The Council is the overall governing body of IFCC. It meets once every three years, usually in association with the IFCC WorldLab congress. Accordingly, the 2011 IFCC Council meeting was held on Sunday May 15, in Berlin. Approximately 100 people, including 57 representatives from IFCC Full Member National Societies who were empowered to vote, attended the Council meeting.

Presentations
The first part of the Council meeting was chaired by Paivi Laitinen (Honorary Secretary) and comprised reports from:

- Graham Beastall, President
- Chris Lam, Vice President
- Ghassan Shannan, Treasurer
- Joseph Pasarelli, Corporate Member representative
- Ian Young, Chair of Scientific Division
- Janet Smith, Chair of Education & Management Division
- Ellis Jacobs, Chair of Communications and Publications Division

Copies of all these reports are available from the Executive Board section of the IFCC website www.ifcc.org

Election of Executive Board for 2012-2014:
Professor Jocelyn Hicks (Past President) conducted the election of the next Executive Board. The following individuals were elected to serve from January 1, 2012, until December 31, 2014:

- **President:** Graham Beastall (UK)
- **Vice President:** Howard Morris (AU)
- **Secretary:** Sergio Bernardini (IT)
- **Treasurer:** Bernard Gouget (FR)
- **Member:** Ulisses Tuma (BR)
- **Member:** Vanessa Steenkamp (ZA)
- **Member:** Larry Kricka (US)

In addition, Jocelyn Hicks (US) will continue as Past President for the duration of the next Executive Board. A photomontage of the new Executive Board is shown. The new Executive Board includes four new faces. Short biographies of each of these newly appointed individuals are included.

**Newly Elected Vice President of IFCC Prof. Howard Morris, Australia**

Prof. Howard Morris is Professor of Medical Science at the University of South Australia and a Chief Medical Scientist in Chemical Pathology at SA Pathology, Adelaide Australia. He leads a research group investigating the pathophysiology of metabolic bone disease and the effects of hormones including vitamin D funded by the National Health and Medical Research Council and Australian Research Council, the major competitive funding bodies in Australia. His latest work has identified the basis for vitamin D requirement to reduce the risk of fractures among the elderly. He was invited to present the Louis Avioli Memorial Lecture at the 2009 Annual Scientific Meeting of the American Society for Bone and Mineral Research on this topic. He is also Deputy Chair of a South Australian Department of Health Working Party on Osteoporosis and Fracture Prevention. He has 18 years experience working in diagnostic clinical biochemistry in the field of immunoassay and endocrinology and continues an active professional life in laboratory medicine. Between 2002 and 2008, he was the secretary of the Scientific Division of the International Federation of Clinical Chemistry and Laboratory Medicine (IFCC) and a member of the IFCC Task Force on the Global Campaign on...
Cont’d from page 43

Diabetes Mellitus. He currently is a member of the IFCC Task Force on International Clinical Liaison. Between 2003 and 2009, he was the director of the Hanson Institute in Adelaide, South Australia.

Newly Elected Secretary of IFCC Prof. Sergio Bernardini, Italy

Prof. Sergio Bernardini MD, PhD, currently is a full professor of Clinical Pharmacology and Clinical Molecular Biology at the Department of Internal Medicine of the University of Tor Vergata, and the head physician of the Clinical Molecular Biology Unit at the Tor Vergata University Hospital.

He received the Degree in Medicine in 1986 and the PhD in Pediatric Sciences in 1995. He has specialzed in Pediatrics (1990) and in Clinical Chemistry and Biochemistry (1998).

He act as the president of the undergraduate course in “Diagnostic laboratory techniques in the medical field,” and, as a clinical laboratory research consultant with Bambino Gesu’ Children’s Hospital in Rome.

He is a member of the Italian Society of Clinical Biochemistry (SIAIC), where he forms part of the committee of Clinical Molecular Biology, as well as the Italian Society of Biochemistry (SIB) and the Italian Society of Allergology and Immunology (SIAIC). His international activities include membership of the Editorial Board of The Encyclopaedia of Life Sciences.

