to decide whether these should be continued and, if so, to consider alternative sources of QA material. Feedback from participants in the programs strongly supported continuation of the programs and in due course Australian Diagnostics Corporation were able to arrange close collaboration with Ciba Corning to produce QA material to the specifications of the Chemical Pathology QA Group.

This supplier continued to provide material for several years until it was sold to another company, Aalto Scientific Ltd, California, USA. Control material for special drug assays have been supplied by Dade Diagnostics, USA. Other material for HbA_{1c} and blood gas surveys have been sourced from suppliers in the Netherlands. Jan Gill, senior scientist with RCPA/AACB Chemical Pathology group and recipient of a Nancy Dale scholarship in 1997, visited overseas suppliers of QA material including Aalto Scientific Ltd, in the USA currently suppliers of QAP sera and described in detail the complex manufacturing process for this material.⁴⁷ Her visit and involvement with all stages of the process has been a valuable contribution to the continuing success of the programme.

It could be asked, why has Australia not continued to supply quality assurance sera in combination with the statistical analysis of data? There is a growing demand globally for these programmes in developing countries encouraged by the IFCC, national regulatory authorities and also from the demands of local clinical and laboratory requirements. Australasia has been a leader in the development of a successful QA programme in clinical chemistry due to the efforts of the AACB

and the RCPA. Is it reasonable to hope that these two scientific bodies possibly with the addition of other clinical or scientific associations may encourage a local manufacturer to provide suitable material economically?

Relationships with RCPA

The AACB has a long-standing close working relationship with the Royal College of Pathologists in matters related to QA programs in Chemical Pathology. As far back as 1960 Dr Peter Hendry, Chair, Education Committee, RCPA, distributed serum specimens both nationally and internationally. This must be one of the earliest examples of an International QA Program. This task was subsequently shared among a number of institutions around Australia on behalf of the RCPA. In due course the task became too onerous and existing international programs were recommended as the programmes of choice. These included the American College Pathologists and the Wellcome Programmes.

In 1980, the RCPA felt that it was unable to influence the then recommended Wellcome programme to address the need for Australian summary data and other information. With this in mind they decided to form a Chemical Pathology Program Group to investigate once again the possibility of mounting an Australian-based program. This Group was chaired by Dr David Thomas (IMVS, SA) for the RCPA. The members of the Group were Dr Ron Bowyer (Royal Perth Hospital, WA), Des Geary (IMVS) and Lloyd Penberthy (FMC, SA); all AACB members. The suggested program was to be based on a number of the initiatives being considered by the then current South Australian Quality Control Subcommittee of the SA Branch of the AACB which at that time was chaired by Lloyd Penberthy. The Chemical Pathology Program Group worked closely with the Commonwealth Serum Laboratories to test a range of potential material types for the program. Lyophilised material was found to be the most suitable matrix and CSL continued to produce the material until 1992 when they withdrew from production.

The working relationship between RCPA and AACB in QA has continued for many years. Lloyd Penberthy was a member of the Quality Assurance Scientific

and Education Committee of RCPA until in 1988, the company RCPA Quality Assurance Programs Pty Ltd in which Dr Michael Gribble (SA) played a major role, was formed to administer all QA programs including Chemical Pathology. Quite early in the development of the programs the original committee was renamed the RCPA-AACB Chemical Pathology QAP Group. The AACB contributed much expertise through its Working Parties of the S&TC, and the RCPA provided support through the Board of Directors of RCPA Quality Assurance Programs Pty Ltd and through the Quality Programs Advisory Committee of RCPA QAP Pty Ltd of which Dr Renze Bais, Chair, AACB Scientific and Regulatory Committee is currently a member. The AACB has mounted the one-day QC Update meetings for many years and RCPA has used a similar format from time to time to discuss issues relating to quality assurance.

In September 1992, the RCPA-AACB Chemical Pathology QAP reported that there were 200 enrolments in the programme including international participation. A modified version of the General Chemistry and Lipid programme was used by Technicon for their equipment. In the Asian Pacific region, material was distributed to 30 laboratories and in addition to the Quebec Society of Clinical Biochemistry in Canada.

In 1988 the Quality Assurance programme was restructured as a company separate from the RCPA and with separate liability. Dr Stewart Bryant, was appointed Chairman, Board of Directors. The AACB sought an agreement with the new company which recognised and recompensed the Association for the major component of work which its working parties performed. Nevertheless the Association had some concerns about the new situation based on several points:

1. An income from the QAP scheme which was sufficient to maintain the AACB's financial security.
2. The QAP Pty Ltd income could be diminished if the cost of purchasing material were to increase.
3. QAP Pty Ltd might question the monetary value of the scheme if the AACB pursued full cost recovery.

4. QAP Pty Ltd may regard the AACB as merely coordinating activities, while individuals or institutions provided scientific expertise.

For a number of years there was a Memorandum of Understanding between RCPA Quality Assurance Programs Pty Ltd and the AACB; at the end of 2001 this became a formal agreement further cementing the goodwill that currently exists between these two bodies.

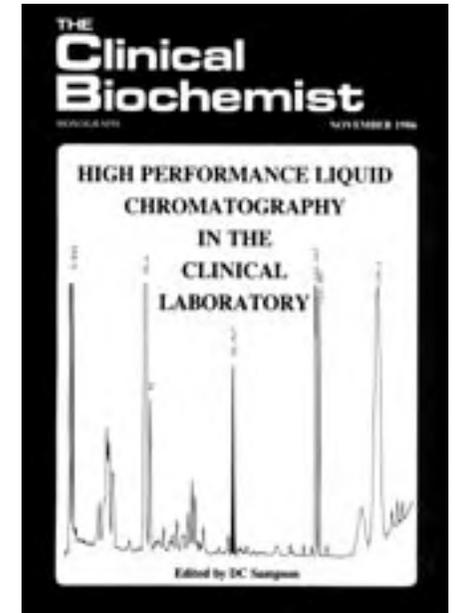
Dr Lyndsay Wyndham, former President (1989-91) chaired the QA group with distinction for eight years through great difficulties and during its greatest expansion. She has been succeeded by Dr Ken Sikaris (VIC). The success of the QAP is demonstrated by the number of Australasian and international participants plus the range of programmes as reported to Council in 2000 (see Table1).

As a result of the above changes in QAP, the RCPA advised that QASEC (Quality Assurance Scientific and Education Committee) would become a purely RCPA committee without AACB representation. This difficult situation was resolved by the formation of committee equivalent to QASEC within QAP Pty Ltd, the chair being an AACB member. Despite these perturbations the QAP enterprise has continued to operate effectively and harmoniously. In 1994 QAP Pty Ltd negotiated with the American College of Pathologists to join their ligand assay programme to ensure the continuity of a national programme for hormones. The history of QAP has been recently reviewed by Lloyd Penberthy, currently Business Manager for RCPA Quality Assurance Programs Pty Ltd.⁴⁸

Working Parties

In 1981 the S&TC took the initiative by introducing special interest group sessions at the time of Annual Scientific Meetings. The first of these events was at the Sydney ASM in 1983 and included sessions on a wide range of topics from catecholamines to inborn errors of metabolism. These special interest group sessions continued to provide an excellent forum for sharing expertise.

A major item of interest to the Association was the topic of dry chemistry and together with NPAAC (National Pathology Accreditation Advisory Council) and the National Health Technical Advisory Council, these bodies published a report “dry chemistry pathology tests”⁴⁹ which was submitted to the Standing Committee of Health Ministers conference in 1984. This report was prepared in response to the emergence and widespread use of a range of portable analytical systems or reagent strips in use beyond the laboratory. Tests based on these methods were already included in the Medical Benefits Schedule, but there were no clearly defined criteria for accreditation guidelines, quality assurance, staff training or analytical performance.⁵⁰ The association urged that “the need for accreditation/registration is considered particularly urgent and will not be feasible without appropriate action by State and Commonwealth Governments.” This recommendation was ultimately incorporated into a report formally issued by the National Health Technical Advisory Panel which stated that accreditation should be extended to cover all non laboratory use of analysers.



In 1989 the Scientific and Technical Committee prepared a submission to the Federal Government Therapeutic Goods Committee on controls for diagnostic materials to be used by untrained personnel in non laboratory situations. An Office Pathology working party was created directly as a result of the demand for improved standards and guidelines in this important area of non-laboratory medical testing. The creation of working parties dealing with a wide range of topics or analytical problems has been a major achievement of the S&TC. This initiative has had a major dynamic effect throughout and beyond the Association covering standardisation of methods, improving analytical standards, promoting

national and international collaboration among clinical biochemists and highlighting the requirement for quality assurance programmes relevant to specific analytical problems.

In 1988 the Committee reported that there were now 10 working parties and that it had just initiated two more dealing with fructosamine and cyclosporine methods. Further working parties were added including one on “Informatics” (see Chapter 8).

In 1990 Council approved that the S&TC become an international corresponding member of NCCLS, thus receiving the library of standards and the NCCLS Newsletters. Lists of these publications appeared regularly in the “Newsletter” under “S&TC Library” which has resulted in a growing demand for these documents on a loan basis through the Association’s office.

The Australian Lipid Standardisation Programme (ALSP)

The Committee coordinating this programme was first set up in 1979 with Dr Dennis Calvert (Chair) and Des Geary (Secretary) plus State representatives following negotiations between the Association and the RCPA. Its aim was to assist in the development of a regional scheme to improve the performance of serum cholesterol and triglyceride assays. With the assistance of Commonwealth Serum Laboratories, material was available for distribution by 1982 and enabled laboratories to compare their data for these assays with Centre for Disease Control (CDC, USA) reference method based values.

The ALSP became incorporated in South Australia in 1982 and expanded its activities to include High Density Lipoprotein Cholesterol (HDL-C). The programme initially resulted in a significant improvement in cholesterol and HDL-C assays but did not have the same effect with triglycerides. The group has been of assistance in the standardisation of lipid assays in the Asian Pacific region.

In 1985 the responsibilities of the ALSP were divided between two groups: (a) the Lipid Chemistry Working Party, within the RCPA/AACB Chemical Pathology Quality Assurance Programme Group, responsible for the provision of a QAP for cholesterol and triglycerides and (b) the Lipid Standardisation Working Party within the S&TC of the AACB. These remained responsible for the long term lipid standardisation programme in cooperation with CDC and covering the Asian Pacific region.

A Lipid QA Problem

In September 1989 two groups from the Alfred Hospital, Melbourne (Department of Biochemistry and the Clinical Research Unit), reported analytical problems with cholesterol assays based on ALSP calibrators provided by the Australian Lipid Standardisation Group.⁵¹ Doubt was cast on listed values issued with two batches of material which when analysed, produced differences of approximately 3.5% in cholesterol concentrations. The Alfred groups criticised the RCPA/AACB QA group for not alerting laboratories to the possibility that inaccuracies could occur with this material as demonstrated in the most recently published report of the 18th AQAP Cycle. The ALSP working party responded by acknowledging the validity of the Alfred groups’ observations and noted that the bias reported was likely due to “aberrant behaviour of compromised material inappropriately stored” rather than a bias between chemical and enzymatic methods for cholesterol assays.⁵² Awareness of this problem by the QAP group appears to have resolved this issue. However the matter did not rest there, as an article appeared in the Melbourne “Age” highlighting these “cholesterol test errors” which was responded to by Lindsay Wyndham (President)⁵³ who noted that “the error was small, that it had been detected and CSL was addressing the problem.” Elaine Nicholls⁵⁴ and colleagues from the Alfred Hospital did not fully accept the ALSP WP response to the original report but noted “ ‘a standard’ must be just that.”

Community Cholesterol Screening

S&TC was requested by Council in 1990 to prepare a position paper on this topic on behalf of the Association on Community Cholesterol Screening. This

report contained recommendations on who should be tested, appropriate blood lipid values, assay performance criteria and those who could be accredited to perform these tests. Apart from scientists, pathologists, or those individuals supervised by the former professionals, the Pathology Services Accreditation Board had also included medical practitioners and pharmacists as persons who may perform such tests for an accredited laboratory. The AACB Council in 1990 urged the S&TC to take action in the area of cholesterol testing which was then as now a major topic of concern to the community. The Office Pathology Working Party under the leadership of Dr Michael Guerin (VIC) was an active group in this area, resulting in their expertise and advice being sought by both the RACGP and the NHMRC Working Party on Cholesterol Screening.

Total Quality Management

The field of quality management (TQM) became a major area of interest for the S&TC with the setting up of a working party in 1992.⁵⁵ This was to deal with all aspects of quality management in clinical laboratory medicine. The working party identified the major areas to focus on:

1. Commitment to TQM.
2. Education.
3. Customer focus.
4. Quality systems.
5. Continual improvement of the AACB.
6. Communication.

Strategic plans were designed for all of these categories. Financial support for these activities was sought from both Federal and State governments, through the Training Guarantee Act and Health Industry sponsorship. The working party contributed a regular “Quality Corner” in subsequent “Newsletters” and submitted a technical report on a Model Quality Management System in the Clinical Biochemist reviews.⁵⁶

Dr Tony Badrick, Chairman, Board of Examiners had taken a leading role in the

field of Quality Management and was convener of the Working Party for this section which regularly published the many facets of this topic as “Quality Corner” in the “Clinical Biochemist Newsletter”. These publications and especially the S&TC Technical Report on a Model Quality System for Total Quality Management in the Pathology Laboratory⁵⁷ summarised the principles of TQM in the climate of laboratory accreditation (see NATA Chapter 10). The Scientific Education Seminar in 1994 “Managing the Clinical Laboratory” was a demonstration of the importance of this area in clinical laboratory practice.

The Working Party (WP) on TQM produced a series of comprehensive articles and guidelines in successive “Newsletters” in the 1990s and a Special Edition of the “Newsletter”.⁵⁸ The WP played a significant role in two laboratory improvement workshops held in Kenya under the auspices of The Royal Society (UK), IUPAC and UNESCO. The AACB was represented by Dr Lyndsay Wyndham, Chair of the RCPA-AACB Chemical Pathology Quality Assurance Program group and Des Geary (representing IUPAC and The Scientific and Technical Committee, AACB).

A survey on TQM conducted in 1993 via the RCPA/AACB QA program, revealed that of 61 laboratories from which there was a response, 50% had implemented TQM and a further 33% were intending to do so within two years. The responses which were mostly favourable, quoted improved quality of service, better client satisfaction and improved staff motivation. Negative aspects mentioned were costs and the amount of time expended in implementing the process. The TQM WP was finally wound up in 1997.⁵⁹

Divisional Structure

In 1997 the Committee examined the option of creating divisions to consider major issues in its realm. The first to be proposed was a division concerned with all aspects of automation within laboratories - a Division on Medical Laboratory Automation (DOMLA). Aims of this division were to improve the efficiency of this group’s activity, foster communication with other societies e.g. AIMS, and “possibly attract revenue”.

A division on Point of Care Testing (POCT) was next, formed directly as a result of new technologies being employed to test patients remote from laboratories, e.g. “bedside” or in critical care units. These activities presented major challenges for laboratory staff who were often responsible for the quality of service, equipment maintenance, training and supervision of staff (often non-technical). All aspects of POCT such as Quality Assurance and Management were a major concern. Despite the burgeoning activity in POCT, predictions that it would dominate clinical pathology testing have proved unfounded. A special interest group on POCT was formed at the ASM 1997 and this division was responsible for publishing a special number of the Newsletter.⁶⁰

Despite the activities of these working parties or divisions it was considered that they had not functioned well.⁶¹ Several working parties were disbanded having reached their objectives or for various reasons failed to make progress; these included the Endocrine WP and the WP on Medical Laboratory Automation.

In the field of Quality Assurance programs, several active groups were formed to deal with the specification and preparation of material e.g. Cerebrospinal Fluid, Biogenic Amines, Porphyrins, Target Setting, Glycohaemoglobin and Vitamins. In the area of Certification/Accreditation a Quality Systems Working Group was created in 2000 with the aim of documenting requirements for the competence of Providers of Proficiency testing Systems. This group which comprised representatives from other disciplines such as haematology, microbiology and immunology was created to provide guidance to other QA Programs in establishing their quality systems.

In the area of Quality Assurance, members of the S&TC continued to be highly productive. Lloyd Penberthy, Chair of the Program Coordinators’ Committee in October 1999 presented a comprehensive report on the RCPA/AACB Chemical Pathology program to Council. At this time there were 1,000 participants enrolled in a total of 2,742 programs. Another eight programs were in the process of being evaluated. There has been further development of improved report formats and AACB members of the Chemical Pathology group have remained active in the Association’s and AACB/RCPA scientific and educational activities.

Although there were continuing concerns within Council about the apparent inactivity of the S&TC divisions and working parties, the Chair, Renze Bais, stated that these groups were a resource for the Quality Assurance Program. In 2001, the Chair of the S&TC proposed that the Committee become branch-based and restructured with all positions being declared vacant. This proposal was not accepted by Council and it was decided that Renze Bais should continue as Chair and that he with three “active” members of the Committee should review this body and make recommendations on all aspects before positions were readvertised.

The question of continuing the Scientific and Technical Committee in its previous form has been completely overtaken as a result of decisions made at a Strategic Planning Session convened by Council in April 2002. The totally new structure of the executive determined at that historic meeting includes three Vice Presidents, one of whom is Chair of a revised Scientific and Technical Committee. The Strategic Planning Sessions convened by Council in April 2002 resulted in the restructuring of the AACB executive and a revision of the composition and responsibilities of major committees. The S&TC has been renamed the Scientific and Regulatory Affairs Committee (SRAC) to reflect more appropriately its responsibilities in the fields of competency based standards, regulations concerning laboratories and scientific input into organisations such as NATA, NPAAC, NCCLS. Its role in Quality Assurance continues. The new Committee is also to have responsibility in national and international matters such as Point of Care Testing and the IFCC Global Initiative on Diabetes. A major effort will be made to delegate tasks to members with specific expertise at branch level and to involve the diagnostics industry. In the revised executive structure, one of the Vice Presidents, Dr Renze Bais, heads the SRAC.

The Association has established itself as a major national resource for scientific and technical expertise in the laboratory aspects of medical diagnosis. It remains to be determined how effective the new Committee will be into the twenty-first century in this important role.

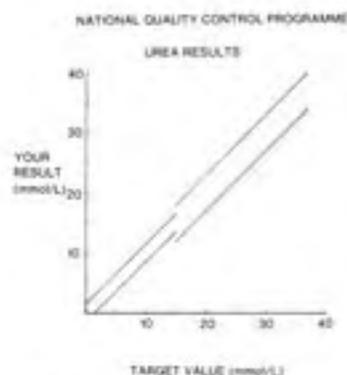


Figure 1. Preprinted quality control graph for urea analysis.

graphs. Computer generated reports for each two weeks will be forwarded to participants and a comprehensive summary report will be forwarded at the end of the cycle. Full details of these reports are presented below.

II MATERIAL FOR ASSAY

A 40-week trial of frozen, liquid and lyophilized human sera was commenced in June 1980. Three linearly related sera were prepared as we wish to assess the ability of manufacturers to prepare such a range of sera. Preliminary information suggests that lyophilized material will be most satisfactory. Trials will continue until we are confident that a comprehensive range of linearly related samples can be prepared with acceptable stability, bottle-to-bottle variation, etc. In the general programme it is intended that six different sera will be distributed, i.e. the same sera will be analysed on four different occasions.

During discussions at the Laboratory Improvement Workshop 1980, it was suggested that 5 ml of sera would be sufficient for all 27 analytes. As some laboratories use up to 4 ml just for iron and TIBC it will probably be necessary to pool potential participants to determine the most suitable volume. Those laboratories requiring more than 5 ml could purchase additional material.

III DETAILED EXPLANATION OF ORGANISATION, STATISTICAL ANALYSIS AND REPORTS

1 Analysis of Sera

On the date indicated, the two quality control sera will be reconstituted and analysed for each constituent in the same run. As far as is possible sera should be treated as a patient sample, i.e. they should not receive favoured treatment; equally, they should not receive sloppy treatment. In this way the quality control results will best reflect your laboratory performance.

2 Returning Results

Results are to be forwarded immediately they are completed to the survey organisers.

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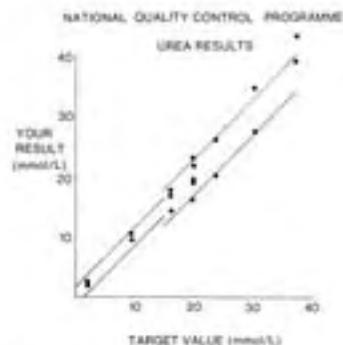


Figure 2. Completed urea quality control graph.

It has been proposed that groups of participants may desire to form regional groups to facilitate the comparison and discussion of results within their local group. This may be readily arranged and offers the advantage that results could quickly and cheaply be reported by telephone. The target values can then be obtained immediately.

3 Target Values

It is proposed that target values be established for all analytes prior to each cycle rather than relying on consensus means. Target values provide an opportunity for the profession to provide a lead as to what the best results are, while consensus means will tend to reflect values provided by the technique currently most popular.

Target values will be established using reference methods or methods of known bias for as many analytes as possible. For those analytes for which such methods are not available, values provided by a preferred method will be employed. Such methods will be approved by a senior professional committee. The programme organisers are currently seeking workers who are interested in providing target values for analytes in the general serum programme.

