

The Silver Jubilee of the ABCD: the early history of the Association



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The success of insulin treatment following its discovery by Banting and Best in 1922 transformed the management of type 1 diabetes (and eventually type 2 diabetes as well). This breakthrough has saved and continues to save many lives. Soon afterwards dedicated specialist-led hospital 'diabetic clinics' emerged in the UK, gradually spreading throughout the nation. Then in 1934 Dr Robin Lawrence of King's College Hospital and his patient, the novelist HG Wells, proposed setting up a patient support organisation. This became the British Diabetic Association (BDA), now known as Diabetes UK (DUK). This soon became the professional focus for the emerging specialty, with a dedicated Medical and Scientific Section (MSS).

The MSS proved to be fertile ground for encouraging and promoting the development of many innovations, including glucose monitoring, insulin injection devices, pumps, specialist nurses, patient education and dedicated Diabetes Centres. However, in some ways the BDA eventually became a victim of its own success because, in order to meet the needs of various emerging support groups, such as specialist nursing, dietetics and podiatry, the BDA/DUK conferences inevitably became much larger and more multi-disciplinary. As a result the opportunities for medical/scientific specialist focus and networking were reduced and many diabetes specialists concluded that the BDA/DUK meetings no longer met many of their clinical and professional needs. This ultimately led to the emergence of the Association of British Clinical Diabetologists (ABCD).

Identified deficiencies in diabetes care

There were also growing concerns about the lack of specialist resources in many districts. In 1985 the MSS discussed a



The ABCD "gang of three": Richard Greenwood, John Wales, Ken Shaw

groundbreaking survey of UK diabetes services carried out by Dr GS (Memo) Spathis on behalf of the BDA. The survey showed that many non-teaching districts lacked specialist consultants and had no properly organised patient care.¹ The officers of the MSS (RHG was one of them) came under heavy pressure from the consultant membership to address these concerns. One of the most vocal advocates for more action was a consultant from Leeds, John Wales. Regrettably, subsequent progress was slow mainly because in those days (and possibly now) many health authorities did not regard diabetes as a clinical priority and most politicians were more interested in short-term objectives such as reducing surgical waiting lists rather than addressing longer-term medical conditions and the related issues of premature morbidity and mortality.

It was therefore almost inevitable that in 1996 John Wales, following informal discussions with Richard Greenwood, Ken Shaw and others concerning "the present

disarray and pessimism amongst colleagues in hospital-based diabetes care", indicated that he felt that "the answer to help alleviate the gloom was to create an independent group/association/society which would speak for hospital consultants and specialist trainees". John's original suggestion was that the consultants should establish a "British Society for the Study of Diabetes Care" but Richard suggested the title "The Association of British Clinical Diabetologists". The term ABCDE was also considered for a while, given that most consultants provided expertise in endocrinology as well, but it was finally agreed that the title ABCD was the appropriate designation.

In January 1997 the three of us (JW, RG & KS), often reverently referred to as "the gang of three", wrote a joint letter to all UK hospital diabetologists proposing the establishment of an association "with the objectives of sharing common problems in diabetic (sic) patient care, discussing new advances in our speciality, and the role of the hospital team in the delivery of patient care".

It was recognised that, to be effective, the association would need substantial support from both consultants and junior doctors in training. A questionnaire was circulated to gauge the potential support for the proposal.

Proposed objectives and initial consultation

Six primary objectives of the Association were suggested:

1. to encourage the highest quality of care for diabetic (sic) patients;
2. to promote the awareness of, and interest in, diabetes mellitus and diabetic care both locally and nationally;
3. to encourage the highest standards of training for specialist registrars aiming for a CSST in Diabetes and Endocrinology and all other medical staff involved in the care of diabetic patients;
4. to promote clinical research into diabetes mellitus;
5. to support diabetologists in dealing with management issues as they applied to the provision of diabetes services; and
6. to act as an information resource for diabetes research and care.

In response to the 428 questionnaires sent out in February 1997, some 306 (71%) replies were received. Of these 217 (71%) indicated support in principle for the establishment of the proposed association, 59 (19%) were against and the remainder were undecided. Those against the proposal mostly preferred the continuation of the existing arrangement with the BDA rather than setting up a new organisation.

