

## The APFCB Strategic Plan

*Joseph Lopez*  
*APFCB President, 2004 - Oct 2010*

The APFCB has grown in both its activities and membership especially over the past ten years. However this growth has come about in an *ad hoc* manner. As a consequence, elected or appointed officers were often unaware or unclear of their roles or, at times, simply unwilling to perform as was expected of them.

Following a proposal made at the council meeting in Beijing in 2007, the Executive Board agreed to appoint a drafting team in 2009 to draw up Strategic Plan that would serve as a road-map for the next 6 to 9 years. This team consisted of the following persons:

Joseph Lopez, President (Chair), APFCB;

Professor Leslie Burnett, President, Australasian Association of Clinical Biochemists;

Dr Leslie Lai, APFCB Vice-President, APFCB;

Dr Samuel Vasikaran (Australia), Chair of the APFCB Laboratory Management Committee; and, Mrs. Endang Hoyaranda (Indonesia), Chair of the APFCB Education Committee.

The purpose of this meeting was also to institutionalise some of the practices that had been established in recent years so that they would not be lost with changes of leadership.

The drafting team met in Perth, Australia on 30 Jan 2010 (Mrs. Hoyaranda was unable to be present.). The meeting considered the future of the APFCB from the four themes of governance, activities, the APFCB congress and future directions. The following were some of the key points contained the Strategic Plan.

### ***Governance***

Most of the APFCB's members are national societies of the clinical biochemistry and the main thrust of the federation will continue to be in the discipline. Countries that did not have societies of clinical biochemistry could be represented by national societies of laboratory medicine which could act as proxies for this field. It was decided that the name APFCB needed to be changed to reflect the inclusion of such organisations in our membership. Taking its cue from the IFCC, the name would

be amended to include “and Laboratory Medicine” at the end of its full form. The abbreviation APFCB remains unchanged.

The drafting team recognised that as it was no longer possible for volunteers alone to carry out the APFCB’s manifold activities, an administrator needed to be appointed. For now, that person would be a volunteer who would undertake the more mundane tasks and would be rewarded in kind for it.

A number of proposals were made to improve financial management. The APFCB has been a charitable organisation which had not charged a membership subscription since its inception. This has continued despite the growth in its activities and would be untenable in the long run since it would eventually lead to a budget deficit. The drafting team decided that a modest annual subscription needed to be levied on ordinary members and that of corporate members be increased. It was agreed that the recent practice of preparing an annual budget would become permanent. In addition Council will be provided with the annual instead of a triennial statement of accounts.

### ***Activities***

Several proposals were made to streamline the APFCB’s activities. In the past the APFCB’s standing committees consisted of the Chair and, nominally, individual members nominated by *each* of its member societies. As this has been ineffective in practice, it was decided that the IFCC model would instead be followed. The proposed committee structure would have 4 to 5 members, each chosen from individuals nominated by national societies. This would have the benefit of making membership competitive and ensure commitment from those selected. As has been the practice of recent years, each committee will be required to produce an annual Work Plan for approval by the Executive. Activity outcomes will now be measured at the year-end against targets in the Work Plan. The President’s annual report on the activities of the APFCB to the Council, again, a practice of recent years, will now become a permanent feature.

### ***The APFCB Congress***

It was decided that the name of the federation’s triennial congress, the APCCB (Asian-Pacific Congress of Clinical Biochemistry) needed to be changed, to provide a distinction between the congress and the Federation. The congress will henceforth be called the “APFCB Congress” thus ensuring the linkage of the APFCB brand with the congress. The congress guidelines will be revised. Several

suggestions were made to ensure greater accountability and transparency of congress finances and for the improvement of its scientific quality. Remittance of the surpluses to the APFCB will be increased from 20% to 23% and to the IFCC increased from 5% to 10%.

### ***Future Activities***

Efforts will be made to increase corporate and ordinary memberships to include those companies and countries in the region which are currently not members. The APFCB will seek to establish relationships with sister organisations in the laboratory sciences such as WASPaLM. In addition, linkages will be established with inter-governmental agencies such as WHO Regional Offices in Manila (WPRO) and New Delhi (SEARO).

The detailed Strategic Plan was approved by the Council at its meeting in Seoul on 4<sup>th</sup> October.

*(JL is Immediate Past President of the APFCB; he is a member of its Executive Board and that of the IFCC's)*