Target results will be forwarded to participants one week after the suggested date of analysis or, if regional groups are formed, will be available from regional coordinators when results are phoned to them.

4 Initial Assessment of Performance

One of the objectives of this proposed programme is to indicate individual results which are unacceptable immediately after analysis. This is not possible when parametric statistics are used as time is required for calculations. The use of fixed limits of performance, namely the "Initial Performance Limits for Inter-laboratory Quality Control" published in the *Clinical Biochemist Newsletter*, 57: 26-27, 1980, allows immediate comment since the target value is known.

TABLE 1. Examples of initial performance limits for inter-laboratory quality control.

Constituent	Units	Allowable Variation
Serum 150-180	mmol/L	±4
Urea ≤ 11.0 > 11.0	mmol/L	±1.5 ±3.0

The *Clinical Biochemist Newsletter*, March 1981

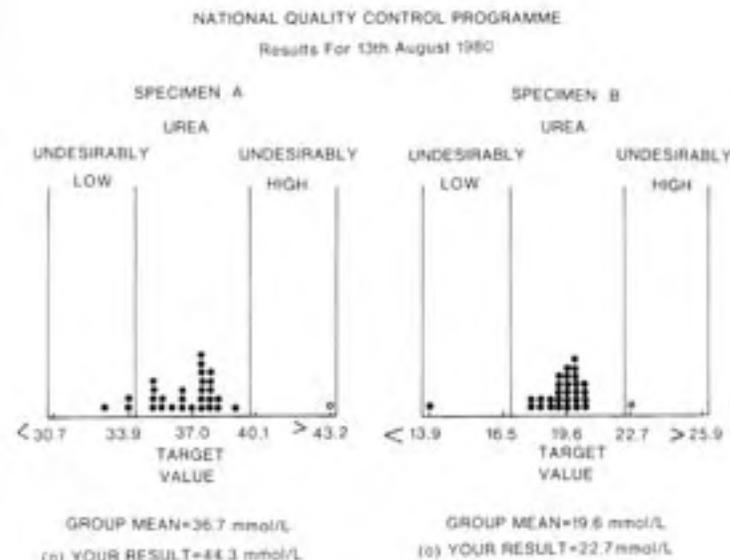


Figure 3. Two-weekly computer report.

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As can be seen from Table 1, a sodium result which is greater than 4 mmol/l from the target value would be classified as undesirable and so require attention. This approach also allows for immediate graphical presentation of data. Consequently it is intended that all participants will be provided with preprinted blank graphs for each analyte.

Figure 3 shows a preprinted graph for urea. The upper and lower 45 degree lines are the target value plus the initial performance limit and the target value minus the initial performance limit respectively. Once each target value is known it is possible to plot your result versus the target value. As the cycle progresses, information will be built up on your method.

Figures 2 and 3 are examples of graphs obtained for two analytes. The sodium results (Figure 3) show no obvious problems. However, a number of the urea results (Figure 2) are outside of the proposed performance limits.

Since these graphical presentations are prepared immediately within each participating laboratory, the interest of

The *Clinical Biochemist Newsletter*, March 1981

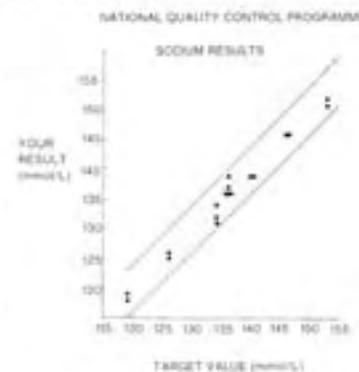


Figure 4. Completed sodium quality control graph.

staff should be high and so problems will be resolved more effectively than when the turn-around time of data is slower.

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10 THE AACB AND LABORATORY ACCREDITATION - NATA

"Fire is the test of gold; adversity, of strong men."

- Seneca - 8BC-65AD (On Providence 5, 9)

The move to introduce laboratory accreditation in Australia was prompted by at least two factors:

1. A growing concern in the health services profession involved in diagnostic pathology services (RCPA, AACB and AIMS) over the lack of regulation of laboratories to ensure minimum standards of performance.
2. The introduction of Commonwealth Government payment for pathology testing under the Medicare Benefits Scheme.⁶²

The Commonwealth Government had proposed in 1974 through the Hospitals and Health Services Commission (HHSC) that an accreditation scheme for pathology laboratories should be introduced. In 1979 the Commonwealth established the National Pathology Accreditation Advisory Council (NPAAC) in order to develop standards for pathology testing. NPAAC, still in existence, is chaired by the Commonwealth Department of Health and Ageing and with representatives among others from the AMA, RCPA, AACB, AIMS & The Australian Society of Microbiology (ASM) and the states. This committee has set the standards required for the practice and performance of pathology in this country.

There was continuing concern at a National level over allegations of unsatisfactory and uneven laboratory practices which gave rise in 1986⁶³ to a Commonwealth enquiry into medical fraud and over servicing. This led to accreditation becoming mandatory for all pathology services to be eligible for Medicare benefits. No Commonwealth legislation currently exists to close unsatisfactory pathology laboratories. In Victoria there is such provision under state legislation. The overriding stimulus for laboratories to comply is the threat of withdrawal of

remuneration from the Commonwealth.

The RCPA which had been proactive in the drive to have laboratory accreditation introduced, had formed a committee, the Laboratory Accreditation Liaison and Approvals Committee (LALAC) in 1978 with this as its major task. The College approached NATA with the aim of creating a voluntary scheme to register pathology laboratories using the quality standards developed by NPAAC.

The National Association of Testing Authorities (NATA) was formed in 1947 to create an accreditation service for Australian laboratories and companies which provided testing services in science and industry. Initially NATA was a government entity but later became a not-for-profit organisation composed of member laboratories and testing agencies.

An amendment to the Health Insurance Act (1973) provided for laboratory inspection and this resulted in NATA being appointed as the inspection agency which it now carries out using standards laid down by NPAAC.

In 1984 there were approximately 700 clinical laboratories operating in Australia and by 1990, of the 630 still active, about 50% had been registered and more than half of the remainder had received an advisory or assessment visit. In 2001 roughly 550 clinical laboratories were operating across the country and the previous backlog awaiting inspection had been cleared.



Initially NATA also employed international standards in the Competence of Testing and Calibration laboratories Guide 25 which has been updated since 1998 to ISO 17025. The AACB through the S&TC has regularly advised NATA on a range of laboratory matters, e.g. the requirement to enroll back up instruments in QA programmes.

The Association has been actively involved in medical testing since its inception and from that time has been represented on the Medical Testing Registration Advisory Committee (MTRAC); that member is also the AACB nominee to NPAAC. The AACB has always been active in giving advice and making representations on specific issues, e.g. Point of Care Testing, Automation and Quality Assurance. Other professional societies, e.g. the Human Genetics Society of Australia, and the ASM (microbiology) also provide expert advice.

A Chemical Pathology Technical Group was created under the chairmanship of Dr Graham White (SA) with the task of recommending to NATA technical standards and to identify and resolve problems related to the assessment of laboratories performing clinical chemistry testing. The AACB has been well represented in this group.

NATA has provided considerable assistance to the Health Insurance Commission in many areas, e.g. by developing a table which correlates Medicare Item Nos. with NATA sub-categories of testing. The requirement for assessment of performance of laboratories in QA programs has come under review and mechanisms for detecting poor performance are currently being developed.

Another aspect of laboratory accreditation being developed is corporate accreditation to ensure that a quality management system is being maintained and that there is evidence of stable ownership in this area. As a result, parallel with NATA accreditation, many pathology laboratories now aspire to obtain International Standards Organisation (ISO) certification to ensure that the organisation has reached the required levels of competence in asset registry, maintenance, standardisation of equipment, review etc. In commerce there is often a contractual requirement to have ISO certification in order to tender successfully.⁶⁴ ISO certification is

not conducted by peer review unlike NATA processes, since the assessors are not technical experts. The AACB Council endorsed the view that Quality System certification should not be a requirement for Commonwealth funding.

In 1996 it was agreed by Council that the contact person in the AACB which NATA should approach for advice would be the Chair of the S&TC, then Mr Laurie Coulston. In 1999 the S&TC gave advice to NATA on the need to enrol backup instruments in laboratory inspections and more recently has prepared a new draft of supplementary requirements using ISO 17025.

Relationship with the Standards Association of Australia (SAA)

In 2001 the Association through Dr. Graham White has provided advice to NATA on QA performance criteria applicable to multisite laboratories ie. operating in more than one state. There had been discussions between the Association and SAA on possible future roles of the latter. This situation had become tense when some AACB members queried NATA interpretations of NPAAC Standards Association criteria. A committee which investigated this situation recommended that:

1. The Commonwealth advise State Governments that NATA is the nationally recognised accreditation body.
2. Laboratories be advised that NATA is the only recognised accreditation body.
3. The Commonwealth Government discourage other bodies offering programmes purporting to be equivalent to NATA accreditation.

These recommendations put to rest a potential conflict between NATA and SAA.

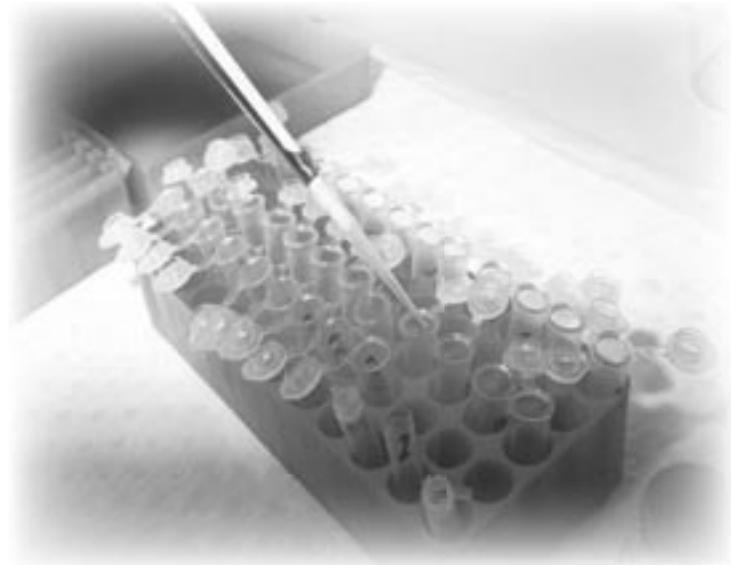
Dr. David Rothfield (NSW), a founder Fellow of the Association and since 1986, a Staff Pathologist to NATA, has played a key role in the field of medical testing. Although the major impetus for an effective system of diagnostic pathology

laboratory accreditation in Australia originated in the RCPA, the AACB and its members continue to play an important role in advising NATA and assisting in the laboratory accreditation process. Dr. Graham White (SA) who has continued to represent the Association on the Medical Testing Registration Advisory Committee and NPAAC has comprehensively reviewed the process and the effect of introducing clinical laboratory accreditation.⁶⁵

There is much evidence to demonstrate that the advent of laboratory accreditation as administered by NATA/RCPA is a major factor in raising and maintaining the standards in clinical biochemistry laboratories in Australia.



Dr David Rothfield



11 THE ROYAL COLLEGE OF PATHOLOGISTS OF AUSTRALASIA

“Rerum naturam cognoscere.” (To understand the nature of things - derived from a poem by Lucretius. 99-55 BC)

Early Relationships

From the outset, the Association has had a relatively close relationship with the Royal College of Pathologists of Australasia (RCPA) or as it was in 1961, the College of Pathologists of Australia. Among the foundation members of the Association there was a good representation of chemical pathologists, general pathologists and trainees who had an active involvement with clinical biochemistry.

In 1962 Dr David Curnow, then AACB Secretary, notified the College of Pathologists that the Association had been formed and received a congratulatory response from the College Secretary Dr J.R. Douglas. Dr Douglas also noted that “if the whole of your 120 members should desire to participate (in the proficiency surveys organised by Dr Peter Hendry), I fear that we would not have enough samples.”! The College Secretary may have foreseen the vigorous interaction between the two bodies in the field of Quality Assurance. (See Chapter 9).

Among the ninety-five candidates who were admitted as foundation members of the Association at a colourful ceremony during the joint College/AACB meeting in Melbourne in 1968, twenty-five were College Fellows or trainees in chemical pathology.

A reciprocal process permitting entry of science graduates who were members of the Association into the College did not eventuate. In 1970, Dr Cameron Baird, a founder Fellow of the Association and Chairman of the RCPA Board of Censors, proposed at the RCPA Annual General Meeting in 1970 that “the College considers the admission of suitable Science Graduates as Ordinary

Members is desirable and directs Council to lay down procedures whereby this aim can be accomplished.”⁶⁶ There was vigorous discussion of this proposal both within the RCPA and the Association, resulting in this motion being later withdrawn by Dr Baird.

Under the articles of the College (Companies Act of 1936, Corporate Affairs Commission of New South Wales) persons are not eligible for admission as a Fellow of the College “unless he is a graduate in medicine of a University situated in Australia or New Zealand or a graduate in medicine whose qualifications are approved by the Board of Censors ... or is entitled to practise medicine in his country of domicile.”⁶⁷

Obviously these conditions are a major obstacle to the entry of non-medical graduates into the College other than as Honorary Fellows.

In addition, Commonwealth legislation applying to laboratories carrying out testing and charging under the Medical Benefits Scheme requires that the Pathology provider be a pathologist, ie. a medical practitioner. Had these impediments not existed, the relationship between the College and the Association could have been similar to that existing between the two corresponding bodies in the UK, ie. the Association of Clinical Biochemists and the Royal College of Pathologists.

It must be noted that a few well qualified and distinguished graduates who are members of the Association have been awarded Honorary Fellowship of the RCPA and a small number have been admitted as Associate members. AACB members are also invited on occasions to attend and contribute to College meetings but for there to be a more equitable situation, ie. the admission of non-medical graduates to full ordinary Fellowship this would require a fundamental

change in the College's constitution.⁶⁸ Despite this situation there has been continuous constructive interaction between the RCPA and the Association at State and National levels.

In 1963 early in the history of the AACB there was a joint meeting of the South Australian State branches of the AACB, the RCPA and the Medical Sciences Club of Adelaide. Similar cooperative events occurred nationwide. In 1964 the Association's Council suggested that holders of the MCPA be eligible for Associate membership and in 1968 at the joint Annual Meeting of the College and the Association in Melbourne, a notable event was the conferring of AACB foundation diplomas on 34 College members and trainee pathologists as described above.



A Tale from England

An unfortunate misrepresentation of the relationship between the Association and the RCPA appeared in the Minutes of the Annual General Meeting of the Royal College of Pathologists held in London, November 1971. It was reported by a senior academic London chemical pathologist that "the College of Pathologists of Australia made no real attempt to bring in non-medicals, and within three years the majority of Australian chemical pathologists opted completely out of that College and created their own Association of Clinical Biochemists." The speaker was using this fictitious nonsense to support an argument for better representation of disciplines other than anatomical pathology in that College's Council and also to avoid the type of split alleged to have occurred in Australia.

Ken Barber, Federal Secretary of the Association being alerted to this situation by Dr Robert Edwards, a Fellow of both the RCPA and AACB, then immediately contacted Dr Peter Roche, Secretary of the RCPA, who jointly with Ken composed a brisk letter to the Secretary of the UK College refuting the alleged exodus of Chemical Pathologists from the Australian College and informing the UK College of the close working relationships between the two Australian bodies.

The Secretary of the UK College responded with an appropriate apology and undertook to see that the records of the Royal College in London were duly amended and that the perpetrator of this misrepresentation was advised of the true situation in Australia.

Over the last forty years the two bodies have collaborated closely in many enterprises. In education, the annual courses in chemical pathology initiated by Dr Cameron Baird (VIC) have continued to this day as a joint venture, attracting registrants from the Association and College who are preparing for higher qualifications. A significant proportion of those attending in recent years come from the Asian Pacific region. The RCPA and the Association each has a representative on the other's Board/Committee of Education. Both bodies share the costs of Current Concepts

Conferences organised by the AACB. Both bodies collaborated in the introduction of S.I. (System International d'Unites) units into clinical laboratories and jointly shared the cost of publishing "S.I. units and you" in 1973 edited by Drs D. Rothfield and F.D. White.⁶⁹ In this venture the close cooperation of the two organisations put Australia ahead of the USA and UK by ensuring a remarkably smooth transition to the use of the new system.

The College in 1971 set up a Steering Committee on laboratory accreditation with representatives from the Association and AIMS, which recommended the creation of an accreditation board under government jurisdiction. This was succeeded in 1975 by the Joint Pathology working party under the auspices of the Hospitals and Health Services Commission on which the RCPA, AACB, AIMS and AMA, plus Federal and State governments were represented. When laboratory accreditation was finally introduced in 1988, the AACB became an active participation in that system (see Chapter 11).

The close cooperation between the two organisations in the areas of Quality Assurance, education and in the move towards laboratory accreditation was summarised by Dr David Thomas in the AACB Newsletter in 1979.⁷⁰ He commented that while in the past many of the initiatives in several fields had originated within the College, these were now increasingly coming from the Association and he cited the activities of the Scientific and Technical Committee and the Current Concepts Conferences organised by the AACB Education Committee. In the spirit of this cooperation the College requested an Association representative on its newly formed Laboratory Accreditation Liaison and Administrative Committee (LALAC). Des Geary who filled this nomination had been the Association's representative on the College's Scientific Projects Committee.

In 1984-85 there was some strain on the relationship between the College and the Association over the decision to move the organisation of the QAP from Adelaide, where it had been sited for nine years, to Brisbane with a new Chairman Dr Stewart Bryant. This move was in line with the College's policy of relocating the sites of QA programme administration every six years and the

move for the Chemical Pathology QAP was overdue. The main basis for the Association's complaints was lack of consultation in this process. A meeting of the two organisations' executives at the joint annual meeting of the two bodies in Perth in 1985 largely resolved this dispute. It should be noted that while the inspiration to create all the QA programmes originally came from the College, the Chemical Pathology programme which was by far the largest, had for many years depended largely on initiatives by AACB members.

In 1995 the College and the Association met to agree on putting QAP (Chemical Pathology) on a more formal footing and in 2000 Lloyd Penberthy was appointed as Business Manager for RCPA Quality Assurance Programs Pty Ltd (see Chapter 9).

In the field of education, close cooperation between the Association and the College has been very productive. Many examples can be cited:- The Joint Laboratory Improvement Workshop in 1978, the joint College/AACB/AIMS organisation of the Chemical Pathology course in Adelaide (1978) and in the same year the Current Concepts Conference on Lipids. The Lipid Standardisation sub-committee formed at this time was comprised of AACB and College representatives whose objective was to implement the Centre for Disease Control (USA) Lipid Standardisation Program within Australia.

In the area of laboratory standards and accreditation there was some disagreement between the AACB and the RCPA. The College notified the Association in 1983 of a proposed voluntary system of registration of medical laboratories. The Association protested at the lack of consultation between itself, the College and NPAAC over the position of non-medical directors of clinical biochemistry laboratories. (NPAAC guidelines included non-medical directors). This dialogue continued until 1985 but finally, adequate recognition of Scientific Directors (PhD) within the Medicare framework was not achieved.

Better communications between the College and the Association have been maintained by Annual meetings between the executives of each body. A Peak Pathology Body was proposed in 1998 to be composed of Presidents of the

College, the AACB, AIMS and other groups concerned with pathology which could advise on Commonwealth or State matters, but this has not materialised to date.

The organisation of joint conferences of the Association with other Societies has always presented major challenges. Combined events with the College have occurred on only five occasions in forty years, the first being in 1968 in Melbourne. Two major factors which may be responsible for this are, 1) Clinical Biochemistry is not a major field of interest to the majority of practising pathologists, fewer than 10% of whom work entirely in this specialty, 2) the main contents of RCPA meetings do not have much relevance to the activities of the Association. This is by no means an ideal situation and it is possible that with the development of new fields of common interest such as molecular biology and information technology there may be an incentive for the Association and the RCPA to hold joint scientific meetings more frequently. There is some evidence for this trend as there have been two joint annual meetings held between 1998 and 2002 compared with three between 1968 and 1997.

The participation of the medical diagnostics industry in scientific meetings of the Association and the RCPA has always been an important factor especially in the siting of conferences and on occasions the themes for the meeting. Until recently, major items of capital equipment in medical laboratories have been automatic biochemical analysers but in other fields of clinical pathology many processes are increasingly automated.

There have been continuous attempts since the 1970s to facilitate some collaboration between the examiners in chemical pathology within the College and the Board of Examiners of the Association. Some progress has been made, as there have been active discussions between the two parties and examiners in each group have cooperated in the setting of questions and attending the other body's viva voce examinations.

While Chemical Pathology represents a major proportion of the work of medical diagnostic laboratories, the number of practising chemical pathologists

comprise a small fraction of the total College membership. Well qualified and experienced non-medical scientists provide a valuable source of knowledge and expertise in this field complementary to that of pathologists. Both the RCPA and the AACB are currently undergoing rapid changes brought about by the scientific and technical revolutions especially in the fields of molecular biology and information technology. The RCPA has stronger political influences than the AACB which until recently had not been active in the industrial or political arena in line with its constitution. However, the Association as a result of structural administrative changes is planning to develop more effective relationships with similar professional bodies and government authorities.