The extent of consultant disquiet and the strong support for the creation of an independent specialist group were clearly evident at the next Spring meeting of the MSS and the BDA at Harrogate in April 1997. We received significant endorsement for our proposal from many colleagues although some had reservations, not wishing to see the emergence of a new 'breakaway' organisation with a possible detrimental effect on the ability of the BDA to act as the main advocate for people with diabetes; others were concerned about the possible adverse

ABCD Committee Members 14 January, 1998

John Wales, Leeds
Chairman

Richard Greenwood, Norwich
Secretary

Ken Shaw, Portsmouth
Treasurer

Jeremy Bending, Eastbourne
Membership Secretary

Huw Alban Davies, Dartford

Chris Burns Cox, Bristol

Peter Daggett, Stafford

Brian Frier, Edinburgh

Colin Hardisty, Sheffield

Howell Lloyd, Newport

Steve Olczak, Boston

Bob Ryder, Birmingham

Hugh Simpson, Reading

Kate Spencer, Kingston

Peter Winocour, Welwyn Garden City

effects of 'splintering' the MSS. At Harrogate, the three of us were invited to discuss our proposals with senior representatives of the BDA, who, whilst courteous, still hoped to dissuade us from our course of action. We felt obliged to emphasise that a need had been identified by the consultants and that we had been given a mandate to proceed. We also reminded them that several other medical specialties had already set up effective parallel professional organisations, including the British Thoracic Society, the British Cardiac Society and the British Society of Gastroenterology. All had provided us with helpful advice about constitution, operational policy and relationships with their respective national charities.

1997: the year ABCD set forth

With the support of our consultant colleagues, the next step was to organise a consultative meeting in London, which was held at the Royal College of Physicians (RCP) on 13th June, 1997 and was attended by 49 consultants. John Wales

described the proposed aims of the association and reported the positive result of the ballot. Richard Greenwood then discussed current problems in clinical practice, the primary/secondary care interface and manpower issues pertaining to the speciality. Finally, Ken Shaw outlined the proposed structure and function of the association, including the constitution, membership and relationships with other organisations.

Just before the RCP meeting, a letter from the Chairman and the Director-General of the BDA had been circulated to all clinical diabetologists (MSS) about matters of consultant concern, drawing attention to the various relevant professional activities undertaken by the BDA, and extending an open invitation to all diabetologists to write to them about issues relating to patient care, service delivery or professional matters, so that the BDA could be more sensitive to their clinical and professional needs. Clearly alarm bells were finally beginning to ring.

The support received at the College meeting and the positive comments received from those unable to attend provided considerable encouragement for establishing an independent association, with membership available to all consultant physicians involved in diabetes care. It was hoped that relationships with the BDA, RCP and primary care practitioners would continue to be cordial and constructive. The Association would also support training schemes and continuing medical education (CME) for specialist trainees. The first formal meeting, planned for November 1997, was to provide the opportunity for discussion of the Association's draft aims and objectives, the proposed constitution, and provision of an inaugural programme of clinical topics focusing on diabetes care and management.

On 20th-21st November, 1997 the Association of British Clinical Diabetologists was formally launched at its first conference, which was held at Oakley Court in Windsor. Our first Chairman, John Wales, emphasised ABCD's commitment to encourage the very best care for patients with diabetes while working towards an effective and integrated service



The ABCD chairmen since ABCD came into existence in 1997.

Taken at the Royal College of Physicians at the ABCD autumn meeting, November 7, 2014. Left to right: Peter Winocour (2008-2011), John Wales (1997-2002), Rob Gregory (2014-current), Ken Shaw (2006-2008), Richard Greenwood (2002-2006), Chris Walton (2011-2014)

across primary and secondary care. The Windsor meeting, which was well attended, included a major component of high-quality CME and we were given enthusiastic support for the continuing development of the ABCD. An editorial discussing the proceedings was published later the same year.²

From then on, twice-yearly meetings were organised, alternating between London, where the AGM was held, and various other UK locations including York (1998), Edinburgh (2000) and Cardiff (2003) and with more ambitious sorties to Amsterdam (1999) and Dublin (2001). Twice-yearly live meetings were held in London alternating with most regions of the UK until they had to be put on hold in 2020 because of the COVID pandemic. We have to place on record our gratitude for the financial support and sponsorship provided by the pharmaceutical industry and their key representatives, who championed our cause and without which ABCD would not have been able to get off the ground and to develop.

Early ABCD achievements

Once established, ABCD began seeking to influence the powers that be about how high-quality diabetes care could best be delivered. In September 1998 we pro-

duced ABCD's response to the Government White Paper "The new NHS: modern, dependable" and in June 2000 we submitted "Observations and recommendations on the provision of diabetes care services in the NHS" to the emerging Diabetes National Service Framework.

Also in 2000, following on from the earlier Spathis report, Peter Winocour undertook on behalf of ABCD a major survey of consultant diabetologist-led services. Once more this identified continuing shortfalls in diabetes care and widespread geographical variation. Perhaps unsurprisingly, single-handed consultant units were found to have fewer facilities and resources, while the best resourced services were more successful. ABCD was mandated to publicise this finding and to provide as much support as possible for colleagues in their efforts to improve their local diabetes services.