As a professor, he has several teaching responsibilities including a Bachelor’s course in diagnostic laboratory techniques in the medical field, degree courses in medicine, medical biotechnologies, movement sciences and postgraduate courses in Clinical Biochemistry, Gastroenterology, Neurology, Medical Genetics, Allergology, and Immunology, and Pediatrics.

His research interests are diverse in nature and have included work in pediatric endocrinology with particular interest in growth hormone and insulin like growth factors and their binding proteins. He has also worked on apoptotic pathways in oncology, in particular neuroblastoma, as well as on glutathione transferases, a family of enzymes involved in cell detoxification and in the control of the programmed cell death. He has collaborated in the application of molecular biology and proteomic methods and techniques in research on neurodegenerative diseases, oncology, and pharmacogenetics. Since 2009, he has collaborated in the application of molecular biology and biochemical methods to monitoring of sport training and performance.

He is married to Elisabetta since 1998 and has a son, Andrew 21 years old, and a daughter Marta aged 19. His personal interests include football, the theatre, and travelling.

Newly Elected Member of IFCC EB Prof. Vanessa Steenkamp, South Africa

Vanessa obtained her MSc cum laude in Biochemistry at the University of Pretoria while employed as a junior lecturer. She took up position at the South African Institute for Medical Research, now the National Health Laboratory Services in the Department of Endocrinology. She was appointed Lecturer in the Department of Chemical Pathology, University of the Witwatersrand and obtained her PhD in Clinical Toxicology. She returned to the University of Pretoria as senior lecturer in the Department of Urology and transferred to the Department of Pharmacology as head of the Phytopharmacology Unit. Vanessa’s research interest focuses on traditional herbal remedies and their effect on patients, as well as the development of methods for the determination of these active compounds in biological fluids. She also is involved in preclinical testing of traditional herbal remedies, which includes the isolation of active components and development of new drugs. Vanessa is the author and coauthor of over 60 scientific papers. She has received a number of awards for her research both nationally and internationally, among which is the prestigious Friedel Sellschop award, formerly known as the University of the Witwatersrand Young Researcher in 2001 and Exceptional Young Researcher of the University of Pretoria in 2006, two of the leading academic institutions in the country. In 2007, she received two international awards in her recognition to research as a young scientist: from the International Association of Therapeutic Drug Monitoring and Clinical Toxicology and the American Association of Clinical Chemistry. Currently she is supervising 15 postgraduate students.

She is the president of the African Federation of Clinical Chemistry, vice-president of the Toxicology Society of South Africa, secretary-general of the South African Association of Basic and Clinical Pharmacology, treasurer of the Federation of the South African Society of Pathologists and past president of the South African Association of Clinical Biochemistry. She serves as reviewer for 18 international journals and on the editorial board of 4 journals. She has 149 conference contributions and has been the invited speaker on 16 occasions.

Vanessa is the mother of four boys; triplets Brendon, Dylan, Lance (10) and Jacques, 14, Both herself and husband, Johan are very involved with coaching of children in school sports. She is the manager of a provincial chess team (under 16). She thoroughly enjoys gardening and nature and spends her free time reading.

Newly Elected Member of IFCC EB Prof. Larry J. Kricka, USA

Larry J. Kricka D. Phil., FACP, CSci, CChem, FRSC, FRCPath., is professor of Pathology and Laboratory Medicine at the University of Pennsylvania and director of the General Chemistry Laboratory and Director of the Critical Care Laboratory at the University of Pennsylvania Medical Center.

Awards and honors include:- the Society of Analytical Chemistry Silver Medal (Royal Society of Chemistry, 1988), the Canadian Group Academic Enterprise Competition Award (1985), Prince of Wales Award for Innovation and Production (1989), Queens Award for Technological Achievement (1990), Rank Prize for Optoelectronics (1991), the IFCC Award for Outstanding Contributions to Clinical Chemistry in a Selected Area of Research (1998), and the Ullman Award (2006). In 2002 Dr. Kricka was the Distinguished Visiting Scholar at Christ’s College, Cambridge, England.