Despite the obvious differences between the two organisations in their composition, fields of expertise, and aims and objectives, their close cooperation wherever possible is essential in promoting the highest standards in diagnostic pathology throughout the Asian Pacific region.



“Death comes to all, but great achievements raise a monument which shall endure until the sun grows cold.” - attributed to Gnaeus Julius Agricola (40-93 AD)

The Association has long acknowledged the importance of recognising excellence in scientific knowledge and achievement in clinical biochemistry. Those who give valuable service to the AACB over a significant period of time may also receive an award or other type of accolade.

Scholarships and Awards

A variety of travelling scholarships and grants have been created by the Association to assist members to attend the Annual Scientific Conference or to present for the viva voce part of the Membership (MAACB) or Fellowship (FAACB) examinations.

Prizes are also awarded for excellence in the examinations for Membership and Fellowship as well as prizes for the best poster and paper presented at the Annual Scientific Conference. These prizes have been sponsored by companies which are corporate members of the Association and include Wellcome, Roche Diagnostics, Boehringer Mannheim, Pacific Diagnostics and Ortho-Clinical Diagnostics.

Life Fellowship of the AACB may be awarded to members of the Association under the following conditions in the AACB Constitution:

6. Life Fellows shall be such persons as comply with the provisions of clause 4 (ie. eligible for membership) and:
 - a) have by reason of age or ill health, retired from the practice of clinical biochemistry;

- b) have, in the opinion of Council, served the Association with distinction; and
- c) have, upon the recommendation of Council, been elected as Life Fellows by a General Meeting.

AACB Outstanding Service Medallion

In 1992 the then Awards Committee (since abolished) recommended that a medallion be awarded for outstanding service to the Association.

The main criterion is that the nominee (not necessarily a member of the Association) has given ten years or more of “active or extraordinary service to the AACB at Branch and/or Federal level”.⁷¹

Lectureships and Memorial Scholarships

In the history of the Association there has been a number of outstanding members who have played a major role in the foundation of this body or made major contributions to its success in the first twenty years. They have also been memorable personalities who influenced so many members, especially junior members of the AACB and it is fitting that their names live on in the eponymous lectureships and scholarships that follow.



Dr Wadim Roman

The W Roman Travelling Lectureship
**Dr Wadim Roman, D. Phil., D.Sc.,
FI Biol., FAACB (1904-1971)**

The W. Roman Travelling lectureship, created in 1971, is awarded annually by the Australasian Association of Clinical Biochemists. The award commemorates Dr Wadim Roman, who played a major role in the founding of our Association in 1961 and who was President from 1964 to 1966. He was the convener with Dr Frank Radcliff of the foundation meeting of the AACB held in Brisbane on 26 May 1961.

Dr Roman had a remarkable career in chemistry and clinical biochemistry. He was born in Manchuria and educated in Berlin where he obtained his PhD. He entered clinical biochemistry in 1928 but was forced to flee to Holland in 1937 to escape Nazi persecution. In the early 1930's he had spent time in Portugal and a year in Athens where he set-up a laboratory at the University Women's Hospital. He was co-founder of the journal "Enzymologia" in Holland and later became Editor-in-Chief when that publication recommenced after the war. In 1939, Dr Roman worked with Dr E.J. King at the Post-graduate Medical School, then during the war was an analyst in a cotton firm. Immediately after the war, he became chief analyst with a British petrochemical company and during this time was involved in the design of instruments which led to the development of the gas chromatograph.

In 1953, Dr Roman was appointed as the Head of the Division of Biochemistry at the Institute of Medical and Veterinary Science, Adelaide, a position he held until his retirement in 1969. Following that, he became the Director of Laboratories, Queen Victoria Hospital, in the same city until shortly before his death in 1972. He was awarded an honorary Doctorate of Science in 1971 by Humboldt University in Berlin. He was a Foundation Fellow of our Association and widely respected in Australia and abroad.

Space does not allow a full account of his numerous achievements but probably Dr Roman will be best remembered for the help and encouragement he gave to many junior biochemists, and his efforts to promote and enhance the status of clinical biochemistry.

The Roman Travelling Lectureship perpetuates Dr Roman's efforts in promoting clinical biochemistry. The origin⁷⁴ of this Lectureship was in 1972 at a Council Meeting when it was "agreed in principle to institute a Travelling Lectureship for a top-rating clinical chemist, either Australian or from overseas, annually or as financially feasible."

Unfortunately Dima Roman did not survive to see this lectureship established and it was left to his widow Mrs Hilda Roman to grant permission for his name to be attached to this award. During the remaining years of her life, Hilda Roman was invited to attend the Roman Lecture when given in Adelaide.

The first Roman lecturer appointed in 1973 was Prof. Robert Bartholomew, a founder Fellow and Past President whose successors as lecturers over the last 28 years have been predominantly from within Australasia. The lecturers are chosen on the basis of their contributions to the field and their interest in the education of clinical biochemists.

The obligations of the Roman lecturer were initially rather non-specific. His or her main task was to deliver the lecture to each state branch (usually in the state capital) and to meet clinical biochemists to discuss their work and their training. The lecturer is also requested to make available the text of their presentation to be published in "The Clinical Biochemist - Reviews". In more recent years the lecturer may speak at more than one venue in each branch and with modern technology may present their talk via telelink to smaller groups in isolated sites.

The lecturer visits each branch of the Association to deliver the lecture. His or her main task however, is to meet with members of the profession, especially clinical biochemists in training and discuss their work. This is in keeping with

Dr Roman's idea that the future of clinical biochemistry lies in encouraging and attracting good, young scientists into the field. Not only does the lecturer have "the opportunity to visit our major cities but also sees at least some of the wonders of this great continent!"⁷⁵



Professor David Curnow

The David Curnow Plenary Lecturer
**Professor David Curnow, AO, BSc.,
PhD., DSc., FAACB, FRCPA
(1921-2004)**

David Curnow was born in Bunbury WA in 1921, spent his early years on a sheep farm, was educated at Bunbury High School and the University of Western Australia where he graduated BSc in Chemistry and Physics. After graduation he worked in the Animal Health and Nutrition Laboratories on trace elements (Dr Eric Underwood) and in veterinary

pathology (Dr H.W. Bennet). A Hackett Studentship enabled him to work on oestrogens at the Middlesex Hospital, London with Prof E.C. Dodds where he completed a PhD. In 1953 Dr Curnow was appointed Head of Biochemistry at the Royal Perth Hospital and in 1968 became Foundation Professor of Clinical Biochemistry, the first in Australia, at the University of Western Australia. He moved in 1974 to set up and become head of the combined clinical biochemistry service for the State Health Laboratories, the University and the Sir Charles Gardiner Hospital. He was a foundation member of the Association, a moving force in its foundation, first Secretary of the AACB 1961-66, then President for two terms (1966-68, 1971-73 - a record!)

In 1973 he was appointed Chairman of the recently founded Commission and Committee on Education in Clinical Chemistry in the IUPAC and IFCC. From 1979-85 he was the Association representative to the National Pathology Accreditation Advisory Council. He was awarded an AO in 1987 for "service to

Science, particularly in the field of Clinical Biochemistry", an Honorary Doctorate of Science from the University of WA and an Honorary Fellowship of the Royal College of Pathologists of Australasia.

Throughout his connection with the AACB, David Curnow worked tirelessly, especially in those formative years of the early 60s supported strongly by his wife Norma who worked alongside him, to create a truly professional organisation. He was always a visionary scientist and leader who raised so many issues of major concern expressed in his Roman lecture of 1978, on education, automation, the universities, clinical relationships, publications and professionalism. In 1973 Prof Curnow was granted a Travelling Fellowship to visit the several centres in the US and to lecture there.

He guided and influenced so many colleagues at all levels over 40 years and it is not surprising that Western Australia has produced such a number of fine clinical biochemists, disproportionate to that state's population.

David Curnow continued to take an active interest in clinical biochemistry until his death in 2004 finally ended some 50 years of involvement and leadership in the field.

The David Curnow plenary lectureship was founded in 1982, when it was proposed by the Education Committee that "in the year when there was not an overseas Roman lecturer that there be an education committee funded overseas plenary lecturer for the Annual Scientific Meeting.⁷² It was suggested that David Curnow's name be associated with this award; Professor Curnow readily assented to the use of his name in this context.

The first holder of this lectureship was Professor Harry Pardue, Indiana, USA who presented the topic "Recent Advances in Photometric Detection Systems" at the 21st Annual Scientific meeting held at the Randwick Race Course, NSW. This venue maintained the significant link between the Association and horse racing. A feature of several scientific meetings has been the interruption of the Annual Scientific Conference in November by broadcasting the running of the

Melbourne Cup, a major cultural event in Australasia but not a truly scientific event elsewhere!

The lectureship has continued as an annual event and has been generously supported by sustaining members, initially Technicon Pty Ltd.



Miss Nancy Dale

The Nancy Dale Scholarship Nancy Dale, M.Sc., FAACB (1925-1988)

Nancy Dale, a founder member of the Association, was also a member of the Study Group (a precursor of the Association) and the New South Wales Society for Clinical Science. She was born in Sydney in 1925, educated at Fort Street Girls School and graduated with a B.Sc. in Chemistry and Biochemistry from the University of Sydney in 1947. Nancy obtained her first clinical experience in the Pathology Department of the Parramatta

District Hospital from 1947-1952, after which she worked for a year in the Biochemistry Department of the Lewisham Hospital, London. On returning to Sydney, Nancy was appointed to the Clinical Research Unit of the Royal Prince Alfred Hospital, then under the leadership of Professor Ruthven Blackburn. Here she developed a life long interest in calcium and phosphorus, their measurement and metabolism. Because of this and associated interests, Nancy developed a close working relationship with that hospital's dieticians.

In 1964 Nancy was awarded a Lady Leitch Scholarship which enabled her to work with Professor Charles Dent and Dr Lyal Watson on bone metabolism at University College, London. Following this, she returned to Sydney and undertook an M.Sc with Dr Geoffrey Kellerman at the University of Sydney, graduating in 1965, her thesis being "The Binding of Calcium by Plasma Proteins with Particular Reference to the Effect of Parathyroid Hormone."⁷³ Following this

in 1965 Nancy was appointed as Senior Scientific Officer in the Department of Chemical Pathology at the Royal Prince Alfred Hospital and in 1960 was promoted to the position of Principal Scientific Officer. In 1968 Nancy was elected a foundation Fellow of the Association

In 1976, Nancy and Dr John Whitfield were appointed co-editors of the Association's Newsletter. This version known affectionately as the "Blue" Newsletter was an immediate success and a prelude to the markedly revised version of "The Clinical Biochemist Newsletter" which appeared first in March 1980 with Nancy as editor. She remained in this role until 1988 when cancer forced her retirement. Nancy was widely respected and admired for her approachability, friendliness and scientific integrity. The Scholarship created in her honour commemorates the ideals for which she strove throughout her professional life.

The Nancy Dale Scholarship was created in 1990 with the aim of providing "financial assistance for a clinical biochemist to further his/her education by working in an institution other than his/her own for a specific period." The institution could be in the applicant's country or overseas. The award was originally \$4,000 and those eligible were required to hold the Membership or Fellowship qualifications.

The first recipient was Ms J.S. Steele (VIC).



Mr Ken Barber

The Ken Barber Scholarship Kenneth Barber, B.Sc., FAACB (1924-1980)

Ken was born in Tasmania but educated in Adelaide where he won a State bursary in the Leaving Certificate topping the state in chemistry. It was at the University of Adelaide that his wit and penmanship were revealed and he featured

frequently in the University newspaper "On dit". He used these personal skills later to good effect during his career as a clinical biochemist.

Ken graduated B.Sc. from the University of Adelaide gaining a top credit and in 1945 was appointed Wine Chemist for Hamilton's "whilst too young to appreciate fully the fringe benefits", then entered clinical biochemistry at the Repatriation General Hospital, where he was appointed Biochemist in Charge. In 1963 he joined the Division of Clinical Chemistry at the Institute of Medical and Veterinary Science, Adelaide where he became Head of the Automation Section. Here his skill as a clinical biochemist and his good humoured leadership came to the fore.

From 1974 he was Senior Biochemist at the Fremantle Hospital where together with Simon Langton he brought that laboratory into prominence.

Ken was a member of the Association from 1964 later becoming a Fellow. He was actively involved with the AACB from its early years, having been SA Branch representative, Honorary Secretary of the AACB from 1968-73, Vice President 1974-75 and President 1975-76. During his five years as Secretary, he revitalised the Newsletter, and master-minded several constitutional changes. His thoughtful and expert advice was a continual influence on the Association. A great friend of David and Norma Curnow, Ken was known to arrive at their house on Christmas Day bearing a collection of unusual gifts which reflected his quirkish sense of humour and interesting philosophy of life.

His impish wit and humour permeated much of his correspondence and conversation, and his ability to bring pretentious individuals down to size was legendary. After his untimely death, his widow Margaret also a clinical biochemist made a substantial bequest from Ken's estate to sustain his eponymous scholarship.

This scientific scholarship was established in 1991 following a recommendation from the awards committee. Its purpose is to advance the study and practice of clinical biochemistry by providing a scholarship for a member of the Association

(excluding corporate members) of at least eighteen months standing. The project undertaken "should have scientific merit, clear objectives and a defined and achievable timetable."

The first recipient was Simon Langton (WA), a former colleague of Ken Barber from the Fremantle Hospital.



Two distinguished founders at play on Christmas Day (Ken Barber and David Curnow)

“How happy the life unembarrassed by the cares of business.”

- Publilius Syrus (circa 42BC)

AACB Services Pty Ltd

In 1995 the Federal Secretary, John Galligan drew the Council’s attention to the valuable service rendered by Mrs Barbara Fry, the Association’s Administrative Officer by acting as a conference organiser. This had been of considerable financial value particularly in the situation of declining support provided by corporate members in the prevailing economic environment. It was noted at this Council meeting that the RCPA had formed a separate company to administer the Quality Assurance Program in order to preserve its tax donee status thus avoiding a significant amount of retrospective tax.

Council resolved that “the AACB would use its own Professional Conference Organiser (PCO) and that this was not negotiable.” Further discussions and planning in Council led to a proposal to form a company, AACB Services Pty Ltd, the document being circulated to members prior to the AGM in Brisbane 1998; the motion to form this company as described in the circulated material, ie. to undertake activities solely for the benefit of the Association, was carried unanimously.⁷⁶

The Board of unpaid directors was comprised of a Chairman, Dr. Peter Garcia Webb, then President of the Association, plus three members of the Association, two being office-bearers and an accountant, Mr. S. Thompson. It was further resolved that once the company had been incorporated, the Association would lend \$50,000 at a rate of 7% p.a. to cover initial expenses. By June 1999 AACB Pty Ltd as it was now titled, had adopted a constitution and had submitted several tenders for professional conference organising. The first project was a Management Update Programme which the company organised in Melbourne,

August 1999. More recently the company has organised several RCPA/AACB Chemical Pathology courses, the joint RCPA/AACB Annual Scientific Conferences in Brisbane 1998 and Canberra 2000, the Australian Society for Microbiology and AIMS Conferences, and will be the conference organiser for the 2004 Asian and Pacific Federation of Clinical Biochemistry Congress.

The company has undertaken commercial initiatives such as Industry Training and QC Scientific education Seminars organised with the SRAC. The aim of the company is to return a profit of approximately 13% of the Association’s income. In 2001 the company announced a substantial profit which was made over to the Association to support educational activities such as scholarships and the sponsorship of the David Curnow plenary lectureships.

The management structure of the company has become well defined with directors taking specific responsibility for strategic planning, marketing (internal and external) staff liaison and training and financial reporting. Currently the company is reliant on the Association’s Executive Officer and his staff for the provision of supporting services.

The creation of a separate commercial arm of the Association has provided an additional ethical source of revenue to support its various educational activities and the promotion of clinical biochemistry.

14 INDUSTRY

“Manufacturing industry depends on itself. Competition is its life. Protect it and it goes to sleep; it dies from monopoly as well as from the tariff.” - from “The Country Doctor”, Honore de Balzac (1799-1850)

Clinical biochemists and the suppliers of laboratory equipment and reagents are mutually dependent, and for this relationship to be sustained and successful, a considerable degree of trust and cooperation must exist between the two groups. The support of the diagnostic industry given to the Association has been considerable over the last forty years: through support of branches, scholarships to support research, sponsorship of speakers and presentation prizes at Annual Scientific meetings, e.g. the David Curnow Plenary Lecture, the Wellcome Prize for Examination Candidates, sponsorship for publication of the Association Handbook and the considerable revenue to the Association from corporate members and other companies advertising in “The Clinical Biochemist”.

By 10 May 1963 it had been recorded that eighteen companies had donated 253 pounds, 19 shillings at a time when the total balance in the Association’s funds was 587 pounds, 1 shilling and 2 pence! The Treasurer at the time, Dr J. O’Hagan was so impressed with this source of funds that he suggested that the appeal for funds should be repeated.

In January 1964, Council decided to make a further approach to the industry and to acknowledge in the “Proceedings” those companies “donating sufficient to be recorded as Benefactors of the Association.” It was suggested that this should be a recurring commitment but that “membership” should not be offered.

The category of sustaining membership was created in 1970 following a change in the constitution. The conditions applying were that an invitation to join the Association and acceptance of this in no way implied endorsement of a company’s products and that no endorsement by the Association could appear on company advertisements. Sustaining members were permitted to nominate one member only in each branch of the Association. The process of managing the invitations

and admissions of the first sustaining members under the new conditions was organised by Dr John Connelly, Assistant Federal Secretary in 1971.

The Second International Labtronex Exhibition held in Melbourne in 1976 was a collaborative effort between the diagnostics industry and the Victorian Branch of the Association. This included a large exhibition presented by the industry and included a symposium, “New Techniques in Clinical Biochemistry” opened by Dr John Connelly. At this meeting a wide range of papers from clinical biochemists and members of industry was presented.

During the 1970s, reports on the evaluation of scientific equipment prepared by the Committee on Supply and Service of Equipment appeared firstly in the “Newsletter” then from 1980 in the “Clinical Biochemist - Reviews”. This committee was absorbed into the reconstituted Scientific and Technical Committee and continued under the Chairmanship of Des Geary to issue these comprehensive reports. The evaluations were prepared with the full cooperation of diagnostic equipment suppliers and provided independent and valuable information to potential buyers of these items.

In 1988 the Publications committee Chairman requested sustaining members to include educational material in their advertisements, defining principles underlying scientific instruments, the reagents and methods used. By 1989 the change to educational advertising was becoming obvious.

A sustaining members’ page appeared for the first time in the Clinical Biochemist Newsletter in September 1989. This occurred at a time when Council was considering changing the terminology for supporting companies from “sustaining” to “corporate”. It provided an opportunity for medical equipment companies

which were sustaining members of the Association to present their products with more scientific and technical data. A recurring theme of these corporate page articles was the production of reagents within Australia. The case was well put in an article published by Murphy and De Giorgio,⁷⁷ both clinical biochemists working in a successful Australian diagnostics products manufacturing company which was exporting reagents worldwide. These scientists made the point that there were opportunities for clinical biochemists, apart from the purely diagnostic sector and that future prospects in local manufacturing would increase as this sector of the industry grew.

In 1985 Council agreed that there should be closer contact with the Australian Medical Devices and Diagnostic Association (AMDADA) and in 1986 it was agreed that AMDADA should: 1) be represented on the organising committee of annual scientific conferences; 2) have access to QA data; 3) have a representative in the S&TC ; 4) have access to conference guidelines; 5) collaborate with the Association on visits of international visitors; 6) have close liaison with the AACB in addressing anomalies in the Chemical Pathology Section of the Medical Benefits Schedule.

In 1987 there was further dialogue with AMDADA on a discussion document covering the major factors to be considered when organising industry exhibitions at Annual Scientific Conferences. There was increasing concern in the industry over the rising costs of mounting these exhibitions and at a meeting with the NSW Branch Committee, AMDADA claimed that the costs of staging an industry exhibition at the Annual Scientific Conference in Sydney 1988 were becoming prohibitive.

Not all dealings between the industry and the Association have been completely smooth. In 1989 it emerged that one of the then sustaining members had paid registrants to attend a workshop which had been supported by that company. The AACB reminded that company that this practice was unacceptable. In 1984 another issue which arose between a supplier and users was the restriction which that company placed on users who prepared their own reagents, from attending one of the company's workshops. This situation was also resolved by discussion between the company representatives and Council.

In 1991, AMDADA renamed itself the Medical Industry Association of Australia (MIAA). Considerable support was given by the industry leading up to and during the 15th International Congress of Clinical Chemistry in Melbourne in November 1993. At the 14th International Congress in San Francisco in 1990, corporate members of the Association in conjunction with the Australian Trade Commission through Austrade co-sponsored a reception held by the AACB for all national delegates, the purpose being to publicise the forthcoming Congress in Melbourne. This support by industry was recognised by the publication of the names and logos of the twenty-two corporate member companies on the cover of the September 1990 Clinical Biochemist Newsletter. The major support of the diagnostic industry was a major contributing factor to the success of the IFCC meeting in Melbourne 1993.