In 2002, we commenced regular publication of an ABCD newsletter under the astute and insightful editorship of Peter Daggett. The first issue carried a new Chairman's message from RHG, profiling the substantial progress that had been made by ABCD, including forging links and establishing formal representation with the RCP (London) (KMS serving as Hon. Secretary to the Joint Diabetes & Endocrinology Speciality Committee

2002-08), the British Endocrine Societies and the Joint Committee on Higher Medical Training (JCMT). ABCD was instrumental in advising the RCP (London) with the development of the SCE examination, as well as collaborating with other specialist societies such as the Renal Association to produce national clinical guidelines, integral to the establishment of the Joint British Diabetes Societies (JBDS). Happily, the relationship with the BDA/DUK did indeed prove to be cordial and fears that the MSS would lose many consultant members proved to be unfounded.

The Association also began effective contributions to several NICE consultative programmes relating to diabetes care and established the process of producing a series of position papers/guidelines about the management of important clinical problems such as ketoacidosis and peri-operative surgery. Many of these projects were commenced during the tenure of our first Chairman, John Wales, who deserves much of the credit for them. Particular mention should also be made of the exceptional and highly innovative work of Bob Ryder, who has organised an impressive series of important clinical audits of new treatments for diabetes. Many other ABCD members have made their own significant contributions to the association and to the specialty. We are very grateful to them for this and for their continuing support.

The ABCD Charitable Trust

Having successfully established a new specialist body, we decided to create a charitable trust to support the Association. The main reasons were to facilitate fundraising to support the many projects that were emerging, to ensure that due financial diligence and probity were duly observed and to reduce the Association's tax liability. We were very fortunate to secure the pro bono services of Philip Norton, a senior solicitor in Norwich specialising in medical charities. He had previously provided Richard Greenwood with assistance in setting up the successful Norwich and Norfolk Diabetes Trust. Philip guided us through the process of creating the Charitable Trust Deed, out-

lining the principal objects and powers of the Trust and defining the terms and conditions of membership, meetings requirements, committee considerations, asset management (property and funds), and maintenance of records and accounts. The Trust, separate from the main ABCD organisation was named "The Association of British Clinical Diabetologists Charitable Trust".

It was agreed that the Association's three honorary officers (the Chairman, Secretary and Treasurer) would be automatic members in order to facilitate the seamless integration of the activities of the two organisations. We then recruited additional trustees. These included previous officers of the Association, patient representatives, lay members and Philip Norton himself. Trustees were confirmed by the members of ABCD at each AGM.

We were very fortunate to persuade James Wroe to become our first independent lay Chairman. James was well known in diabetes circles as the founding publisher of the journal *Practical Diabetes* and had proved to be a staunch supporter of ABCD from the outset. We were also privileged that Lord Robert Kilpatrick, the highly respected former Dean of both Sheffield and Leicester Medical Schools and past President of both the GMC and the BMA, kindly agreed to join the Trust and he made a substantial and wise contribution. It soon became clear that he was committed to our cause. On one occasion in order to attend a Trust meeting he had to leave his home in Scotland

at 5:30am, then endure a 'horrendous' train journey to London, finally returning home at 9.30 pm. Clearly his travel expenses were well justified.

The Diabetes Care Trust (DCT)

After 10 years we decided to revamp the charitable trust. We wanted to expand its role from that of providing financial support for the association to more proactive fundraising and, with the guidance of the ABCD Committee, to encouragement and support of projects felt to be relevant to the aims of the Association. We also decided to re-name the charity and make Diabetes the first word of the title in the hope that this would make it more obvious to people searching online for diabetes charities. So, once again with the help of Philip Norton, in 2010 the Diabetes Care Trust (ABCD) came into being.

This has proved to be a successful initiative and in recent years, under the expert chairmanship of Huw Alban Davies, the DCT has become more financially stable. It has been able to fund research fellowships, travel bursaries and projects as diverse as improving diabetes education for midwives and the assessment of closed-loop insulin delivery systems. In addition it has been able to sponsor and then underwrite the publication of the Association's journal, the *British Journal of Diabetes*, an important initiative led by Chris Walton since it began in 2014.

Reflection

We have now reached the 25th anniversary of the time when ABCD formally set forth on its venture to provide an effective forum for specialists and trainees in diabetes through close collaboration and networking, to promote the highest standards and quality of diabetes care, to encourage and sponsor clinically relevant research and audit activities, and in particular to provide peer support to our specialist colleagues. We were very uncertain at first whether we would succeed, but now we can look back with pride on how ABCD has evolved, what it has achieved and how it has become so firmly established. It has been a privilege for us to have played a part in the formative history of ABCD and we are very grateful for the contribution and continuing support of so many of our colleagues.

References

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