Research interests include analytical applications of bioluminescence and chemiluminescence, DNA probe assays, analytical microchips for genetic and other kinds of testing, analytical applications of nanotechnology, analytical interferences caused by heterophile antibodies and direct to consumer testing. Dr. Kricka holds over 30 US patents, and is the author/coauthor of over 500 articles, abstracts, book chapters, and book. He is editor-in-chief of Luminescence, a member of the editorial board of Clinical Chemistry, Lab-on-a-Chip, and Analytical Biochemistry, and past editor of the Journal of Immunoassay. He was president of the American Association for Clinical Chemistry in 2001, and is currently president of the International Society for Bioluminescence and Chemiluminescence and will be a member of the International Federation of Clinical Chemistry and Laboratory Medicine (IFCC) Executive Board beginning in 2012.

Changes to the Governance:

Under the chairmanship of the President, the Council considered and voted on a number of proposals for changing the Governance and operation of IFCC. Council approved:

President Elect: At the next Council elections in 2014, the post of Vice President will be discontinued. The President Elect will replace.

Terms of Office for President Elect and Past President: With effect from January 2015, the term of office of the Past President will be reduced from three years to two years. The President Elect will be elected at a time that enables him/her to take over from the Past President and serve for the final year of an Executive Board, before submitting himself/herself for election as the next President.

Electronic Voting: The next Council elections for the Executive Board that will commence in 2015 will be conducted by an electronic ballot of Full Members rather than by personal vote at the Council meeting. The IFCC Rules and Statutes will require amendment to permit these changes in governance. That will be a task for the next Executive Board.

Membership Subscription: The Council noted that the membership subscription had remained unchanged for 12 years. It then agreed to increase the baseline membership subscription from 6.0 to 6.5 Swiss Francs per member of the National Society. This revised membership subscription will apply from 2012 and last for at least three years. In order to soften the financial burden a little the Council also agreed to a modest differential according to the wealth of the country as defined by the World Bank. Therefore, the membership subscription that will apply will be: 6.5 Swiss Francs per member in High Income countries; 6.0 Swiss Francs per member in Upper Middle Income countries; 5.5 Swiss Francs per member in Lower Middle Income countries; 4.0 Swiss Francs per member in Low Income countries.

IFCC WorldLab 2017: The President announced that the Executive Board, on the advice of the Committee for Congresses and Conferences, had selected Durban in South Africa as the host city for IFCC WorldLab 2017.

Nomination of the Editor-in-Chief of the IFCC eJournal

Gabor L. Kovacs MD, PhD, DSc, professor of laboratory medicine at the University of Pecs (Hungary) has been appointed as the new editor of the IFJCC. Professor Kovacs is the Director of the Institute of Laboratory Medicine and Vice-Rector of research and innovation of the University of Pecs, the oldest hungarian university founded in 1367. Between 2000 and 2007, he was member-at-large of the Executive Committee of the Forum of European Societies of Clinical Chemistry (FESCC). His research interests are related to early diagnostic markers in endocrinology and neuroendocrinology. He has published several international papers and in response, obtained more than 5,000 citations. Since 2004, Dr. Kovacs is a member of the Hungarian Academy of Sciences. The professor succeeds Prof. Grażyna Sypniewska who has led the eJournal for the past 6 years. His tenure will start on January 1, 2012.
Seminar on Education of Medical Biochemists Today