In 1995 MIAA met with the AACB and other societies⁷⁸ to discuss the possibility of having one major scientific meeting of all professional associations in one State capital each year. The Association and the other societies were against this proposal on the grounds that it would disadvantage junior members of the AACB, as organisations would not be able to support large numbers of staff from all divisions attending such meetings simultaneously. The declining support of Corporate member companies at conferences has been a recurring issue and it was stated by Diagnostic Exhibition Special Interest Group (DESIG) of MIAA that the industry exhibition was "dying a slow death unless affirmative action was taken by stakeholders, ie. the industry and societies."⁷⁹ It is worth noting that a successful Annual Scientific Conference of the Association was held in Darwin (a relatively inaccessible venue) in 1996 without an industrial exhibition.

In 1996 a formal working group, DESIG, was created as a joint initiative of MIAA and the *in vitro* diagnostics industry. The formation of this group arose from the poor delegate response experienced at the industry exhibition during the 1996 AIMS Annual Conference. The exhibitors had met to consider the causes of this situation and propose solutions. DESIG undertook to do a survey of the *in vitro* diagnostics industry and to prepare a proposal for learned societies (AACB, RCPA, AIMS and Haematology and Blood Transfusion Societies) with the objective of holding conjoint meetings at one venue within a short timeframe as from 1998.

In view of decreasing support by companies it had become imperative for the AACB (and indeed all professional societies) and the industry to address this deteriorating situation (see Chapter 11). In 1998 the DESIG committee met with representatives of the Association, AIMS, ASM and the Australian Association for Blood Transfusion in order to coordinate meetings of these societies so that costs to all parties with regard to trade displays would be reduced. An attempt was made to have a programme of joint meetings. A proposal was put forward at Council in 1999 to pursue the holding of an industry exhibition in Melbourne or Sydney in 2003⁸⁰ but after a series of discussions between the AACB and DESIG little progress was made and the proposed meeting did not eventuate.⁸¹ A joint AACB/RCPA Annual Scientific Conference was held in Canberra in 2000 partly in response to DESIG suggestions. However, there was some disagreement within the diagnostics industry and with DESIG over conference arrangements, which was largely resolved by the Professional Conference Organising Group headed by Barbara Fry assisted by AACB Office staff assuming responsibility for this function.⁸² The Association throughout its history has recognised the importance and supporting role of the diagnostics industry by organising conjoint or parallel meetings with other learned societies to reduce the costs to exhibitors. The efforts made by industry to further encourage these societies to adhere to such a policy have not proved successful. DESIG itself before it was disbanded recently, had difficulty in gaining full agreement on future strategies among its member companies.

The relationship between the AACB (together with similar scientific bodies) and the laboratory diagnostics industry has changed considerably in recent years. However, ongoing close cooperation between these two groups is essential.

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The AACB gratefully acknowledges support from the above companies, to assist with promotional activities during the IFCC Congress in San Francisco.

PUBLISHED FOR THE AUSTRALIAN ASSOCIATION OF CLINICAL BIOCHEMISTS



APPENDIX 1: History of the Association's first 21 years

*First published by the Australasian Association of Clinical Biochemists in 1982/83.
by David Curnow, Bill Riley and Ron Bowyer.*



David Curnow, Bill Riley and Ron Bowyer

1961 - 1967

D.H. Curnow

Introduction

The three of us who have taken on the task of writing a history of the Association's first 21 years are conscious of our shortcomings in the role of documenting history in the professional sense. Yet we recognize the importance of recording something about the earlier years, drawing in part on the official records available and relying on our memories to flesh out the dry bones of Council or AGM Minutes or to revive a personal experience.

The text which follows is, therefore, very much a "we were there" type of report that is literally true.

David Curnow, Professor of Clinical Biochemistry at the Queen Elizabeth II Medical Centre in Perth has been very closely associated with the AACB since its inception to the present time. He served as the Secretary up until 1996 and has been President twice – a rare honour – for the terms 1966 – 68 and 1971-73. David has prepared the record covering chiefly the period from 1961 – 1967.

Bill Riley, Biochemist and Deputy Head of Department at Royal Perth Hospital, is also a foundation Member of the Association. He served as Branch Representative on Council from 1967- 1970 and was appointed to the Board of Examiners in 1976 where he was immediately called to take on the task of Registrar. He succeeded Maurice Welby as Chairman of the Board in 1979 and currently holds that appointment. Bill has written about the period from 1968 to 1974 but has also focused on the role played by the Board of Examiners in setting up the tiered membership structure.

Ron Bowyer is the newcomer on the team, having joined the Association in 1963. He is also a Biochemist at Royal Perth Hospital and has been Federal Secretary since 1980. He previously served on Council as Branch Representative from 1974 – 77. Appointed to membership of the IFCC Expert Panel on Nomenclature and Principles of Quality Control, he attended his first IFCC Congress in Toronto in 1975 and was caught up in the discussions concerning a regional congress in South-East Asia. These developed to the stage where he was made Organising Secretary for this Congress, held in 1979, and this in turn led to an appointment as Chairman of the Steering Committee of the Federation of Asian and Pacific

Clinical Biochemistry. Ron briefly describes the interval from 1975 to the present.

1961- 1967

Antecedents

In the “very early days”, up to about 1935, say, clinical biochemistry in Australia took the form of a corner bench in a pathology laboratory where urine was examined for reducing substances and the occasional blood sugar or blood urea was measured. The “early days”, up to 1950, saw graduate chemists in charge of emerging hospital departments of biochemistry, hard working, scientific, ruling their technical staff with a firm hand. Wardlaw at Sydney Hospital, Splatt and Bick in Melbourne, Silvester in Perth are the names that come to mind.

Then in the early 1950's came a series of new appointments as new hospital buildings and new laboratories appeared. Mainly men with PhD's, or medical degrees, they heralded the new wave of development – the golden years of clinical biochemistry as they have been dubbed. It was during the fifties that the first organized exchanges between professional clinical biochemists in Australia occurred. Nancy Dale (The Clinical Biochemist Newsletter, September 1981) reminds us that at the ANZAAS meeting in Perth in 1959 a small group including Nancy herself, Margaret Coles and Eva Eden spoke to me about a paper I had just given. I must admit I have no recollection at all about the paper but do remember starting up the Study Group in Clinical Chemical Methods. We recognized at the time that the first requirement for Australian clinical biochemistry was the development of reliable methods and we all gained a great deal from the cyclostyled sheets circulated by Curnow and later by Frank Radcliff. There followed suggestions that this Study Group might be transformed into a more formal Association and in 1961 Dima Roman and Jack O'Hagan circulated an invitation to attend an inaugural meeting during the ANZAAS Congress in Brisbane.

The meeting, held on 26 May, 1961, was chaired by Roman and the minutes were taken by O'Hagan. Others present were Ian Parsons, Ron Cox, John Wearne, John Owen, Derek Watson, David Curnow, Kyrle Mattocks, L.J. Masters,



Council - August 1962: F.C. Neale (President), R.S. Parsons (Tas) R.J. Bartholemew (NSW), M Bick (Vic), G.A. Sarfaty (WA), W Roman (SA) D.H. Curnow (Secretary), J.E O'Hagan (Treasurer), M.J Thomas (Qld)

Nancy Dale, Lorna Silvester, Marjorie Bick, Mansel Thomas, Ron Parsons and A Adarraga. There was complete agreement about forming an Association but spirited discussion about three other items. Should it be an Association of Clinical Chemists or Clinical Biochemists (follow the US or UK lead?) We decided that biological application was as important as the analytical aspect the work. Should it be Australian or include New Zealand in an Australasian Association? We thought the New Zealanders would eventually want to go their own way. Also, the Association may wish to approach the Commonwealth Government for funds and this may be easier if New Zealand was not formally included. Should it be a professional or a scientific body? This question was the most contentious and the meeting was persuaded to vote in favour of looking after science first and to wait some years before we became interested in professional affairs. This emphasis was reflected in the subsequent election of Owen as first President and Curnow as first Secretary.

Roman and O'Hagen got on quickly with the “Business of the Association”, producing a list of 105 names for foundation membership and carrying out an

election of officers. States nominated their State representatives to Council and the first Council meeting was held at St Vincent's Hospital in Melbourne on Saturday and Sunday 24 and 25 February 1962. The minutes record those present:

Dr. J.A. Owen	(Chairman)	
Dr J.E. O'Hagan	(Treasurer)	
Dr D.H. Curnow	(Secretary)	
Mr M.J. Thomas	(Queensland)	
Dr F.C. Neale	(New South Wales)	
Miss M Bick	(Victoria)	
Dr R.S. Parsons	(Tasmania)	
Dr W. Roman	(South Australia)	
Dr G.A. Sarfaty	(Western Australia)	was absent

Jack O'Hagan must have been a good Treasurer – there were 85 financial members of the Association at (£1.0.0) and the credit balance was £92.0.0. The explanation, though appears in the next item, "Resolved *not* to seek advance subscriptions to build up the Association's assets. Even so, Council recommended a subscription increase to four guineas and accepted an interest free loan of £14.0.0 each from its members – to cover fares!

Ever pragmatic, Council allowed Mansel Thomas to co-sign cheques with the Treasurer. Letters of appreciation were sent to Drs Roman, Radcliff and O'Hagan for the part played by them in the foundation of the Association and the organization of a foundation membership. The first in a series of thanks to Norma Curnow for her voluntary secretarial work was recorded.

Already the problem of degree equivalence as academic qualifications for membership was appearing and Council made its first brave attempt to pass the buck – "Resolved that Associateship of the Royal Institute of Chemistry (ARIC), Associateship of the Royal Australian Chemical Institute (ARACI) or qualifications acceptable by either of these two bodies be accepted by this Association as qualifications equivalent to a University degree."

MINUTES OF A MEETING HELD AT THE DEPARTMENT OF BIOCHEMISTRY
UNIVERSITY OF QUEENSLAND
TO FORM AN AUSTRALIAN ASSOCIATION OF CLINICAL BIOCHEMISTS.
26th May, 1961.

Dr. W. Roman was elected Chairman of the meeting and Dr. J.O'Hagan as Acting-Secretary.

It was proposed by Dr. J. Owen, seconded by Dr. D. Curnow that an Australian Association of Clinical Biochemists be formed and so named. Carried unanimously with acclamation.

The motion by Dr. Owen, seconded by Mr. Parsons that the aim of the Association should be the advancement of clinical biochemistry was carried unanimously.

A draft constitution was submitted for consideration. Using the draft as a guide the following amendments were carried unanimously.

Section 3 Membership: To be amended to exclude associate membership and post-graduate experience.

Section 6 Subscription: To be amended to exclude associates.

Section 8 State Branches: To be amended to refer only to members.

A motion proposed by Dr. Curnow, seconded by Mr. Thomas was carried that as the meeting was not able to elect six ordinary members from each State two members be elected to carry on the business of the Association and to conduct an election of officers. Dr. Roman and Dr. O'Hagan were proposed for this undertaking and accepted. The Constitution as finally approved is attached. The persons present at the meeting were:

I.C. Parsons
 R.I. Cox
 J. Wearne
 J. Owen
 D. Watson
 D. Curnow
 K.W. Mattocks
 L.J. Masters
 N. Dale
 L.H. Silvester
 M. Bick
 M.J. Thomas
 R.S. Parsons
 A. Adarraga
 W. Roman
 J.E.O'Hagan

John Owen
25 Feb 1962
From notes 21.8.62

A very welcome item in those first Council minutes is the recommendation of Professor Lemberg and Dr. Fantl for honorary membership in recognition of their part in clinical biochemistry in Australia. Dr Wardlaw's name was added at the following meeting, in August, and all three were elected to honorary membership at the first AGM.

The Study Group was not disbanded but reformed within the Association and Curnow was asked to carry on this activity with Bill Riley as Secretary. Clearly the quality of methods and lack of standardization in Australia were a worry. The Association offered its "full co-operation with the College" in quality surveys and asked Dima Roman to investigate all aspects of the production, purchase, distribution, and use of sera for quality control in members' laboratories. So began a quest for an Australian QC scheme which has only recently been satisfied. In those early times Roman had very little success in his approaches to Commonwealth Serum Laboratories in the matter.

Another quest, which even yet has not been satisfied, raised at the meeting, was the holding of an International Congress of Clinical Biochemistry in Australia. The date proposed was 1969. The subsequent strong bid, put by Peter Dennis and Diana McCubbing at Toronto, for the 1981 Congress, was narrowly lost to Austria.

As early as this first Council meeting application had been made to join the International Federation of Clinical Chemistry and the Australian Academy of Science had been asked to approve of the nomination of David Curnow to serve on the International Union of Pure and Applied Chemists Commission on Clinical Chemistry. So began a long and fruitful involvement in international activities, with Curnow becoming Chairman of the IFCC/IUPAC Committee, Commission on Education, Robert Edwards, Treasurer then Vice President of IFCC, Ron Bowyer, Chairman of the Steering Committee of the Federation of Asian and Pacific Clinical Biochemistry, Des Geary, Peter Garcia Webb, Peter Dennis, and others serving in the international arena.

Annual Meetings

The pattern of national meetings was set by Council when it resolved to have an Annual general Meeting in Sydney in August 1962, to "consist of a business meeting and symposium on automation together occupying a half day, and a half day consisting of 12 ten minute papers. Dr Neale was asked to work out with the Australian Biochemical Society and ANZAAS the time and location of the meeting, and the NSW State Branch to form an organising committee." A Council meeting was to be held before the Annual General Meeting.

The close connection with ABS and ANZAAS has been lost, but the pattern of annual national conferences has been maintained as the mainstay of the Association.

The first meeting was held in the Carslaw building in Sydney University on Tuesday, 21 August, 1962, in conjunction with the Jubilee Congress of ANZAAS. It was a huge success. John Owen had gone back to the UK and Frank Neale was elected President. Frank, with Duncan Ramsay, had made a cine film of the Technicon Auto Analyser which had recently started the transformation of a large part of clinical chemistry into its highly mechanised and computerised state. The film was a great hit, as was the 1st Annual General Meeting (21.8.62) with Frank Neale in the Chair and with 33 members and 5 visitors present. At this meeting was seen the first hint of things to come - "suggestions were made that refresher courses in Clinical Biochemistry could be held with advantage...." Structured membership, examination, the Board... who knew what was to follow!

In the minutes of the Council meeting held on the Sunday before the scientific and annual meetings three names are featured - Robert Bartholemew, elected editor of the new Proceedings, Ron Parsons its business manager and Bill Riley elected convener of the Study Group. These three have had an enormous



influence on the Association during the ensuing years - Robert with the prestigious Proceedings, Ron as first Registrar of the Board of Examiners and architect of the Foundation Fellows ceremony in 1968, and Bill as a later Registrar and now Chairman of the Board.

Dr Roman reported on quality control. "The Red Cross was not willing to supply large quantities of human serum and the Commonwealth Serum Laboratories was unable to freeze-dry "animal" serum. Quality control serum, Versatol A, could be obtained by the Association from Warner Ltd for 9s 6d per 5ml ampoule if a large quantity were ordered each year. The manufacturers would supply this from one batch to hospitals, so that uniform control in Australia would be available." But it was not to be ended so simply and for years the minutes record the disappointing saga of attempts at a formal Australian Scheme of QC.

The scientific meeting was "star studded", the contributors being F.C Neale, D. Ramsay, R.G. Edwards, C.W. Baird, Margot Bailie, W. Roman, R.I Cox, A.Bedford, W.J Riley, F.J.Radcliff, D Watson, M.E.K Stevenson, D.H. Curnow, Wendy Lynch, C.Nader, Beverley Peters, Robyn Bayliss, Nancy E. Dale, A Negrin, Dorothy D Harrison. The most memorable was Nancy Dale's Laboratory Diagnosis of Primary Hyperparathyroidism.

State Branches

As early as May 1962 when Vol 1. No.1. of the AACB Newsletter appeared, State Branch activities were well underway with meetings in NSW (8 May), SA (11 May) and WA (15 May). This History cannot encompass all the branch activities, without which of course the Association would scarcely exist.

Membership

The first membership list, published in May 1962 had a professionally printed blue cover and skillfully arranged, "cyclostyled", folded foolscap contents. The constitution was reproduced in full and the member lists are a veritable who's who of clinical biochemistry of the day, including the sole Tasmanian member, Ron Parsons, and five members in New Zealand; 128 members in all.

Professional Affairs

Despite the early decision that the Association's main aim was scientific rather than professional, professional affairs kept surfacing. In minute 60 of the second Council meeting "Miss Bick sought and received information regarding the conditions of service and graduates in States other than Victoria".

Happily however, the Association has a track record, over the years, of service to the science of clinical biochemistry rather than of direct involvement in the industrial, professional and financial affairs of its members.

The Proceedings

At the Sydney Council Meeting in 1962, notable for many things, it was resolved that a Proceedings of the Association be published. Robert Bartholomew was elected Editor and Ron Parsons Business Manager. The Proceedings were to replace the Newsletter. Robert had a clear view on the *Proceedings* – it was to be a first rate and a prestigious publication. It was, however, in difficulties from the beginning. The Editor had almost to re-write some of the contributions in order to achieve a modicum of style, and there were some recriminations about this. But Robert held on and indeed produced a series of highly praised numbers. Ken Steele tried valiantly to keep costs down. By 1965 publication was nine months behind nominal issue date: *the Newsletter* reappeared as an information vehicle. By 1968 costs and delays were such that there were moves, unsuccessful to abandon *Proceedings*, but finally in 1971 such a motion was carried. Council thanked "Dr Bartholomew for so many years under insufferable difficulties". The final issue was dated May 1970. It was sad.

The AACB Logo

As early as 1963 the Secretary was asked to seek the help of the College of Heralds, London for a suitable crest. This he duly did and had the incredible experience of an interview with the College dignitaries! But the price was too high for a "grant of armorial bearings". Instead it was decided in 1964 to hold a competition for the design of a crest, with the prize of £10. Finally, in 1967,

Frank Radcliff found an acceptable design. What happened to the £10 is not recorded!

The Canberra Meeting 1964

By January 1964 and the Canberra meeting, the Association was soundly based and going from strength to strength. The minutes record that Miss M Bailie represented Dr C Baird on Council, membership stood at 164 and we had £639 in the bank. Council felt benign – to the point of resolving that Dr Mackenzie and Dr Owen be readmitted on reapplication. At the Annual General Meeting Dr Radcliff described a disposable vacuum venepuncture set the interest of members. Frank Neale gave his second Presidential Address; Robert Bartholomew and Aileen Delaney introduced their early work on bromcresol green; Neale, Clubb and Posen gave us placental alkaline phosphatase in CSL albumin; Les Lazarus, who was to be a Current Concepts Lecturer many years later, presented “Laboratory investigation of anterior pituitary function.”

Sydney Again – 1964 (October)

Dr W. Roman had now been elected the President, Curnow was still Secretary and Derek Watson, Treasurer. Here is the first hint of a major change: A letter from Dr O'Hagan was read on this subject, suggesting classes of Fellows and Associates. A Sub-committee on classification of membership was formed – O'Hagan (Convener) Radcliff, Roman, Owen or Baird.” In the following year this became Radcliff (Convener), O'Hagen, Neale and Bartholomew. The untimely death of Sara Weiden was noted with a minute's silence.

The good news was that, amongst others, John Connolly and Ken Barber were elected to membership. Both have made outstanding contributions.

The scientific sessions included a symposium on renal function and one on alkaline phosphatase.

Of the many social events of the Association in the past 21 years, the dinner at Clochmerle Bistro was outstanding.

Hobart, August 1965

This meeting, a personal triumph of Ron and Liz Parsons and Zenon Mejglo together with Dima Roman, saw the end of the Study Group with a final report from the Convener, Glen Storer. Rising from its ashes was a Standing Committee on Methods which soon transformed itself into a “Scientific Committee” of John Owen, John Mackenzie and Dr Margot Bailie, the forerunner of our present Scientific and technical Committee so ably chaired by Des Geary.

Brisbane, May 1966

Dr. Roman's Presidential address entitled “Why Does a Hospital Need a Chemical Laboratory?” was followed by 20 papers. In a report on the meeting the *Proceedings* notes: The annual dinner held at the Chinese Club in Auchinflower on Friday night was also very well attended and generally considered successful. Although one expects and hears disagreements and divergence of opinions at scientific sessions, there always seems to be remarkable unanimity in regard to the annual dinner of the Association.

The New Constitution – Council, Brisbane, May 1966 and Adelaide, January 1967

In a ballot on a higher qualifications proposal, 41% of the membership had voted and 92% of those voting were in favour of the proposals in principle. Radcliff, Neale, Parsons and Edwards (who was now the Secretary) a Steering Committee, were asked to draw up a new Constitution. This was the main impact of the Brisbane meeting.

The new Constitution was considered in Adelaide in January 1967 and “The Chairman, Dr Curnow, thanked the members of the Council for their perseverance in dealing with the re-writing of a new Constitution and closed the meeting at midnight”. – Not the longest of all Council meetings, but certainly one of the most significant.

1968 – 1974

W.J Riley

A Major milestone in the Association's affairs was reached on 18 May 1968, almost exactly seven years after its inception. On that day, Council under the Chairmanship of Dr David Curnow, met to consider the recommendations of the Board of Examiners with respect to the admission of Foundation Fellows and Members. One can well remember the air of expectancy in the room at that time as names were read out in Frank Radcliff's best oratorical style and the results of this peer review were known to Councillors for the first time. It speaks well of the work of the Board that they were received with only very little comment or dissension. Adopted by Council and finally released to the membership the ratings were also well received, although not without some ripples, one person at least refusing a qualification on the grounds of misclassification. It is also worth recording that some people who, undoubtedly, if this historian can be allowed to interpret the Board's mind, would have been awarded foundation qualifications, chose not to apply for a variety of reasons, including an opposition to the concept of the Association structuring itself in this way.

In general, however, this was a time of great gaiety in the Association; not only were people proud of their foundation qualifications but the membership saw the introduction of postgraduate awards as an important step improving the standard and standing of clinical biochemistry in Australia. In feeling with this mood, a gala night for the formal presentations of diplomas was held in Melbourne at the time of the Annual Scientific Conference in August 1968. Diplomas were presented by an emerging politician who, like the Association, went on to bigger and better things. The occasion was a grand one, with academic and formal dress the order of the day. Ken Barber, the Editor of *Newsletter* of the day, captured some of the atmosphere in the following excerpt:

"The climax of the meeting was, of course, the presentation of diplomas to Foundation Fellows and Members by the Honorable Malcolm Fraser, Minister of Education and Science, at the Chevron Hotel. All was very elegantly conceived and went extremely smoothly, the end result of three years planning and hard

work by the Board of Examiners, who are to be congratulated. The Association Social Editress, Valencia, comments:

"Academic reds were the predominant colour of the evening. Formal evening wear mingled with scholastic gowns, although many were high fashion news. The variety of dressing indicated that the Australian Biochemist does not have to pour himself into formal apparel to enjoy himself when protocol is the order of the evening. Top design award went to the University of Tasmania for its magnificent creation, modeled by Ronnie Parsons."

"Formalities eased with the progression to dinner. Later John and Doreen Owen were the gracious host and hostess to all at coffee and general high-jinks at their Kew home. Those who did not lose their way enjoyed a first rate evening, although it is reported that there were some vague memories on Saturday morning."

As indicated by the Editor, all this was "the end result of three years planning" and in recalling these events we need to go back a few years to find out how it all began. From the inception of the Association there had been much interest in training and qualifications, membership being restricted to those holding university degrees or equivalent qualifications. Perhaps the first direct indication that the Association felt that it should be more directly involved in these matters, occurred during the Council meeting 22 January 1964. A resolution was passed to the effect that Dr Sewell, Dr Baird and Mr Wearne be approached and asked to prepare a report on technical training. They were also asked to consider the possibilities of degrees in Clinical Biochemistry. They later reported with respect to technician training, but little more was heard of degrees.

In October of the same year, however, a letter from Dr. O'Hagan was tabled at a Council meeting. In this he suggested the introduction of classes of membership, namely Fellows and Associates. Council was obviously taken with this idea, as it immediately appointed a sub-committee to investigate the question of classification of membership. The Convener was to be Dr O'Hagan, and the members Drs Radcliff, Roman, Owen or Baird. Nothing is recorded of the initial work of this group, but ten months later Council re-emphasised its determination to proceed in this matter and

appointed a new sub-committee consisting of Drs Radcliff (Convener), O'Hagan, Neale, Bartholomew to "report on the desirability or otherwise of differential membership, its possible implementation, legal premises and consequences." Thus it was that on 14 November this Committee tabled a report, in favour of a structured membership, which was to have far reaching effects on the Association. In accepting the Council report agreed on two resolutions:

1. "Council proposes that the Association should develop as a professional body as well as a purely scientific body." It is interesting that the minutes record that the term "professional" meant a "qualifying" but not "industrial" body.
2. "The council considers it desirable that there should be qualifications in clinical biochemistry in Australia."

The need for consideration and discussion throughout the membership was appreciated and it was agreed to circularize members with the discussions and proposals of the Committee with added explanatory notes. All Branches were directed to hold meetings after members had received the sub-committee's document to discuss the proposals. A postal vote would then be taken.

Within six months, all this had been carried out and on 21 May 1966 the result of this postal ballot was announced. Forty one percent of the membership had voted and 92% of those voting were in favour of the proposals in principle. Council recorded a vote of thanks to the sub-committee and to Dr Radcliff in particular. It was resolved that the Secretary make detailed enquiries and preparations for incorporation into the Association, a step necessary if the AACB was to become an award granting body. A steering Committee for the incorporation of the Australian (sic) Association of Clinical Biochemists was formed consisting of Dr Radcliff as Convener, Dr Neale, Dr Parsons and Dr Edwards (ex officio in his role as Hon Sec of the Association). This Committee was given the unenviable task of preparing a detailed constitution and rules, for discussion at the next Council meeting and presentation at the next Annual general meeting to be held in Adelaide in January 1967.

On Sunday 22 January 1967, Council met in the Library of the Institute of Medical and Veterinary Science in Adelaide and high on the order of business

was consideration of the report of the Steering Committee. A revised draft constitution was accepted and the Secretary was instructed to engage the services of Mr B Hunter, solicitor, of 35 Grenfell Street, Adelaide to draw up the revised Constitution in a form suitable for incorporation under the Associations Incorporation Act of South Australia. After final approval of this document by Council acceptance by the Association as a whole would be sought by postal vote. If accepted, a period of six months was then to be allowed for submission of applications for foundation qualifications.

At the Annual General Meeting the following day, the actions of Council were endorsed by an overwhelming majority, although not without lengthy discussion and some minor dissent. Thus Drs Neale and MacKenzie moved a motion, which was subsequently lost on a show of hands, that there be a fourth class of membership in addition to Associates, Members and Fellows. Unfortunately their reasons for proposing this are not recorded, but one wonders whether in fact it was related to the problem which was to be something of a debating point over the years, namely, the restriction of membership to people holding a degree or equivalent. Dr Neale had had a bad day, as he was also unsuccessful in his attempt to have the proposed fee of \$24 for Fellows and reduced to \$20. (The fees for Associates and Members were \$8 and \$12 respectively) One wonders what his view on the current distribution of fees is. Finally, it is interesting to note that "it was agreed that the name Australian Association of Clinical Biochemists should be retained. Presumably this is a reference to the previous "Australasian".

A provisional Board of Examiners was appointed consisting of Dr Radcliff as Chairman, Dr Parsons as Registrar and Drs MacKenzie, Neale and Roman as members. The Board was formally established on 23 September 1967 and these same people were confirmed in their positions with their terms of office dating from 1 July 1967 which therefore, can be regarded as the official birthday of the Board. The first task of the Board was the unenviable one of firstly establishing the criteria for classifying Foundation Fellows and Members and then applying these in making the actual classification. That they accomplished this in something less than twelve months is a tribute to their tenacity and competence.

So was launched the new look Association, and immediately the Board had to set about the task of establishing examinations. At the Council meeting at which the Foundation Fellows and Members were named it was agreed that an examination syllabus and a reading list were required and it was decided that the first examinations should be held in February/March 1969. The first examinations were for Membership only and these were held on 12 and 14 February, 1969 with vivas in Melbourne a month later. There were originally five applicants to sit these examinations but two subsequently withdrew, leaving only an intrepid three to face the unknown. Two of these were successful and it is a pleasure to record that the third early adventurer came back the following November and passed the examination. The honour of being the first people to be admitted as Members by examination however went to the first two, namely Miss Annette Bennett, and Mr Brian Gerard. A further examination attracting 5 candidates was held in September/November that year and this established the pattern of holding vivas in conjunction with the Annual Conference.

The Membership Examination attracted candidates right from its inception and over the years has continued to cater for a steady stream. As might be expected, presentation for Fellowship has been neither numerous nor as constant. The Board had to wait until October 1971 before it examined its first candidates for Fellowship. These were all examined by viva, and all three, Dr P Dennis, Dr R Hahnel and Dr A Pollard were successful. It was not until two years after this that the first Fellowship candidates by full examination were admitted. Both, Mr N Balazs and Mr I Farrance, have gone on to achieve pre-eminence in their profession and the Association. A year prior to this Dr H Hinterberger had been awarded a Fellowship for a thesis on her work on the clinical chemistry of catecholamines and 5- hydroxytryptamine.

From its inception, the Board was responsible not only for examinations but also for general admission to the Association. In many respects the assessment of whether basic qualifications met the Association's standard of a "degree or equivalent" provided the Board with more headaches than the establishment of an examination. This was particularly so in the late sixties and early seventies, when a plethora of qualifications existed amongst non-graduate staff in laboratories. It is difficult to trace in detail the thinking of the Board on this

matter, but we note that in October 1970, after detailed consideration, the Board resolved that Diplomas from Institutes of Technology could not be regarded as equivalent to a degree. They were perhaps vindicated in this regard in that, as Colleges of Advanced Education converted to degree courses, there was in general an upgrading of course requirements.

Despite the introduction of Bachelor Of Applied Science degrees which were accepted by the Association, there remained what was seen by some as the need to cater for non-graduates employed in laboratories. It would seem that the Board had some sympathy for this problem, since in October 1970 it recommended to Council "that it approve an examination for Associateship of the AACB to be open to such persons whose qualifications *per se* do not satisfy paragraph 4 of the Constitution (degree or equivalent) and therefore preventing their joining the Association". The Board recommended further – "that Council consider the creation of a new category of membership (without voting rights and with only limited privileges) such as "Affiliates" to accommodate such persons prior to their admission as Associated by examination".

This recommendation, reminiscent of the Neale, Mackenzie motion at the AGM in 1969, was presented to Council a few days later and although the idea of a further category of membership was rejected, the admission of otherwise unqualified persons by an Associateship examination was approved. What has become of such an examination? Obviously it never came to fruition and it is indicative of the divided feelings which have existed in the Association that the dissension of the Victorian Branch is recorded in the minutes. Obviously the Victorians felt strongly about the matter and were able to muster support from other Branches for at the next Council meeting, on Mr Cornell's motion, it was agreed that there should be no examination for admission to Associate memberships, thus rescinding the previous decision. It is ironic that later, in 1973, a suggestion from the Victorian Branch that persons not possessing an acceptable University degree be admitted as Members on satisfying the Board of Examiners at the Membership examination was quickly rejected by the Board. In 1972 the Board again recommended Associate examinations and revived the idea of a fourth category of membership in 1974. On neither occasion were their recommendations implemented.

There were really two problems for their Association. The first was largely one for the Board to grapple with, namely the definition of what constituted an “equivalent” qualification. This was particularly difficult in the late 60’s/early 70’s when tertiary education in Australia was undergoing great changes. The Board developed a policy of relying on the advice of universities themselves as to whether a given qualification would normally qualify a candidate for admission to postgraduate studies. Whilst this proved adequate in some cases, the changing admission policies of universities has often made them loath to give an opinion as increasingly curt letters, between our registrar and theirs, will attest. Although still using admission to postgraduate studies as a yard stick, in more recent years the Board has also sought the opinion of the Australian Council of Awards in Advanced Education and the Committee of Overseas Professional Qualifications.

The second problem was really of a much broader nature and therefore one which had to be settled by the membership as a whole. This really amounted to whether the base of the Association should be broadened to allow admission of some people without degree qualifications. The argument has continued almost continuously, although there have been quiescent periods. The protagonists largely take the view that the Association should endeavour to reach as many people as possible, whilst those opposed to the move are jealous of our Memberships and Fellowships and are anxious not to have anything sully their recognition and acceptance as postgraduate qualifications. In general the “cons” have held sway and the “degree and equivalent” remains. The one exception, and even here it might be argued as being equivalent to a degree although the Board has never tested it in this way, is the fellowship of the Australian Institute of Medical Laboratory Scientists (Special in Clinical Chemistry) which was approved as acceptable for admission by a referendum in 1976.

It is not surprising that introduction of examinations for Membership and Fellowship stimulated the already strong interest in education which had been present since the inception of the Association. Thus we see at the Annual scientific Conference held in Sydney in November 1969 a symposium on the “Training of Clinical Biochemists” at which Dr Riley as reported on a course

which had been introduced in WA to provide, amongst other things, a course of study toward Membership and Fellowship. One of the prime movers in this endeavour had been David Curnow who was later to become Chairman of the IFCC Committee on Education. Some of the ideas which first saw the light of day in the WA course form part of the recommendations of this body.

In the following year the Secretary in his report notes that “branches are becoming increasingly education conscious” and under Branch Reports the following appears – “eagerness of branches to institute training programmes noted.” It must surely have been this enthusiasm from the Branches which prompted Council in a somewhat euphoric mood, to establish a Standing Committee on Education with rather extensive and open-ended terms of reference:

“To investigate, report and make recommendations on all aspects of education and teaching in clinical chemistry in Australia, especially with regard to the quality of the profession in its service, research and teaching commitments, including matters referred to it by Council, the Branches and the IFCC Committee on Education.”

The Committee was to consist of three members, one of whom was to be a member of the Board. In the first twelve months this Committee attacked its task with gusto and planned a course for Membership in three parts: General Principles and Instrumentation, Individual Methods and Chemical Pathology of Organs and Systems. An ominous note of warning was, however, sounded by the Chairman, Dr Kellerman, in his report when he indicated that “a slow response in obtaining co-operation of senior members has led to a short fall in the expected progress of the course.” This was indeed a problem which was to dog the Committee over the next few years, as was the inability to meet together regularly. Despite some success in the provision of comprehensive study notes, revision of courses of study and preparation of reading lists, the Chairman in 1974 (Dr Riley) again comments on the slow progress being made. The need to accelerate in this was recognized by Council which responded by increasing the size of the Committee to five and instructing them that they should meet at least once per year.

Of course, it was not only with admission policy, exams and education that the Association was concerned over these intermediate years. Of the many other matters discussed and ideas put forward, one can only highlight a few which, to the present reviewer appear either to have had particular importance at the time, or were relevant to the way in which the Association has developed. The major educational and scientific activity of the Association remained the Annual Scientific Conferences and much effort, particularly from the Branch holding the event, was expended in ensuring both their scientific worth and their social success.

Whilst not officially an Annual Conference, a meeting of significance was held in January 1968. This was a joint meeting with the New Zealand Association of Clinical Biochemists and marked the formation of that body under the presidency of John Murray. It is evident that a large number of Australians crossed the Tasman to congratulate and celebrate with their New Zealand colleagues. An excellent scientific programme was arranged with contributions ranging from discussion of population health studies carried out in Rangiora NZ and Busselton WA to more detailed technical papers concerned with steroid analysis in foetal plasma and breast milk.

The meeting in Melbourne in August 1968 had already been mentioned with respect to presentation of diplomas but this gala event did not overshadow the scientific meeting which was held at the Royal Women's and Children's Hospital and included a joint session with the Royal College of Pathologists of Australia. Interests of the time are reflected by papers on radioimmunoassay, automatic data processing and quality control as well as a wide variety of other topics.

In 1969 the NSW Branch was responsible for the organization of the Annual Conference which was held in the University of NSW. A major part of this was the symposia on "The Training of Clinical Chemists" but, once again, included a wide variety of contributed papers. In a historical document, one could not pass over this meeting without mention of the memorable dinner held in one of Australia's most historic buildings, The Rum Hospital.

October 1970 saw the meeting at the Queen Elizabeth Hospital in Adelaide. Symposia were held on the topics of "Enzyme Control of Metabolism" and "Medical Aspects of Protein Chemistry" whilst a Grand Round discussed "Renal Failure in a case of Disordered Lipid Metabolism" It is regrettable that with the demise of Proceedings, much of the detail of the Annual Conferences from 1970 until the advent of the *Newsletter* particularly that of contributed papers has been lost to the Association's archives.

In the years 1971 to 1972 the Annual Conference moved in turn to Melbourne (Prince Henry's Hospital) Sydney (Sydney Hospital), Perth (Sir Charles Gairdner Hospital) and Adelaide (AMP Theatre) and each was innovative in some respect. Thus in 1971 a session was set aside for discussion groups and this was expanded to two sessions the following year. The meeting in Sydney also saw the emergence of our new Sustaining Members who provided our first trade display. In 1973 the WA Branch persuaded the rest of Australia to make the journey across the Nullarbor to a meeting where the emphasis was on clinical rather than technical aspects. Once again education was to the fore, with a symposium entitled "Education of the Clinical Biochemist". To give participants the chance to digest the varied scientific fare a mid-conference free day was allowed and many visitors took the opportunity to visit the State's legendary wildflowers. The following year again provided a most successful conference in Adelaide which saw the advent of workshops with sessions on Blood Gases, Scintillation Spectrometry, Gas Liquid Chromatography and Flameless AA. It is also worth reporting that 43 contributed papers were presented at this meeting; a remarkable achievement for an Association the size of the AACB.

The need to encourage more junior members to attend Annual Conferences by providing financial assistance was early recognized by Council when in 1965 £100 (\$200) was allocated to subsidise travel for such people. This policy was continued for a number of years, but in 1971 we read of the concern of Council with regard to the lack of enthusiasm about Association travel grants. Presumably this meant that not many people had applied for them. It was decided therefore, to upgrade the award to a Traveling Scholarship. Two of these were to be awarded and were to provide fares and a living allowance.

Even with this provision, a large proportion of members still had no opportunity to attend Annual Conferences and at the same meeting Council agreed in principle to institute a Traveling Lectureship for a top rating clinical chemist, either Australian or from overseas, annually, or as financially feasible. The intention was that the lecturer should visit as many states as possible, thereby providing stimulus widely throughout the membership. It was also a means whereby the Association could honour both its own pre-eminent sons and those chosen from overseas. The minute recording the agreement in principle also records that Dr W Roman was approached to seek his permission to use the title "W. Roman Lectureship of the AACB". It is sad to relate that this permission had to be given by his widow, as Dr Roman died shortly after this meeting. It is singularly appropriate, however, that the Association should have honoured the memory of this man, himself a top rating clinical chemist of international standing and a prime mover in the establishment of the AACB.

Although perhaps loosely organized, the involvement of the Association in scientific and technical matters over this period is evident. Thus we read of involvement with the introduction of SI units dating from 1969 and continuing through to their eventual implementation. A Laboratory Practices Committee, which was to handle Accreditation, Scientific Projects and other matters affecting laboratory practice, was first proposed in 1970 but it proved difficult to find members to serve on this. A short time later (1972), on the request of the Royal College of Pathologists Of Australia, Council appointed Mr Geary to serve on that body's Scientific Projects Committee and agreed to provide financial support for attendance at meetings. The following year saw the formation of a Laboratory Equipment Subcommittee. The Association was also quick to respond to the IFCC's call for Associate Members of Expert Panels, appointing the first in 1972. As the number of E.P.'s increased, it was felt prudent to co-ordinate the activities of Associate Members under a Convener. Thus in the President's address to the AGM in 1971 the following thought was expressed: "...more corporate lines of action would be followed in the scientific field with the national contacts for expert panels being asked to become leaders of working parties within Australia under the guidance and co-ordination of Dr P.M Dennis.

In 1970 Council appears to have taken its first serious interest in Accreditation when, following a report from the Hon. Sec. Ken Barber, it appointed him as Association representative to the College of Pathologists Steering Committee on Accreditation. The minute also reads "Council unanimously agrees with and supports a scheme of laboratory accreditation in Australia." Although little progress seems to have occurred over the next two years, the Association was prepared to act quickly when the Federal Government set up the Interim Committee of the National Hospitals and Health Services Commission. In 1973 a delegation from the Association met with the Pathology Working Party of this Committee and subsequently a written submission was made. David Curnow was appointed as the Association's representative to the first Federal Working Party. There is no doubt that it is due to the tenacity and preparedness of those involved in these early negotiations that the Association managed to maintain an independent voice in this controversial area.

An area which continued to be of major concern to the Association was the publication of *Proceedings* and it was with reluctance and a touch of sadness that Council in 1971 passed a motion for its discontinuation. Throughout its years of publication the *Proceedings* had been plagued with problems of finance and irregularity of issue and at every Council meeting over the previous four years these problems were discussed and various suggestions made to overcome them. That, despite its problems, the *Proceedings* was seen as a desirable function by the general membership is demonstrated by the fact that pressure from Branches led to the reversal of a previous Council decision in 1968 to discontinue publication and enabled the journal to survive for another three years. Paradoxically, however, lack of practical support from the membership in terms of submitted publications is a constant comment from the Editor in his reports. Attempts to establish an editorial committee, composed of representatives from all Branches, to assist the Editor also was unsuccessful.

That throughout these vicissitudes the Editor, Dr Bartholomew, continued to pursue his ideal of a quality publication which would enhance the status of the Association and provide a record of the development of clinical chemistry in Australia, indicates his dedication to his task, for which we salute him.

Meanwhile the Association's other regular publication *Newsletter* continued in its steady course, thanks to the efforts of successive Secretaries and Editors. Commencing life as a cyclostyled sheet containing a chronicle of events and promulgating Council decisions and discussion, this slowly changed both its physical appearance and its editorial content. Thus in 1972 production was switched to an offset process and a graphically illustrated title was introduced and by 1974 this had become a fully type set version. The content of educational and scientific material also increased and this was accentuated by the demise of *Proceedings*.

The *Newsletter* forms an interesting informal record of the Association which one cannot hope to reproduce here. For the reader interested in history or just plainly nostalgic, and hour or two spent browsing through these pages would be most rewarding. Perhaps it is appropriate that this review of the years 1968–74 should be brought to a close with a quote from the *Newsletter* editorial of December 1974 "Where do we go from here?"