The Society of Medical Biochemists of Serbia organizes every year educational seminars supervised by the Chamber of Biochemists and carries six CME credits. The 14th educational seminar entitled "Education of Medical Biochemists and Improvement of Work Quality" was held last April. The lectures were "Postgraduate Qualification in Pharmacy: Tempus PQPharm Project Goals and Harmonization with the EU," by Prof. Dr. Jelena Parojić (Faculty of Pharmacy, University of Belgrade, Serbia), "The development of Standardization Business and Integrated Management System," by Prof. Dr. Vidosav Majstorović (Faculty of Mechanical Engineering, University of Belgrade, Serbia), "The Needs, Rules, and Process of Continuing Medical Education," by Prof. Dr. Svetlana Ignjatović (Faculty of Pharmacy, University of Belgrade, and Institute of Medical Biochemistry, Clinical Center of Serbia, Serbia) and Dr. Velibor Canić (Chamber of Biochemists of Serbia, Serbia). Prof. Dr. Nada Majkić-Singh (Faculty of Pharmacy, University of Belgrade, and Institute of Medical Biochemistry, Clinical Center of Serbia, Serbia) talked about "Education and Recognition of Professional Qualifications in the Field of Medical Biochemistry of Serbia." In addition to these distinguished speakers from Serbia, we were honored and very pleased to have two lecturers from the EC4 Register Commission – Dr. Simone Zerah and Ms. Janet McMurray.

The President of the EFCC Professional Committee and Chair of the EC4 Register Commission, Dr. Simone Zerah, spoke on the EC4 Register for Specialists in Laboratory Medicine. She highlighted the structure and the perspective of the EC4 Register, described the aims of the Commission, and stressed the importance of choosing the right name for the profession and of the relations with the European Commission and Parliament. She also introduced the foundations of the Register – EC4 Syllabus (which is in accordance with ISO/EN/15189 Standard and the European Directive on the recognition of professional qualifications) and the Code of conduct (representing the ethical values required for professional behavior), and of the Self-Regulation Database of the European Economic and Social Committee’s Single Market Observatory (EESC/SMO). Dr. Zerah finally emphasized that the Register enables promotion of the profession of specialist in laboratory medicine in the EU and strengthens our influence at the European Commission and the Parliament.

EC4 Register Commission Secretary, Janet McMurray, elaborated about the implementation of the EU Directive on recognition of professional qualifications as applied to specialists in clinical chemistry and laboratory medicine. In her lecture, Ms. McMurray talked about systems for recognition of qualifications and Directive 2005/36/EC of the European Parliament on the recognition of professional qualifications, its effects on specialists in laboratory medicine, common platforms, education, and training levels, as well as training contents in European countries, with the review of current status of common platforms and their future.

Prof. Dr. Nada Majkić-Singh followed these excellent lectures by presenting the situation of the recognition of professional qualifications in the field of medical biochemistry in Serbia. In her talk, Prof. Majkić-Singh presented the syllabus of pharmacy-medical biochemistry of the University of Belgrade Faculty of Pharmacy, as well as the professional program of specialization and academic doctoral studies in medical biochemistry, the conditions and regulations for practice and for recognition of foreign higher education, together with equivalence of standard of education, training and competence in comparison with EC4 standards.

Overall, this seminar painted a clear picture of the position of specialists in clinical chemistry and laboratory medicine in Europe today, of the current platform on training requirements. It also gave the opportunity to realize that Serbian laboratory professionals were not far removed from their European colleagues in terms of their professional programs and regulations for practice.

See the latest lab news from IFCC in LabMedica International. Visit www.ifcc.org for more information.
New Opportunities for Health Professional Mobility in the EU

by Dr. Bernard Gouget
SFBC-EFCC Representative; Secretary General International Francophone Federation of Clinical Biology and Laboratory Medicine (FIFBCML); IFCC Executive Board Member

The European directive relating to the recognition of professional qualifications needs to be revised by the end of the year to facilitate the mobility of European workers a little more, especially health professionals. The objective is to live and work in any country of the European Union, with the same rights as nationals. This is possible in part thanks to the directive relating to professional qualifications (directive 2005/36/EC), which provides a system for recognizing diplomas from one European country to another. More than 4600 types of professionals are concerned, including doctors, biologists, and nurses, etc.

Currently, the European Commission wishes to modernize this text to fix the delays in transposition into national law and the numerous complaints due to time-consuming and poorly transparent bureaucratic procedures in the member countries. The Commission published a Green Paper last June in order to provide “new tools for mobility.” It revived the idea of European professional cards for the various health professions that should allow access to databases like those of the professional associations of the country of origin. Furthermore, it plans to trigger an alert mechanism throughout the origin. Furthermore, it plans to trigger alerts due to time-consuming and poorly transparent bureaucratic procedures in the member countries.

The directive, meanwhile, the 2005 directive was not in vain. In fact, more than 10% of the doctors in Austria, Belgium, Spain, Ireland, Norway, Portugal, the United Kingdom (up to 37%), Slovenia, Sweden, and Switzerland are foreigners, according to a study on European health professional mobility conducted by the European Observatory on Health Systems and Policies in 17 member countries, and published last April. There are many reasons for expatriation, including finding the best working conditions or a better salary and staying together with one’s spouse. Efficiency also poses problems in some countries, which see their professionals emigrate, leaving them with skill shortages.

Accordingly, the European Federation of Public Service Unions (EPSU) and the European Hospital Employers’ Association (HOSPEEM) adopted a “code of conduct and follow up on Ethical Cross-Border Recruitment and Retention in the Hospital Sector,” so that cross-border recruitment is successful and beneficial for the employers and workers concerned.

Finally, mobility is also approached as an opportunity by some, such as the European Hospital and Healthcare Federation (HOPE), which are trying to promote the exchange of best practices by offering European health professionals a one-month observation internship in another hospital of the EU.

Healthcare services are an essential part of the European Social model. This implies a multilayered strategy that has to take into account various challenges. Different countries are experiencing in terms of healthcare shortages and the reasons why healthcare workers decide to migrate.

Strategies, which promote adequate workforce supply in all countries, should be supported. As EFCC members, we can therefore encourage, and as far as possible contribute to, the development and implementation of policies at local, national, and European level with the purpose to enhance work force retention and promote accessible and high-quality health care in developed and developing countries. On the other hand, EFCC partners in the laboratory medicine sector acknowledge the possible mutual benefits of migration for workers and employers in sending and receiving countries, deriving from the exchange of practices, knowledge, and experience.

Anecdotally, the mobility of health professionals is increasing; the economic crisis experienced by some European countries serves to accelerate the phenomenon.

IN MEMORIAM

Corneliu Chiriloiu, MD, PhD (1933-2011)

Dr. Corneliu Chiriloiu, an eminent biochemist in the “N. Gh. Lupu” Institute of Internal Medicine, died on June 21, 2011. He was born in Argeș County in Romania, in 1933, and was educated at the faculty of medicine in Bucharest. He carried on a fruitful activity being successively appointed, researcher, senior researcher head of laboratory, devoted his long activity to problems of biochemistry. The most important part of his activity, as a researcher, was the introduction of the new tendecencies in the methodology of biochemical investigation with wide implications in the studies of general biology and multiple applications in clinical medicine. The laboratory of biochemistry headed until he retired was one of the standard units of the Institute. With his team of researchers he brought important contributions to the value of the study of enzymes in the diagnosis of hepatic, cardiovascular, renal, and hematopoietic diseases. His constant preoccupation was for the standardization of methods used in clinical laboratories. One of his main concerns was organization of postgraduate courses for specialists all over the country.

He was co-founder of the Romanian Society of Clinical Laboratory. For four years, he was formerly active president of the Romanian Society of Clinical Laboratory. Dr. Chiriloiu also served for many years as editor in chief of Romanian Journal of Clinical Laboratory and Medical Technique. He helped to develop research programs; he was also an enthusiastic member of many other scientific medical societies.

Dr. Chiriloiu devoted a large part of his activity to the training of technicians in which he proved remarkable, always guided by his concept that the vocation of a teacher should not be conditioned by the accumulation of an avalanche of data, in a more or less restricted field of clinical laboratory, but by a powerful personality able to trace the significant directions in laboratory. The administrative staff of clinical laboratory has appreciated his competence as well as great kindness and understanding. By his studies on the pathology, he has widely contributed to the diagnosis, the methods of prevention, as well as to clinical trials of new drugs. The results of his manifold activities were introduced in more than 200 publications issued in Romanian and foreign periodicals.