"The AACB has reached an important stage in its development. No longer can it be considered a small scientific society. It is a professional body and has progressively become more concerned with matters of policy."

The Association still had some way to go, but the foundations were established and the die of future development cast.

1975 – 1982

R.C. Bowyer

I shall begin this section with a few personal memories of the 1974 meeting in Adelaide, an important one for me because I had been invited to a viva examination in front of the Board of Examiners. This was the experience I had been dreading, and with knees feeling like jelly I sat down and waited for the worst. It did not take long in coming. Frank Neale asked me to compare the blood circulation with Sydney's water supply. Also memorable that year was the AGM which was casually proceeding in the AMP Theatre at 6pm one day when the

attendant came in and whispered a few words in the President's (Ron Parsons) ear. Ron then explained to the assembled multitude that, due to another booking, we had to vacate the Theatre in five minutes and without further ado he closed the Meeting. Your Officers tremble to this day about AGM's peremptorily being cut short.

In view of our current concern over professional affairs, the remarks made by the Honourable H.J Hopgood SA Minister for Mines, at the opening of the Conference, are apt "Shake off your shackles of silence and let your voice be heard, particularly if you have something to say that is good for the community as a whole" (*Newsletter* No 36, 1974)

With a change to the constitution allowing for a Vice President instead of a Past President, the 1974-75 year saw the new post being filled by Ken Barber.

The first chairman of the Board of Examiners, Frank Radcliff resigned at the Adelaide meeting but agreed to stay on as a Board member for one further year. Frank had played a major role in establishing the Board and initiating the examination system, and had waited for the body to steady before leaving it. He was succeeded as Board Chairman by Maurice Welby.

At the Council meeting in May 1975, results of a postal ballot indicated that a majority of the membership favoured acceptance of the Fellowship of the AIMLS in Biochemistry as a suitable basic qualification for membership of AACB. Council accepted this opinion and instructed the Board accordingly. The same meeting noted a 1973 industrial decision recognizing Bachelors of Applied Science in Biomedical Science from the NSW Institute of Technology as being equivalent to a degree because the qualification was so recognised by the University of NSW and Macquarie University. Council then adopted, as general guidelines, the criterion that equivalence to a degree would be tested by asking Universities in the same State as the applicant whether the holder of the qualification would be accepted into a M.Sc. course. From that time, Bachelors of Applied Science from many leading Colleges of Advanced Education in Australia have joined the membership ranks.

For the 1975-76 year, several changes took place in the Executive. Ken Barber took up the Presidential reins, Matthew Meerkin was elected as Vice-President, Bruce Duncan succeeded Geoff Hill as Treasurer, (although the purse remained anchored in South Australia) and John Whitfield was taken on as assistant and understudy to the Secretary.

In July 1975, a bid was made at the 9th IFCC Congress in Toronto to hold the 1981 IFCC Congress in Sydney. This was the culmination of great efforts by a NSW Branch Sub-Committee comprising Frank Neale as Chairman, Diana McCubbing, John Whitfield and Greg Prunster, aided and abetted by our IFCC representative, Peter Dennis. An "Australian Occasion" held in Toronto showed what a great place Australia – and in this case particularly Sydney – is and national representatives were invited to taste Australian wines and cheeses. With his usual coolness and panache David Curnow had successfully negotiated Canadian customs with some large cheeses and was acclaimed for this feat. Unfortunately our bid was unsuccessful and is now known, the Austrian Society was awarded the the 11th Congress in Vienna. In the post-mortem immediately following the vote, some of our American colleagues, including Morton Schwartz and Martin Rubin, pointed out that we would stand a better chance of being successful at future date if there were signs of regional activity. Since the post-mortem group included New Zealanders and It Koon Tan from Singapore in addition to a large group of Australians, the comment fell on fertile ground, as we see in looking at the later years. IN fact, a regional congress had first been mooted in Council as early as 1972 as a fall back position if the planned bid for the IFCC Congress was lost.

At the Council meeting in October 1975, Matthew Meerkin submitted his resignation from the Vice-Presidency and Chairmanship of the Committee on Education due to his appointment as Associate Professor in Chemical Pathology at the University of Auckland. Matthew had made an important contribution to reshaping and re-emphasising the importance of educational activities in the life of the Association. Indeed, as David Curnow has pointed out, it was the pursuit of particular educational activities - in this case Clinical Chemical Methods – by our more senior colleagues in the early Study Group, which may be said to have

led to the formation of this Association. The fact that the early emphasis of the group was on methods and quality control gives us also a direct link to today's Scientific and Technical Committee – another story to be taken up a little later. At this point, it may be of interest to trace the development of today's Education Committee from the early records.

David Curnow was elected as first Study Group Convener in February 1962 but Council minutes of the August 1962 meeting record that Bill Riley's election as David's successor in that role. The times must have been difficult, because by the Council meeting of May 1963, Bill had indicated that he wished to stand down from the post. His successor, Glen Storer continued only until August 1965 when Study Group as a national activity was abandoned.

No mention of educational activities is then made in the minutes until 1970, following the successful introduction of the examination system, when the Secretary noted in his report to Council that branches were becoming increasingly education-conscious. At the same meeting it was resolved to set up a Standing Committee on Education, the first members of which were David Curnow, Geoff Kellerman and Bob Bartholomew. The Association President and the Chairman of the Board of Examiners became ex officio members as from July 1971.

The Committee was well established and productive by 1974 when, under the chairmanship of Bill Riley, it reported on the production and sale of sets of stuffy notes. Following a successful lecture course on clinical chemistry in Geelong in the same year which was initiated and financially backed by the RCPA, the AACB Committee on Education became officially involved and since then joint RCPA/AACB Chemical Pathology study courses have become a continuingly successful annual event. In 1976, the Committee on Education was elevated in status to a Board and the Chairman, Alan Clague, co-opted to Council. A detailed "Suggested Scheme of Study" published by the Board appeared in the *Newsletter* in June, 1978.

In 1979 the Board was restructure as the Education Committee and Peter Dennis appointed as first Chairman. It operated currently in this restructured form and

comprises a Chairman, now Jean Robinson, a Secretary, Callum Fraser, and Education Representatives from each Branch.

No full Council Meeting was held in the early part of 1976 for financial reasons but the Executive met to deal with a number of matters. Amongst items discussed was a suggestion from John Edwards that “Mini-conferences” be instituted as an educational activity. The first series of these was organized in May 1977 around presentations by John Edwards and Renze Bais on the topic of Enzymes. Despite some earlier doubts, and a few irreverent references to “travelling circuses”, mini-conferences proved so successful that they were rapidly adopted as regular events in the educational calendar. A full list of these events as held to date is listed in the Tables. In recent years, their elevated status has been recognized by the adoption of a new title “Current Concepts in Clinical Biochemistry” or more generally as “Current Concepts Seminars”. Full marks must be awarded to John Edwards for the original idea – perhaps an example of educational catalysis?

The Officers at the 1976 meeting went on to discuss ways and means of holding a South-East Asian Regional Meeting in Australia in 1979. As any such meeting would have to be organized by a Branch Committee, Branch Representatives were asked to canvass support in their respective states. John Whitfield urged prospective planners to aim at realistic numbers in the region of 200 and not to attempt anything on a scale as large as 500-600. Reaction to these overtures from the executive was absolutely nil and Council in August of the same year resolved to drop the idea of a Regional Meeting in Australia. However, they noted that a small group of Singapore biochemists had expressed enthusiasm for their island State as a venue provided that some external assistance was provided in organizing the scientific program. As representative of the nearest AACB Branch to Singapore, I was asked to pursue this avenue with my own Branch Committee.

The past year had seen a smooth transition of Treasurers, from Geoff Hill to Bruce Duncan. The next year, 1976-77, saw an equally capable transfer of the Secretary’s quill (plus a few tones of other impedimenta). Perhaps the most significant sign of the change to the ordinary member was the appearance of

blue Newsletters – a reference only to background colour and not to content. For the first time, we saw Nancy Dale’s name as an editor of Newsletter and she has earned praise and distinction for her editorial skills particularly since our current series of *Clinical Biochemist – Newsletter* emerged in 1980.

Another significant change in office-bearers was occasioned by the resignation of the first Registrar of the Board of Examiners, Ron Parsons. Ron, too, had weathered the storms during the first frantic years of the Board’s activities and had made a unique contribution. Bill Riley was appointed to the Board in the capacity of Registrar in which position he served with characteristic thoroughness for 3 years.

A meeting of the Association’s Officers held in Sydney in May 1977 noted that the ACB Editorial Board had appointed Tony Pollard as Australian Editor for *Annals of Clinical Biochemistry*.

The year 1977-78 saw Geoff Kellerman in the role of President and Meg Baillie as Vice-President. For the first time in the Association’s history, we had a lady on the Executive. Meg displayed her organizing talents in succeeding months as she was involved in a number of committees in their evolving stages. For example, a proposal from Des Geary relating to lipid quality control and the WHO Lipid Standardisation Program led to the formation of a Council committee to investigate lipid quality control in Australia. With Peter Dennis as Convener, Meg Baillie, Nick Balazs and Des Geary (as co-opted member), this committee ultimately recommended the formation – jointly with the RCPA – of the Australian Lipid Standardisation Committee and the setting up of the Q.C. Program now administered by that committee. Meg’s involvement with the Board of Education led to her appointment in the next year to a Working Party charged with examining and developing the brief of this Board. With Nick Balazs and Ian Farrance, she helped to frame proposals which led to the formation of the Education Committee in its present form. Almost simultaneously, she was called to serve on the fledgling Scientific and Technical Committee with Des Geary and myself while this development in the Association’s life was taking shape. In between times, Meg was also instrumental in organizing the Chemical Pathology Course in Melbourne in 1977.

1977 was also the year in which the AACB joined with the Endocrine Society of Australia, the Human Pituitary Advisory Committee and the RCPA in the formation of the Joint Working Party for Quality Control in Immunoassay. The JWPQCI has been much to the fore lately with the release of Matrix I and Matrix II materials for external quality assurance in the immunoassay fields.

Mention of the formation of the present Scientific and Technical Committee and several recently-initiated scientific endeavours by the AACB and its several associated joint project teams – the Australian Lipid Standardisation Committee (ALSC), the Joint Working Party for Quality Control in Immunoassay (JWPQCI) and the joint RCPA/AACB committee responsible for organizing the various Australian Quality Assurance Programs – prompt a brief scan of the S&TC's history.

As already noted, the interest shown by our founding fathers in Study Group activities concerned with clinical chemical methods may be classified as much in the scientific and technical category as in the education. After the formation of the Association however, the interest in quality control and methods appear to follow two separate streams. Quality control, championed in the early years to 1966 by Dima Roman appears to have backed the wrong horse – in the serum sense that is. Between 1966 and 1972, Council minutes record no discussion on quality control and a brief reference from the record of the October 1972 meeting commends the RCPA Quality Assurance Program and the WHO programs for cholesterol, glucose and urea. Official support for the RCPA program continued throughout the 70s but in 1978 Council agreed in principle to the establishment of a Scientific and Technical Committee responsible, amongst other things, for quality control matters. The S&TC's Quality Control Committee, working currently through Lloyd Penberthy, has joined the RCPA's Chemical Pathology Sub-Committee in successfully launching the current Australian Quality Assurance Programs.

The early history of Study Group and its demise in August 1965 has already been recounted. Minutes of the same Council meeting however record the establishment of a Standing Committee on Methods chaired by John MacKenzie.

This Committee was given the fairly simple brief of investigating and reporting on “all matters relating to methods in clinical chemistry”! Later in 1965, this Committee recommended that its name should be changed to “Scientific Committee” and that its primary concern should be directed at the “lack of agreement of results between different laboratories such as that revealed by the surveys of the College of Pathologists of Australia.” Despite its worthy aims, the Committee made only one major report and then in 1967 sought disbandment with the object of forming a local Victorian group encompassing a wider professional area.

The next significant development in this area was the creation by Council in 1973 of a Sub-Committee on Supply and Servicing of Equipment. This move followed a suggestion by the South Australian Branch representing the less densely populated States; Frank Radcliff was the first convener and each branch appointed a local representative. The Sub-Committee appears to have had initial difficulties with its title and image. The first report on its activities in April 1974 describes itself as the “Laboratory Equipment Sub-Committee” with the aim of receiving and examining complaints rather than undertaking evaluations. By October 1974, the title had been officially reset to that originally given in the previous year – Subcommittee on Supply and Servicing of Equipment – and Des Geary was appointed convener. Des had continued to serve more or less in the same capacity through various evolutionary changes. Somehow, in between the AGM in Brisbane in 1976 and an Officers meeting in Sydney in May 1977, the old “Subcommittee” became the “Committee on Evaluation of Kits and Instruments”. Then in 1978 the decision was taken to create a Scientific and Technical Committee with three Sub-Committees, responsible for Quality Control, Analytical Methods and Instrumentation and Diagnostic Products.

Des accepted appointment as Chairman of the full S&TC and also first Chairman of the Sub-Committee on Instrumentation and Diagnostic Products. Most appropriately for the Association, he is currently also a full member of the IFCC Expert Panel on Instrumentation.*

The Executive for 1978-79 remained unchanged from the previous year except that one of the names had changed. We were all delighted to hear that Meg

Bailie had changed her name to Braidahl with her marriage to Melbourne endocrinologist Hal.

Two prizes were announced in this year. One of our Sustaining Members, Wellcome Australia, had offered a prize of \$500 for excellent performance in the Association's examinations. This is now awarded annually either at the Membership or Fellowship level on the recommendation of the Board of Examiners. Council itself, in a bid to improve the standard of presentation of papers at Annual Scientific Meetings, offered for the first time a Presentation Prize of \$250. The conditions governing this award were detailed in an article in the *Newsletter* of March 19678. Notification of a third award, the biennial Ortho Travelling Fellowship, was received from another of our Sustaining Members, Ethnor Pty Ltd in the same year.

The major event for the new Executive in 1979-80, now headed by Meg Braidahl, was the 1979 Singapore Congress. After all the worries and fears of over-stretching ourselves, our Singapore colleagues showed us how to organize on a Singapore scale. A total of approximately 700 people from many countries, but particularly from the South-East Asian and Pacific Region, gathered at the Shangri-la Hotel. Not only did their presence and their involvement demonstrate the need for regional congresses of this type, but those who came confirmed their intent of forming a continuing organisation and brought into being the Federation of Asian and Pacific Clinical Biochemistry. This group would be responsible for bringing clinical biochemists of the region into communication with each other and fostering the raising of standards of practice of the discipline. An interim Steering Committee of eight persons was elected and given the brief of preparing a Constitution and a scheme of operation which would achieve the declared objectives and be acceptable to all parties. Not an easy assignment, as those of us on this Committee have found. Peter Garcia Webb served as Secretary of this group.

The beginning of 1980 brought to the desks of all members the first-fruits of the new Publications Committee formed the previous year with Graham White as Chairman and Nancy Dale as Editor of *Newsletter*. The *Clinical Biochemist* -

Newsletter and *Clinical Biochemist* – *Reviews* had been born and the new infants brought wide acclaim from friends and colleagues around the world. Once again, the Association had publication which could hold their own in the international stakes and we had a right to be proud of our Association and those worthy members who have given – and continue to give – so much of their time and talent for the benefit of us all. *Reviews* is, of course, the formal publishing outlet of both the Education Committee and the Scientific and Technical Committee and the fruitfulness of this publication is a direct result of the activity – both technical and written – of members of these rejuvenated groups.

The news in 1980 was not all good, however, and we were particularly saddened by the death of a good friend and tireless worker for the Association, Ken Barber. Ken had had the distinction of serving for eight years on Council in four separate roles: SA Branch Representative (1967-68), Federal Secretary (1968-73), Vice-President (1974-75) and President (1975-77). He was widely known and respected in the profession throughout Australia and possessed a keen sense of humour. An example of this that I particularly liked was: "Serum irons will go up by six percent (in response to BHP putting up the price of steel)".

Incidentally, Ken's length of service on Council appears only to have been eclipsed by the outstanding fortitude of Bob Bartholomew, who for 10 consecutive years bore the burden of Editorship of *Proceedings* (1962-72), by Frank Radcliff who was Branch Representative (1964-66), Chairman of the Board of Examiners (1967-74) and President (1970-71), and by David Curnow as Secretary (1961-66) and President (1966-68 and 1971-73).

1 July, 1980 saw a marked change in the Executive with new members elected to the offices of both Treasurer and Secretary. Fortunately, Jan Pickering and I had the support of Meg Braidahl and Maurice Wellby, and when needed, of our retired counterparts Bruce Duncan and John Whitfield. The change brought with it, as something of a Parthian shot from the retiring Treasurer, a proposal to purchase a microcomputer to assist in keeping the accounts and membership records of the Association. Despite some misgivings on the part of the new Treasurer, we can now happily report that the new machine is the Apple of Peter

Greenacre's eye. Certainly Peter, with Diana McCubbing and the rest of the Sydney team have done a most commendable job in transferring all records on to the Apple II and in preparing software to keep us up to the "mark" with our subscriptions.

We enter our 21st year in good shape, scientifically, organizationally and financially. We have just successfully negotiated another series of Constitutional changes to allow Council machinery to run more smoothly but still legally and to limit the indemnity of the Association to all those who work for it. Surprisingly a whole six months has gone by without anyone recommending a further change (!). The membership and examination structure has established itself and is obviously filling some need as people keep applying to join the Association or to be examined! Perhaps we would be more encouraged if there were a greater thrust toward taking the general fellowship exams but nevertheless steady progress is being made.

Scientifically, our three standing committees are doing a first-rate job. Therein lies a danger – that we onlookers feel that we can forever fill the role of "side-walk attendants". This is pure fallacy. The active "ideas" people will burn themselves out if we fail to take on our fair share of the load, and the Association will lapse into morbid obscurity if no-one comes forward to take their place. Our contribution to the AACB's continued existence in the next 21 years must be more than an annual cheque or even occasional attendance at Branch meetings, much as both of these are valued. Ways in which we can all make a contribution were listed by Meg Breidahl in her Editorial in our first *Clinical Biochemist – Newsletter* of March, 1980:

- Offer your services in Branch activities;
- Make yourself available for nomination to Branch committees and late to Council or its Committees;
- Respond to calls made for review articles, bibliographies and assistance with scientific and educational activities;
- Work hard on your own laboratory projects and present the results of these at scientific meetings; and

- Above all, remember you are a member of the profession of clinical biochemistry and that this requires more commitment than just performing a job for monetary reward.

With such enthusiasm and support, our Association cannot fail to pass successfully through the 80s and indeed the future based on such a foundation is surely unlimited.