Anecdotally, the mobility of health professions is increasing; the economic crisis experienced by some European countries serves to accelerate the phenomenon.

Contributed by Assoc. Prof. Dr. Manole Cojocaru, President of RSLM
Final Europlan Conference Takes Stock of the Progress of Member State National Strategies for Rare Diseases

On 25 February in Rome, Italy, the final conference of the EUROPLAN (www.europlanproject.eu/Home.aspx) project was held. Europlan, a three-year DG Sanco-funded project coordinated by the Italian National Center for Rare Diseases (Istituto Superiore di Sanità) launched in April 2008, as an instrument to help the European Union Member States (MS) define a strategic plan for rare diseases following the adoption of a Council Recommendation on an Action in the Field of Rare Diseases that calls on the MS to elaborate and adopt a rare disease plan or strategy by the end of 2013. Europlan is an inclusive project, with 57 associated and collaborating partners – including clinicians, scientists, health authorities, and patient groups from 34 countries. The Europlan project created a “toolbox” designed to aid countries determine their priority areas and actions to include in a national plan. Some 15 individual EU countries hosted national conferences via the project. These conferences, designed to move forward the process of developing a national strategy for rare diseases, followed a format based on Europlan guidance documents. The final reports of these national conferences are available on the EURordis website (www.eurordis.org).

The European dimension

At the final Europlan meeting, it was observed that one of the strongest elements of the Europlan project was its role in adding the European dimension to individual national strategies. This point is critical to the field of rare diseases, which relies on coordination and collaboration at the European and international levels. The recent Eurobarometer survey results demonstrate that there is support for European cooperation (www.orpha.net/actor/EuropaNews/2011/110316.html#Edito). Catherine Berens (DG Research) added that the E-Rare project (www.e-rare.eu/) as an effective strategy for the funding of collaborative research.

A Round Table meeting reviewed some of the overall results of the Europlan project such as its role in harmonizing concepts and terminology between the MS and in helping to raise awareness at the MS level for key EU documents in the field of rare diseases and orphan drugs. During this session, the need for integrating the elements of the national rare disease plans into the national health care systems was discussed. The importance of mapping existing resources - which Orphanet, the pan-European information portal for rare diseases and orphan drugs, is doing – was also evoked. Other elements identified include the need for inclusivity – i.e., involving all the various stakeholders in the development of a national plan; the need for the national protocols for diagnostics and care of a disease to include the provisions for patient coverage for testing and care; and the healthcare pathways – the multidisciplinary algorithms of care structured to support the implementation of clinical guidelines and protocols.

At the national level

Discussion of the status of particular countries was also raised. While Bulgaria has a concrete plan, accessing funding remains problematic, especially in the area of diagnostics. Croatia hopes to put forward a plan in 2012. Denmark is in a period of regression, illustrated by the country’s information center exclusively for rare diseases that has been extended to encompass all diseases. Greece has a plan on paper, but it is not yet legally recognized, and the country has no national committee to implement it. There are also significant problems with access to orphan drugs in Greece. Starting a process to develop a plan in a country with 21 autonomous regions is a priority Italy – but the country’s organization presents a daunting challenge. Italy also reports a long time for orphan drug approvals to be processed. The Netherlands is a country with a solid general health plan, which could explain why the Minister of Health is not in favor of developing a plan specifically for rare diseases. Furthermore, the country’s Steering Committee for Orphan Drugs is to be shelved at the end of 2011. In Poland, the process of elaborating a plan has not yet begun, but awareness is increasing. Poland needs to focus on all elements of rare disease strategizing – not just the orphan drugs. Spain does have a plan, but it has neither a budget nor a timetable. The UK seems to be moving forward, thanks in large part to the steam of the Rare Disease UK and similar patient-driven efforts.