APPENDIX 2: Council 1961 – 2005

		1964-1965	President	W Roman
			Past President	F Neale
			Hon Secretary	D Curnow
			Hon Treasurer	D Watson/JOwen
			SA Rep	R Cox
			Vic Rep	J MacKenzie
			Tas Rep	Z Mejglo
			Qld Rep	M Thomas
			NSW Rep	F Radcliff
			WA Rep	S Alexander
1961-1962	President	J Owen		
	Hon Secretary	D Curnow		
	Hon Treasurer	J O'Hagen		
	SA Rep	W Roman		
	Vic Rep	M Bick		
	Tas Rep	R Parsons		
	Qld Rep	M Thomas		
	NSW Rep	F Neale		
	WA Rep	G Sarfaty		
		1965-1966	President	W Roman
			Past President	F Neale
			Hon Secretary	D Curnow
			Hon Treasurer	J Owen
			SA Rep	R Edwards
			Vic Rep	J MacKenzie
			Tas Rep	R Parsons
			Qld Rep	M Thomas
			NSW Rep	F Radcliff
			WA Rep	J Wearne
1962-1963	President	F Neale		
	Hon Secretary	D Curnow		
	Hon Treasurer	J O'Hagen		
	SA Rep	W Roman		
	Vic Rep	M Bick		
	Tas Rep	R Parsons		
	Qld Rep	M Thomas		
	NSW Rep	R Bartholomew		
	WA Rep	G Sarfaty		
		1966-1967	President	D Curnow
			Past President	W Roman
			Hon Secretary	R Edwards
			Hon Treasurer	J Owen
			SA Rep	M O Halloran
			Vic Rep	E Newfield
			Tas Rep	R Parsons
			Qld Rep	M Thomas
			NSW Rep	F Radcliff
			WA Rep	J Wearne
1963-1964	President	F Neale		
	Hon Secretary	D Curnow		
	Hon Treasurer	D Watson		
	SA Rep	R Cox		
	Vic Rep	C Baird		
	Tas Rep	Z Mejglo		
	Qld Rep	J O'Hagan		
	NSW Rep	R Bartholomew		
	WA Rep	S Alexander		

1967-1968	President	D Curnow	1970-1971	President	F Radcliff
	Past President	W Roman		Past President	R Bartholomew
	Hon Secretary	R Edwards		Hon Secretary	K Barber
	Hon Treasurer	M O'Halloran		Hon Treasurer	G Hill
	SA Rep	K Barber		SA Rep	M Coles
	Vic Rep	K Outch		Vic Rep	F Cornell
	Tas Rep	R Parsons		Tas Rep	Z Mejglo
	Qld Rep	J Callaghan		Qld Rep	C Lee
	NSW Rep	F Neale		NSW Rep	M O'Halloran
	WA Rep	W Riley		WA Rep	A Ukich
1968-1969	President	R Bartholomew	1971-1972	President	D Curnow
	Past President	D Curnow		Past President	F Radcliff
	Hon Secretary	K Barber		Hon Secretary	K Barber
	Hon Treasurer	M O'Halloran		Hon Treasurer	G Hill
	SA Rep	G Hill		SA Rep	M Coles
	Vic Rep	H Davies		Vic Rep	F Cornell
	Tas Rep	Z Mejglo		Tas Rep	E Cusick
	Qld Rep	J Callaghan		Qld Rep	C Lee
	NSW Rep	F Neale		NSW Rep	M O'Halloran
	WA Rep	W Riley		WA Rep	A Ukich
1969-1970	President	R Bartholomew	1972-1973	President	D Curnow
	Past President	D Curnow		Past President	F Radcliff
	Hon Secretary	K Barber		Hon Secretary	K Barber
	Hon Treasurer	M O'Halloran		Hon Treasurer	G Hill
	SA Rep	G Hill		SA Rep	D Geary
	Vic Rep	H Davies		Vic Rep	F Cornell
	Tas Rep	Z Mejglo		Tas Rep	E Cusick
	Qld Rep	J Callaghan		Qld Rep	C Lee
	NSW Rep	F Neale		NSW Rep	H Webster
	WA Rep	W Riley		WA Rep	G McLellan

1973-1974
President R Parsons
Past President D Curnow
Hon Secretary J Connelly
Hon Treasurer G Hill
SA Rep D Geary
Vic Rep M Meerkin
Tas Rep Z Mejglo
Qld Rep A Jenkins
NSW Rep H Webster
WA Rep G McLellan

1974-1975
President R Parsons
Vice President K Barber
Hon Secretary J Connelly
Hon Treasurer G Hill
SA Rep D Geary
Vic Rep M Meerkin
Tas Rep Z Mejglo
Qld Rep A Jenkins
NSW Rep F Neale
WA Rep R Bowyer

1975-1976
President K Barber
Vice President M Meerkin
Hon Secretary J Connelly
Hon Treasurer B Duncan
SA Rep A Pollard
Vic Rep K Outch
Tas Rep R Parsons
Qld Rep A Clague
NSW Rep F Neale
WA Rep R Bowyer

1976-1977
President K Barber
Vice President G Kellerman
Hon Secretary J Whitfield
Hon Treasurer B Duncan
SA Rep J Edwards
Vic Rep M Bailie
Tas Rep R Parsons
Qld Rep A Clague
NSW Rep D McCubbing
WA Rep R Bowyer

1977-1978
President G Kellerman
Vice President M Bailie
Hon Secretary J Whitfield
Hon Treasurer B Duncan
SA Rep J Edwards
Vic Rep N Balazs
Tas Rep R Parsons
Qld Rep A Clague
NSW Rep D McCubbing
WA Rep T Mahoney

1978-1979
President G Kellerman
Vice President M Bailie
Hon Secretary J Whitfield
Hon Treasurer B Duncan
SA Rep J Edwards
Vic Rep N Balazs
Tas Rep R Parsons
Qld Rep N Henstridge
NSW Rep D McCubbing
WA Rep T Mahoney

1979-1980	President	M Braidahl	Tas Rep	C Showell
	Vice President	M Welby	Qld Rep	A Barr
	Hon Secretary	J Whitfield	NSW Rep	P Greenacre
	Hon Treasurer	B Duncan	WA Rep	G Wilson
	SA Rep	R Maerschel	Chair BoE	W Riley
	Vic Rep	N Balazs	IFCC	J Connelly
	Tas Rep	Z Mejglo	Chair S&TC	D Geary
	Qld Rep	N Henstridge	Chair Ed.	P Dennis
	NSW Rep	P Greenacre	Chair Pub.	G White
WA Rep	T Mahoney			
		1982-1983		
1980-1981	President	M Braidahl	President	M Welby
	Vice President	M Welby	Vice President	P Dennis
	Hon Secretary	R Bowyer	Hon Secretary	R Bowyer
	Hon Treasurer	J Pickering	Hon Treasurer	J Pickering
	SA Rep	R Maerschel	SA Rep	J Edwards
	Vic Rep	A Tong	Vic Rep	A Tong
	Tas Rep	C Showell	Tas Rep	C Showell
	Qld Rep	N Henstridge	Qld Rep	A Barr
	NSW Rep	P Greenacre	NSW Rep	A Little
	WA Rep	G Wilson	WA Rep	P Garcia Webb
	Chair BoE	W Riley	Chair BoE	W Riley
	IFCC	J Connelly	IFCC	J Connelly
	Chair S&TC	D Geary	Chair S&TC	D Geary
Chair Ed.	P Dennis	Chair Ed.	J Robinson	
Chair Pub.	G White	Chair Pub.	G White	
		1983-1984		
1981-1982	President	M Welby	President	P Dennis
	Vice President	P Dennis	Vice President	B Riley
	Hon Secretary	R Bowyer	Hon Secretary	R Bowyer
	Hon Treasurer	J Pickering	Hon Treasurer	P Greenacre
	SA Rep	R Maerschel	SA Rep	J Edwards
	Vic Rep	A Tong	Vic Rep	S Slater
			Tas Rep	S Cook
			Qld Rep	A Barr

	NSW Rep	A Little		Chair BoE	M Briedahl
	WA Rep	A St John		IFCC	R Bowyer
	Chair BoE	W Riley		Chair S&TC	L Penberthy
	IFCC	J Connelly		Chair Ed.	L Wyndham
	Chair S&TC	D Geary		Chair Pub.	G White
	Chair Ed.	J Robinson			
	Chair Pub.	G White	1986-1987	President	W Riley
1984-1985	President	P Dennis		Vice President	D Geary
	Vice President	W Riley		Hon Secretary	A St John
	Hon Secretary	A St John		Hon Treasurer	R Mazzachi
	Hon Treasurer	P Greenacre		SA Rep	R Conyers
	SA Rep	J Edwards		Vic Rep	D Hay
	Vic Rep	D Hay		Tas Rep	M Staley
	Tas Rep	S Cook		Qld Rep	J Galligan
	Qld Rep	R Richards		NSW Rep	S Slater
	NSW Rep	A Little		WA Rep	S Langton
	WA Rep	R Hahnel		Chair BoE	P Garcia- Webb
	Chair BoE	M Briedahl		IFCC	R Bowyer
	IFCC	R Bowyer		Chair S&TC	L Penberthy
	Chair S&TC	D Geary		Chair Ed.	L Wyndham
	Chair Ed.	L Wyndham		Chair Pub.	G White
	Chair Pub.	G White	1987-1988	President	D Geary
1985-1986	President	W Riley		Vice President	L Wyndham
	Vice President	D Geary		Hon Secretary	A St John
	Hon Secretary	A St John		Hon Treasurer	R Mazzachi
	Hon Treasurer	R Mazzachi		SA Rep	B Dilena
	SA Rep	R Conyers		Vic Rep	R McLachlan
	Vic Rep	D Hay		Tas Rep	M Staley
	Tas Rep	S Cook		Qld Rep	T Badrick
	Qld Rep	J Galligan		NSW Rep	S Slater
	NSW Rep	S Slater		WA Rep	S Langton
	WA Rep	R Hahnel		Chair BoE	P Garcia- Webb
				IFCC	I Farrance

	Chair S&TC	L Penberthy	1990-1991	President	L Wyndham
	Chair Ed.	L Wyndham		Vice President	J Whitfield
	Chair Pub.	G White		Hon Secretary	L Watkinson
1988-1989	President	D Geary		Hon Treasurer	A Musk
	Vice President	L Wyndham		SA Rep	R Bais
	Hon Secretary	A St John		Vic Rep	C Ericksen
	Hon Treasurer	A Musk		Tas Rep	J Morcom
	SA Rep	B Dilena		Qld Rep	A Bransden
	Vic Rep	R McLachlan		NSW Rep	S Ireland
	Tas Rep	M Staley		WA Rep	J Beilby
	Qld Rep	T Badrick		Chair BOE	Peter Garcia-Webb
	NSW Rep	B Wilson		IFCC	I Farrance
	WA Rep	S Langton		Chair S&TC	B Boyne
	Chair BoE	P Garcia-Webb		Chair Ed.	D O'Leary
	IFCC	I Farrance		Chair Pub.	G White
	Chair S&TC	P Boyne	1991-1992	President	J Whitfield
	Chair Ed.	M Guerin		Vice President	M Guerin
	Chair Pub.	G White		Hon Secretary	L Watkinson
1989-1990	President	L Wyndham		Hon Treasurer	A Musk
	Vice President	J Whitfield		SA Rep	R Bais
	Hon Secretary	L Watkinson		Vic Rep	C Ericksen
	Hon Treasurer	A Musk		Tas Rep	J Morcom
	SA Rep	B Dilena		Qld Rep	A Bransden
	Vic Rep	R McLachlan		NSW Rep	S Ireland
	Tas Rep	J Morcom		WA Rep	J Beilby
	Qld Rep	A Bransden		Chair BOE	P Garcia-Webb
	NSW Rep	S Ireland		IFCC	I Farrance
	WA Rep	J Beilby		Chair S&TC	P Boyne
	Chair BOE	Peter Garcia-Webb		Chair Ed.	D O'Leary
	IFCC	I Farrance		Chair Pub .	D Sampson
	Chair S&TC	P Boyne			
	Chair Ed.	M Guerin			
	Chair Pub.	G White			

1992-1993

President	J Whitfield
Vice President	M Guerin
Hon Secretary	L Watkinson
Hon Treasurer	A Musk
SA Rep	R Bais
Vic Rep	C Ericksen
Tas Rep	D Burns
Qld Rep	P Gaffney
NSW Rep	S Ireland
WA Rep	S Fletcher
NZ Rep	C Small
Chair BoE	P Pannall
IFCC	I Farrance
Chair S&TC	L Coulston
Chair Ed.	D O'Leary
Chair Pub.	D Sampson

1993-1994

President	M Guerin
Vice President	D Sampson
Hon Secretary	L Watkinson
Hon Treasurer	D Whiting
SA Rep	M Whiting
Vic Rep	H Martin
Tas Rep	D Burns
Qld Rep	W Kerswill
NSW Rep	D Berry
WA Rep	S Fletcher
NZ Rep	C Small
Chair BoE	P Pannall
IFCC	I Farrance
Chair S&TC	L Coulston
Chair Ed.	D O'Leary
Chair Pub.	B Dilena

1994-1995

President	M Guerin
Vice President	D Sampson
Hon Secretary	J Galligan
Hon Treasurer	D Whiting
SA Rep	M Whiting
Vic Rep	A Wootton
Tas Rep	D Burns
Qld Rep	W Kerswill
NSW Rep	D Berry
WA Rep	S Fletcher
NZ Rep	R Hawkins
Chair BOE	P Pannall
IFCC	A St John
Chair S&TC	L Coulston
Chair Ed.	J Sammons
Chair Pub.	B Dilena

1995-1996

President	D Sampson
Vice President	P Garcia-Webb
Hon Secretary	J Galligan
Hon Treasurer	D Whiting
SA Rep	M Whiting
Vic Rep	A Wootton
Tas Rep	D Burns
Qld Rep	J Renouf
NSW Rep	G Koumantakis
WA Rep	S Fletcher
NZ Rep	R Hawkins
Chair BOE	P Panall
IFCC	A St John
Chair S&TC	L Coulston
Chair Ed.	J Sammons
Chair Pub.	B Dilena

1996-1997

President	D Sampson
Vice President	P Garcia - Webb
Hon Secretary	J Galligan
Hon Treasurer	D Whiting
SA Rep	H Martin
Vic Rep	A Wootton
Tas Rep	R Hanlon
Qld Rep	J Renouf
NSW Rep	G Koumantakis
WA Rep	N Kent
NZ Rep	R Hawkins
Chair BOE	T Badrick
IFCC	A St John
Chair S&TC	L Coulston
Chair Ed.	K Sikaris
Chair Pub.	B Dilena

1997-1998

President	P Garcia - Webb
Vice President	I Farrance
Hon Secretary	J Galligan
Hon Treasurer	H Martin
SA Rep	N Pascoe
Vic Rep	P Vervaart
Tas Rep	R Hanlon
Qld Rep	J Renouf
NSW Rep	G Koumantakis
WA Rep	N Kent
NZ Rep	A McNeil
Chair BOE	T Badrick
IFCC	A St John
Chair S&TC	R Bais
Chair Ed.	K Sikaris
Chair Pub.	A Wootton

1998-1999

President	P Garcia - Webb
Vice President	I Farrance
Hon Secretary	J Galligan
Hon Treasurer	H Martin
SA Rep	N Pascoe
Vic Rep	P Vervaart
Tas Rep	R Hanlon
Qld Rep	T Rey-Conde
NSW Rep	P Day
WA Rep	N Kent
NZ Rep	A McNeil
Chair BOE	T Badrick
IFCC	H Morris
Chair S&TC	R Bais
Chair Ed.	H Schneider
Chair Pub.	A Wootton

1999-2000

President	I Farrance
Vice President	N Kent
Hon Secretary	P Vervaart
Hon Treasurer	H Martin
SA Rep	N Pascoe
Vic Rep	R White
Tas Rep	R David
Qld Rep	T Rey-Conde
NSW Rep	G Koumantakis
WA Rep	N Kent
NZ Rep	A McNeil
Chair BOE	T Badrick
IFCC	H Morris
Chair S&TC	R Bais
Chair Ed.	K Sikaris
Chair Pub.	A Wootton

2000-2001

President I Farrance
 Vice President N Kent
 Hon Secretary P Vervaart
 Hon Treasurer H Martin
 SA Rep N Pascoe
 Vic Rep R White
 Tas Rep R David
 Qld Rep D Utley
 NSW Rep G Koumantakis
 WA Rep C Mamotte
 NZ Rep R Johnson
 Chair BOE J Beilby
 IFCC H Morris
 Chair S&TC R Bais
 Chair Ed. H Schneider
 Chair Pub. A Wootton
 Chair CCOG J Galligan
 Executive Officer B Fry

Chair Pub. A Wootton
 Chair CCOG J Galligan
 Executive Officer A Prior
 MD
 AACB Services T Badrick

COUNCIL RESTRUCTURE

2001-2002

President N Kent
 Vice President T Badrick
 Hon Secretary P Vervaart
 Hon Treasurer H Martin
 SA Rep N Pascoe
 Vic Rep G Streitberg
 Tas Rep T Hartley
 Qld Rep D Utley
 NSW Rep G Koumantakis
 WA Rep C Mamotte
 NZ Rep R Johnson
 Chair BOE J Beilby
 IFCC H Morris
 Chair S&TC R Bais
 Chair Ed. H Schneider

2002-2003

President N Kent
 Vice President Finance T Badrick
 Vice President SRA R Bais
 Vice President Education A McNeil
 SA Rep J Calleja
 Vic Rep G Streitberg
 Tas Rep T Hartley
 Qld Rep D Utley
 NSW Rep G Koumantakis
 WA Rep C Mamotte
 NZ Rep R Johnson
 Chair Pub. A Wootton
 Chair BOE J Beilby
 Executive Officer A Prior
 IFCC H Morris
 Chair CCOG J Galligan
 Executive Officer A Prior
 MD AACB Services T Badrick

2003-2004

President T Badrick
 Vice President Finance A St John
 Vice President SRA R Bais
 Vice President Education A McNeil
 SA Rep J Calleja
 Vic Rep G Streitberg

Tas Rep	T Hartley
Qld Rep	D Utley
NSW Rep	G Koumantakis
WA Rep	M Conroy
NZ Rep	D Mikkelsen
Chair Pub.	J Galligan
Chair BOE	J Beilby
Executive Officer	A Prior
IFCC	T Badrick
Chair CCOG	P Graham
Executive Officer	A Prior
MD AACB Services	N Kent

2004-2005

President	T Badrick
Vice President Finance	A St John
Vice President SRA	R Bais
Vice President Education	A McNeil
SA Rep	J Calleja
Vic Rep	G Streitberg
Tas Rep	D Kunde
Qld Rep	S Gordon
NSW Rep	G Koumantakis
WA Rep	M Conroy
NZ Rep	D Mikkelsen
Chair Pub.	J Galligan
Chair BOE	J Beilby
Executive Officer	A Prior
IFCC	T Badrick
Chair CCOG	P Graham
Executive Officer	A Prior
MD AACB Services	A St John

APPENDIX 3: AACB Annual Scientific Conferences

1961	Brisbane (with ANZAAS)	1991	Perth
1962	Sydney	1992	Hobart
1964	Canberra	1993	Melbourne (IFCC)
1965	Hobart	1994	Adelaide
1966	Brisbane	1995	Sydney
1967	Adelaide	1996	Darwin
1968	Melbourne (RCPA Christchurch (NZACB)	1997	Perth (AIMS)
1969	Sydney	1998	Brisbane
1970	Adelaide	1999	Melbourne
1971	Melbourne	2000	Canberra
1972	Sydney	2001	Auckland
1973	Perth	2002	Adelaide
1974	Adelaide	2003	Gold Coast
1975	Sydney	2004	Perth (10th APCCB)
1976	Brisbane (RCPA, ESA)	2005	Sydney
1977	Melbourne		
1978	Adelaide		
1979	Singapore (APFCB)		
1980	Sydney		
1981	Melbourne		
1982	Adelaide		
1983	Sydney		
1984	Perth (RCPA)		
1985	Melbourne		
1986	Hobart		
1987	Adelaide		
1988	Sydney		
1989	Gold Coast		
1990	Auckland		

APPENDIX 4 : Chronology of Events

Excerpts from David Curnow's Roman Lecture 1978 Australian Clinical Biochemistry - Retrospect and Prospect.

The History of Biochemistry in Australia can be seen as follows:

The primitive years - Up to the middle thirties most Australian clinical biochemistry was carried out in a corner of a pathology laboratory and was, to say the best of it, unsophisticated.

The formative years - From the mid thirties up to say 1953, the pattern of clinical biochemistry was set up by a number of notable biochemists, mainly women like Beryl Splatt, Marjorie Bick and Lorna Silvester. They had a major influence on the development of clinical biochemistry in this country, and with tremendous application and ability, built a tradition of dedication and hard work.

	<u>2005</u>		
	-	-	AACB Council restructured AACB Services Pty Ltd established AACB Website established
	<u>1995</u>		
AACB/NZACB Merger	-	-	15th IFCC Congress, Melbourne
	<u>1985</u>		
	-	-	NATA/RCPA Accreditation Clinical Biochemist Newsletter & Reviews First APFCB Conference Scientific & Technical Committee established
APFCB founded, NPAAC	<u>1975</u>		
	-	-	Education Committee established Board of Examiners established AACB incorporated
NZACB founded	<u>1965</u>		
	-	-	Publications Committee established Study Group established
AACB founded	<u>1955</u>		
	-	-	IFCC founded
	<u>1945</u>		
	-	-	NATA Founded

The golden years - In the early fifties a number of directors of hospital clinical biochemistry were appointed, some medical, some non-medical, but all with senior qualifications and with a wide experience of service and research. They entered the Australian scene at a time when money was becoming available, new laboratories were being built and a remarkable growth in clinical biochemistry took place. From the flame photometer which came in at that time to the single channel Technicon analyser, the next fifteen years saw an enormous burst of activity and a new respectability for our discipline....

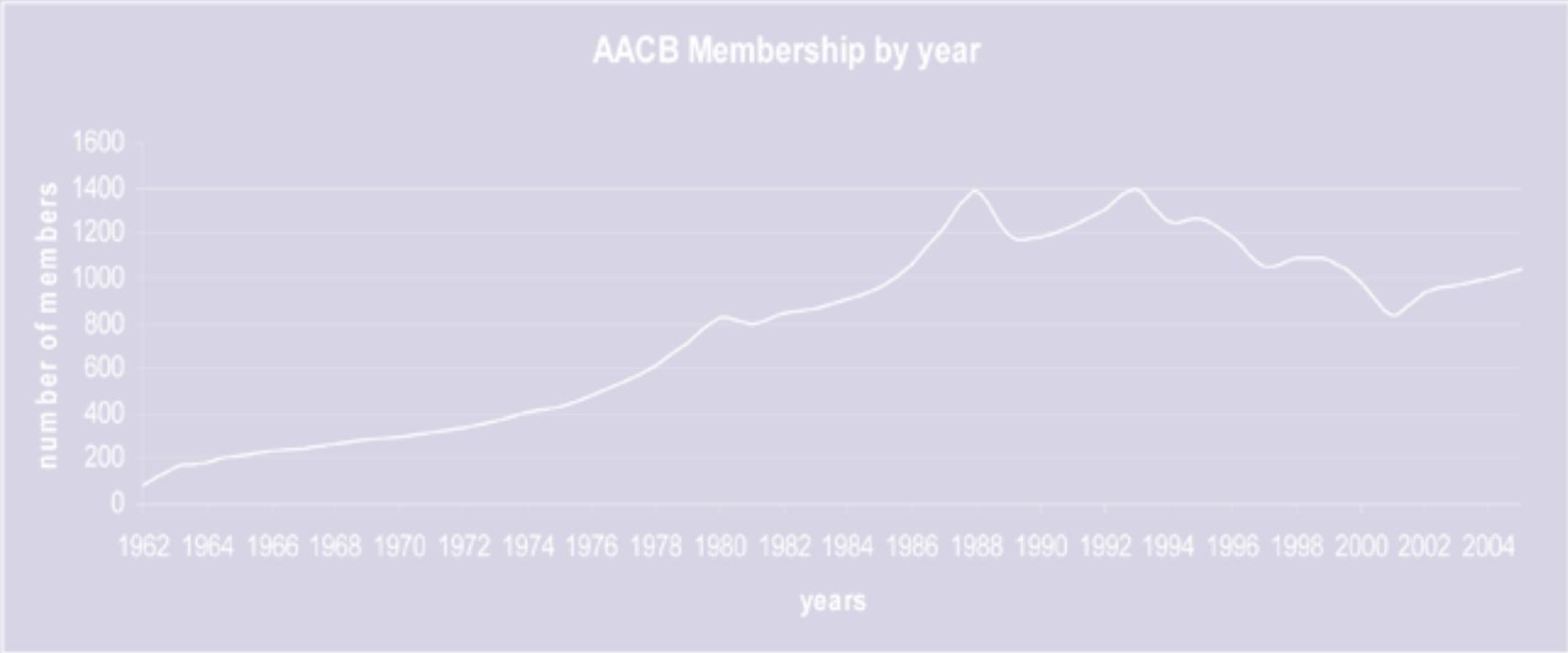
The shock years - Then towards the end of the sixties as the multiple channel analyser came in, as bulk results were churned out, and as we became involved with computers, clinical biochemists were forced back into the laboratory, turning their backs on the ward, the patient and the clinician.....