A challenging dynamic

With several plans existing only on paper, other countries such as Denmark and the Netherlands reporting a regression, and other MS lacking resources, the dream that each MS will have a specific strategy to care for its rare disease patients, and which includes cooperation between the EU countries to share resources, is a fragile one. This is a critical time for each stakeholder to continue acting as a catalyst to push change forward. The recent adoption of the Cross Border Health Care Directive increases the need for concerted effort, with each EU country identifying its pockets of expertise and making them known, within the context of acknowledging and respecting the individual dynamic of each country, particularly its size and resources. Analysis of the results of this first
In Serbia, accreditation is granted by the Accreditation Body of Serbia (ATS) funded by the government of the Republic of Serbia. Other organs of the ATS are the Management Board director and the Supervisory Board. ATS became an associate member of the international Laboratory accreditation cooperation-ILAC, and it is in the process of the European Cooperation for Accreditation (EA) peer-evaluation that will grant official recognition of the certificates and reports issued by our laboratories at regional and international level by signing multilateral agreement-MLA with EA members. It makes accreditation a passport, which facilitates access to the EU and international markets. Except for those permanent employers, assessors and technical experts could be appointed to the ATS to be included in the process of accreditation, doing assessment visits, evaluating the quality of work and writing reports with clearly documented evidence.

A few years ago, another institution was responsible for the accreditation services in Serbia, when the Agency for Accreditation of health care Institutions of Serbia was funded. Establishment of the program for accreditation of health care institutions in Serbia began as a part of Serbia Health project of the Minister of Health of the Republic of Serbia and World Bank. This project has been tested in four pilot hospitals and sixteen primary health care centers, including medical laboratories based in these institutions.

In Serbia, accreditation is voluntary in the Republic of Serbia. At this moment, only 3 medical laboratories are accredited according ISO 15189, and 17 according ISO 17025. The first is the Institute for Medical Biochemistry in Clinical Center of Serbia that in 2000 started working on the introduction of quality management systems according to ISO 9001 standard, in 2006, on accreditation based on ISO 17025, and in 2008, on ISO 15189. Prof. S. Stankovic explained all those different stages in medical laboratory accreditation in her country from her own experience and the formalizing of initial contacts with ATS, later on, through the application for obtaining accreditation, and self-assessment, preassessment visit, external assessment (evaluation by team of assessors), and accreditation decision which granted accreditation. Accreditations have to be renewed every 4 years.

Finally, Prof. S. Stankovic concluded that those basic characteristics of accreditation were first, the prevailing sense of volunteerism, second, the strong tradition of self-regulation, and third, the reliance on evaluation techniques, and their primary concern for quality. But, what are the main benefits of accreditation? Accreditation provides prestige, excellence, accredited status, with the possibility of recognizing the strength and the weakness of the medical laboratory. It is clear now that “Accreditation is a journey, and not a destination. Bon voyage!”

Strategic Framework for Quality Management and Accreditation of the Medical Laboratories in Serbia

by Sanja Stankovic, Institute for Medical Biochemistry, University School of Pharmacy & Clinical Center of Serbia

Accreditation is voluntary in the Republic of Serbia. At this moment, only 3 medical laboratories are accredited according ISO 15189, and 17 according ISO 17025. The first is the Institute for Medical Biochemistry in Clinical Center of Serbia that in 2000 started working on the introduction of quality management systems according to ISO 9001 standard, in 2006, on accreditation based on ISO 17025, and in 2008, on ISO 15189. Prof. S. Stankovic explained all those different stages in medical laboratory accreditation in her country from her own experience and the formalizing of initial contacts with ATS, later on, through the application for obtaining accreditation, and self-assessment, preassessment visit, external assessment (evaluation by team of assessors), and accreditation decision which granted accreditation. Accreditations have to be renewed every 4 years.

Finally, Prof. S. Stankovic concluded that those basic characteristics of accreditation were first, the prevailing sense of volunteerism, second, the strong tradition of self-regulation, and third, the reliance on evaluation techniques, and their primary concern for quality. But, what are the main benefits of accreditation? Accreditation provides prestige, excellence, accredited status, with the possibility of recognizing the strength and the weakness of the medical laboratory. It is clear now that “Accreditation is a journey, and not a destination. Bon voyage!”