Image left: Photo of Otto Folin (1867 - 1934) using his colorimeter in his office, reproduced from "Roots of Clinical Chemistry". Otto Folin was a Swedish pioneer clinical chemist. He introduced many techniques such as colorimetry, turbidimetry and the use of quantitative clinical chemistry.

APPENDIX 5: AACB Membership Numbers

YEAR	MEMBERSHIP TYPE						TOTAL	
	Life Fellows	Fellows	Members	Associate Members	Affiliate Members	Corporate Members		
1990	3	52	197	881		48	1181	
1991	3	54	197	876	48	51	1229	
1992	4	55	215	920	63	48	1305	
1993	4	63	223	989	73	49	1401	
1994	4	57	223	860	69	39	1252	
1995	4	61	227	860	68	39	1259	
1996	4	57	212	810	64	35	1182	
1997	6	53	200	710	46	31	1046	
1998	6	56	232	706	69	21	1090	
1999	8	58	220	707	61	27	1081	
2000	8	58	207	647	54	21	995	
2001	8	48	202	591	46	19	914	
2002	8	46	200	631	53	18	957	1 Honorary Fellow
2003	9	45	201	641	50	21	968	1 Honorary Fellow
2004	11	38	201	681	49	21	1002	1 Honorary Fellow
2005	12	45	207	702	54	22	1043	1 Honorary Fellow

APPENDIX 6: AACB Membership by Year



APPENDIX 7: Workshops and Scientific Education Seminars (S&TC in conjunction with the Education Committee)

Year	Topic	Speakers
1980	Laboratory Improvement Workshop Internal Quality Control Decision Making	Jointly with RCPA
1981	Drug Analysis	Ms D Sampson Dr W Henley
	Laboratory Improvement Workshop - Immunoassay	Dr C Fraser Dr TD Geary
1982	Quality Control - Accept or Reject	Dr C Fraser Dr TD Geary Dr LA Penberthy
1983	Decision Criteria for Selection of Laboratory Methods Symposium on Therapeutic Drug Monitoring	Jointly with Scientific and Technical Committee
1984	Advanced Protein Electrophoresis Workshop Computer Aided Data Management in the Clinical Laboratory	S Sykes G Raines D Hay R Mac Lauchlan
1985	Your Reference ranges and National Reference Calibrators	
1986	Advanced HPLC Workshop: The Invalid Result - Artefact of Interference	D Sampson
1987	Preparing your Laboratory for Accreditation	
1988	Alcohol and Drugs of Abuse, Markers of Metabolic Bone Disease Advanced Electrophoretic Techniques in Clinical Diagnosis	D Hay G Raines
1989	Symposium on Mineral and Bone Metabolism	H Morris

Year	Topic	Speakers
1990	Computers in Exchange of Information and Management	TD Geary Dr A Wootton (with TD O'Leary & P Boyne)
1991	Managing the Clinical Laboratory Workshop Laboratory Management Course - Capillary Electrophoresis	
1993	TQM	
1994	Managing The Clinical Laboratory	Mr C Ericksen Dr H Thomson Dr S Williams Mr R Robertson
1996	Diabetes, Glycation and Complications	K O'Dea P Colman I Farrance M Dunlop R Larkins R Gilbert D Skillen L Harrison L Bach G Streitberg G Jerums M Cooper T Soulis J Proietto A Filippis S Andrikopoulos S Clark D O'Neal G Warne D Scott I Goodall

Year	Topic	Speakers
1998	Current issues in Thyroid Disease: Laboratory and Clinical Developments	J R Stockigt J Barlow CF Lim L De Groot S Boyages D Topliss T Kay P Colman A Frauman B Tait R Mortimer
2000	Prostate	A Costello R Burton K Sikaris P Sibley E Diamandis M Frydenberg M Gleave M Rosenthal A Fraumann
2002	Quality Control	T Badrick N Balazs D Chesher L Penberthy L Watkinson R Bais J Gill J Calleja G White

Year	Topic	Speakers
2003	Point of Care Testing	A St John J Cook E Starling J Bartholdi A Richardson D Rowland P Tideman M Guerin S Holmes M Shephard N Pinskiar M Legg R Tirimacco L Watkinson
2004	Biochemistry Essentials: Method Development - Introducing or Changing methods	M Liddy J Calleja T Badrick R Bais G Jones D Mikkelsen G White G Jones J Gill M Stringer L Penberthy Joint Committee on Traceability in Laboratory Medicine
2005	Process Improvement and Automation	Unconfirmed at time of going to press

APPENDIX 8: Current Concepts Conferences

Year	Topic	Speaker(s) /Convener
1977	Enzymes in Clinical Biochemistry	Dr J Edwards Dr R Bais
1978	Proteins	Miss M Coles Dr P Carter
1979	Quality Control	Dr W Riley Mr L Penberthy
1980	Lipids	Mr N Balazs Dr D Calvert
1981	Drugs and their Therapeutic and Toxicological Effects	Ms D Sampson Dr W Hensley (in conjunction with S&TC)
1982	Dynamic Investigation of Endocrine Function	Prof L Lazarus Dr MC Stewart
1983	Immunoassay 1983 - A Laboratory Improvement Workshop The Biochemistry of Intensive Care	Jointly with RCP, ESA, HPAC & CSL Dr P Pannall Mr D Osborne
1984	Biochemical Haematology	Prof A Morley Dr R Ryall
1985	The Renal Patient	Dr L Barrett Mr M Peake
1986	Diabetes Mellitus	Dr P Garcia-Webb Mr I Farrance
1987	Instrumentation for Intensive Care	Mr D Geary Dr M Guerin
1988	Thyroid Function and Testing	Dr H Smith Mr T Wilke
1989	Laboratory Aspects of Clinical Allergy	Dr A Wootton Dr D Gillis

Year	Topic	Speaker(s) /Convener
1990	Clinical Application of Molecular Biology	Dr R Trent Dr V Berdoukas
1990	Interference in Clinical Biochemistry	Dr S Sykes Mr Ian Goodall Dr T Hartley
1991	Micronutrients in Health and Disease	
1991	Course in Laboratory Management	
1992	Clinical and Laboratory Aspects of Molecular Biology	Prof R Trent Dr V Berdoukas
1993	Laboratory Evaluation of Steroidogenic Disorders	Dr J Funder Dr J Montalto
1994	Osteoporosis	Dr N Kent Dr H Morris
1995	Novel aspects of Lipid Metabolism	Prof P Kroon Dr D Sullivan
1996	Insulin Resistance	Prof J Despres Prof I Caterson
1997	Drugs of Abuse	Dr J Lewis
1998	Teleconference Informatics & Clinical Biochemistry Telemedicine	Dr A Wootton (convener)
1999	Video Conference - The Clinical Biochemistry of the Nervous system	Prof J Christodolou
2000	New Cardiac Markers for Acute Coronary Syndromes	Dr A Wu Dr C Aroney
2001	MISER* 1 Internet Broadcast - Markers of Inflammation	Dr A Wootton Dr P Vervaart
2002	MISER* 2 Internet Broadcast - HCG Testing in Pregnancy: Prenatal diagnosis and trophoblastic disease	Prof L Cole
2003	Molecular Explorations of Cancer	Dr Joan K. Heath Dr Matthias Ernst Associate Professor Tim Hughes Dr Jennifer Hardingham

Year	Topic	Speaker(s) /Convener
2004	Pre and Post Analytical Automation	Dr Andrew St John Mr Robert Flatman Dr David Kanowski Dr Glenn Edwards
2005	Iron Overload and Deficiency	Dr Darryl Nicol Dr Paul Cannell Professor John Olynyk Dr Ric Rossi

* Multicast Internet Streaming Education Resource

APPENDIX 9: Life Fellows and Medallion Recipients

LIFE FELLOWS

Professor RJ Bartholomew, AO, ASTC, BSc, PhD, FRACI, FAACB	1974
Emeritus Professor DH Curnow, AO, BSc, PhD, FAACB, FRCPA(Hon), Hon DSc	1986
Ms JE Robinson, BSc, MSc, FAACB	1989
Dr FC Neale, AM, PhD, CChem, FRSC, FRCPATH, FAACB	1991
Dr RC Bowyer, BSc(Hons), PhD, FAACB	1996
Dr ML Wellby, MSc, MD, FRACP, FRCPA, FAACB	1996
Dr WJ Riley, BSc, PhD, FAACB	1998
Mr TD Geary, BSc, MAACB	1998
Dr PM Dennis, MB, ChB, FRACP, FRCPA, FRCPATH, FAACB	2001
Dr CW Small, BSc, MSc, PhD, RMLS, MAACB	2002
Professor JT France, BSc, MSc, PhD, DSc, FNZIC, FAACB	2002
Dr MJ Briedahl, BSc, MBBS, PhD, FRCPA, MAACB, FAACB	2002
D Sampson BSc, MSc, FAACB	2005
Dr P Pannall MBBCh, FRCPATH, FFPATH, FRCPA, FAACB	2005

AACB MEDALLION RECIPIENTS

Oustanding Service Medallions 1981-2001

Dr J Whitfield	1993
Mr A Musk	1993
Mr I Farrance	1994
Mrs B Fry	1994

APPENDIX 9: Life Fellows and Medallion Recipients

Oustanding Service Medallions 1981-2005

Mr TD Geary	1994
Dr C Small	1994
Mr L Watkinson	1994
Mr K Collins	1995
Dr M Guerin	1995
Mr L Penberthy	1995
Dr J Edwards	1995
Dr L Wyndham	1997
Dr P Dennis	1997
Dr P Pannall	1998
Ms B Dilena	1999
Dr J Connelly	1999
Prof H Morris	2003
Dr Chotoo Bhagat	2005

APPENDIX 10: David Curnow Plenary Lecturers and Roman Travelling Lecturers

DAVID CURNOW PLENARY LECTURERS 1983-2005

Professor H Pardue	1983
Dr R Batt	1985
Professor R Ekins	1986
Professor D Moss	1987
Dr J Shine	1988
Dr A Norman	1989
Dr M Stuart	1990
Dr C Lowe	1991
Dr J Stocker	1992
Professor R Dean	1993
Dr J Witkowski	1994
Professor RC Baxter	1995
Professor R Norman	1996
Professor SP Klinken	1997
Professor A Herington	1998
Professor G Sutherland	1999
Professor C Price	2000
Professor M Müller	2001
Professor John Gollan	2002
Professor Paul Zimmatt	2003
Professor Mauro Panteghini	2004
Per Hyltoft Petersen	2005

ROMAN TRAVELLING LECTURERS 1973- 2005

Professor RJ Bartholomew	1973
Professor JR Hobbs	1974
Professor M Rubin	1975
Professor J Landon	1976
Professor DH Curnow	1978
Dr DS Young	1979

Professor P Astrup	1980
Dr ML Wellby	1981
Professor V Marks	1982
Dr PM Dennis	1983
Dr D Goldberg	1984
Dr J Connelly	1985
Dr WJ Riley	1986
Dr R Carrell	1987
Dr WJ Hensley	1988
Professor J Whicher	1989
Professor J Martin	1990
Dr JB Whitfield	1991
Dr P Pannall	1992
Professor L Lazarus	1993
Dr J Westgard	1994
Dr B Statland	1995
Dr C Fraser	1996
Dr P Garcia-Webb	1997
Professor P Wilding	1998
Professor R Williamson	1999
Dr GN Kent	2000
Dr R Kazlauskas	2001
Professor CWK Lam	2002
Dr TC Badrick	2003
Professor HA Morris	2004
Professor Matt McQueen	2005

APPENDIX 11: Board of Examiners

1968	Chair	F Radcliff
	Registrar	R Parsons
	Member	J MacKenzie
	Member	F Neale
	Member	W Roman
1969	Chair	F Radcliff
	Registrar	R Parsons
	Member	G Kellerman
	Member	J MacKenzie
	Member	F Neale
	Member	W Roman
1970	Chair	F Radcliff
	Registrar	R Parsons
	Member	G Kellerman
	Member	J MacKenzie
	Member	F Neale
	Member	W Roman
1971	Chair	F Radcliff
	Registrar	R Parsons
	Member	G Kellerman
	Member	J MacKenzie
	Member	F Neale
1972	Chair	F Radcliff
	Registrar	R Parsons
	Member	G Kellerman
	Member	J MacKenzie
	Member	F Neale
	Member	M Welby

1973	Chair Registrar Member Member Member	F Radcliff R Parsons G Kellerman M Welby F Neale	1979	Chair Registrar Member Member Member	M Welby W Riley G Kellerman I Farrance P Pannall
1974	Chair Registrar Member Member Member	F Radcliff R Parsons G Kellerman M Welby F Neale	1980	Chair Registrar Member Member Member	W Riley P Pannall G Kellerman I Farrance W Hensley
1975	Chair Registrar Member Member Member	M Welby R Parsons G Kellerman F Neale F Radcliff	1981	Chair Registrar Member Member Member	W Riley P Pannall P Garcia-Webb I Farrance W Hensley
1976	Chair Registrar Member Member Member	M Welby R Parsons G Kellerman F Neale W Hensley	1982	Chair Registrar Member Member Member	W Riley P Pannall M Breidahl I Farrance P Garcia-Webb
1977	Chair Registrar Member Member Member	M Welby W Riley G Kellerman F Neale W Hensley	1983	Chair Registrar Member Member Member	W Riley P Pannall M Breidahl N Balazs P Garcia-Webb
1978	Chair Registrar Member Member Member	M Welby W Riley G Kellerman I Farrance W Hensley	1984	Chair Registrar Member Member Member	W Riley P Pannall M Breidahl N Balazs P Garcia-Webb

1985	Chair	M Breidahl	1991	Member	P Pannall
	Registrar	P Pannall		Member	S Langton
	Member	J Edwards			
	Member	N Balazs			
	Member	P Garcia-Webb			
1986	Chair	M Breidahl	1992	Chair	P Garcia-Webb
	Registrar	J Edwards		Registrar	J Edwards
	Member	P Pannall		Member	L McKinley
	Member	N Balazs		Member	P Pannall
	Member	P Garcia-Webb		Member	S Langton
1987	Chair	P Garcia-Webb	1993	Chair	P Pannall
	Registrar	J Edwards		Registrar	J Edwards
	Member	J Whitfield		Member	L McKinley
	Member	N Balazs		Member	T Badrick
	Member	M Breidahl		Member	S Langton
1988	Chair	P Garcia-Webb	1994	Chair	P Pannall
	Registrar	J Edwards		Registrar	J Edwards
	Member	J Whitfield		Member	L McKinley
	Member	P Dennis		Member	T Badrick
	Member	S Langton		Member	I Goodall
1989	Chair	P Garcia-Webb	1995	Chair	P Pannall
	Registrar	J Edwards		Registrar	J Edwards
	Member	J Whitfield		Member	J Beilby
	Member	P Dennis		Member	T Badrick
	Member	S Langton		Member	I Goodall
1990	Chair	P Garcia-Webb	1996	Chair	P Pannall
	Registrar	J Edwards		Registrar	J Beilby
	Member	J Whitfield		Member	T Badrick

	Member	D Mikkelsen		Member	E Koay
	Member	I Goodall		Member	A Wootton
1997	Chair	T Badrick	2003	Chair	J Beilby
	Registrar	J Beilby		Registrar	G Jones
	Member	J Masarei		Member	D Deam
	Member	D Mikkelsen		Member	E Koay
	Member	I Goodall		Member	A Wootton
1998	Chair	T Badrick	2004	Chair	J Beilby
	Registrar	J Beilby		Registrar	G Jones
	Member	J Masarei		Member	D Deam
	Member	D Mikkelsen		Member	H Martin
	Member	A Wootton		Member	P Sheehan
1999	Chair	T Badrick	2005	Chair	J Beilby
	Registrar	J Beilby		Registrar	G Jones
	Member	J Masarei		Member	D Deam
	Member	D Mikkelsen		Member	H Martin
	Member	A Wootton		Member	P Sheehan
2000	Chair	T Badrick			
	Registrar	J Beilby			
	Member	J Masarei			
	Member	D Mikkelsen			
	Member	A Wootton			
2001	Chair	J Beilby			
	Registrar	G Jones			
	Member	J Masarei			
	Member	E Koay			
	Member	A Wootton			
2002	Chair	J Beilby			
	Registrar	G Jones			
	Member	D Deam			



GLOSSARY OF TERMS AND ABBREVIATIONS

ACAAE	Australian Council for Awards in Advanced Education	NZACB	New Zealand Association of Clinical Biochemists
ACB	Association of Clinical Biochemists (UK)	PCO	Professional Conference Organiser
AIMS	Australian Institute of Medical Scientists	POCT	Point of Care Testing (Also NPT - Near Patient Testing)
ANZAAS	Australian and New Zealand Association for the Advancement of Science.	QAP	Quality Assurance Programme
APFCB	Asian and Pacific Federation of Clinical Biochemistry	QASEC	Quality Assurance Scientific Education Committee (RCPA)
ASM	Annual Scientific Meeting	RACGP	Royal Australian College of General Practitioners
'Association'	Australian (Australasian after March 1995) Association of Clinical Biochemists	RCPA	Royal College of Pathologists of Australasia
AGM	Annual General Meeting	SAA	Standards Association of Australia
CDC	Center for Disease Control (USA)	S&TC	Scientific and Technological Committee (now SRAC)
CSL	Commonwealth Serum Laboratories	SRAC	Scientific and Regulatory Affairs Committee
FMC	Flinders Medical Centre	TQM	Total Quality Management
DESIG	Diagnostic Exhibition Special Interest Group	UNESCO	United Nations Educational and Scientific Organisation
IFCC	International Federation of Clinical Chemistry		
IFCLM	International Federation of Clinical Laboratory Medicine - IFCC		
IMVS	Institute of Medical and Veterinary Science (SA)		
ISO	International Standards Organisation		
IUPAC	International Union of Pure and Applied Chemists		
LALAC	Laboratory Accreditation Liaison and Approvals Committee (RCPA)		
MIAA	Medical Instruments Association of Australia		
MTRAC	Medical testing Registration Advisory Committee		
NATA	National Association of Testing Authorities		
NCCLS	National Committee on Clinical Laboratory Standards (USA)		
NHMRC	National Health and Medical Research Council		
NPACC	National Pathology Accreditation Advisory Council		

FOOTNOTES

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About the Author

Peter Dennis, Honorary Archivist for the Australasian Association of Clinical Biochemists graduated in medicine from the University of Otago, NZ, in 1953, then undertook postgraduate training in pathology, medicine and biochemistry until 1962. From 1963 to 1965 with the support of a Wellcome Trust scholarship he worked at the Royal Postgraduate Medical School, London on the metabolism of corticosteroids and then on serum protein assays, mainly the immunoglobulins.

In 1965 he returned to New Zealand and was appointed chemical pathologist at Wellington Hospital. In 1969, he took up a position as Director of Chemical Pathology at Prince Henry's Hospital, Melbourne and later in 1988 was appointed as Chairman of the Division of Pathology, Monash Medical Centre. This was followed by an appointment as Medical Director and CEO of Gribbles Pathology Victoria in 1990 later becoming a consultant chemical pathologist. He retired from active practice in 1999.

From 1973 to 1978 he was the Chief Examiner in Chemical Pathology for the Royal College of Pathologists of Australasia. He has held various positions in the AACB, including National Representative (1975-1981), Chair of the Education Committee (1980-1983) Vice President (1981-1983) President (1983-1985), Roman Travelling Lecturer(1983) and Member of the Board of Examiners(1987-1989).

Peter was awarded an Outstanding Service Medallion in 1997 and was made a Life Fellow in 2001.