

Joint Accreditation Committee ISCT- EBMT



JACIE
joint accreditation committee
isct ebmt

Annual Report 2012



JACIE Annual Report 2012

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2012 Highlights

- 53 inspections completed - highest ever!
- 48 accreditations awarded - highest ever!
- 46 reports received - highest ever!
- 53 Summary Reports issued - highest ever!
- 87% reports turned around within 90 days – highest ever!
 - 53% (28) > 60 days ; 34% (18) 60-90; 11% (6) 90-120 ; 2% (1) >120
- Days that a centre waits for their report
 - Average 62 (lowest since 2008)
 - Median 58 (second lowest since 2008 but higher volume of reports (53 v 31))
- 49 applications received - 3rd highest year since 2008
- First applications received from Singapore, South Africa and Portugal
- 109 event and course participants – highest since 2006!
- On-site orientation visits launched
- New web site, collaboration and mailing-list/newsletter tools adopted
- Full incorporation of JACIE into the EBMT financial processes



Operations

In 2012, 49 applications (36 first-time and 13 reaccreditation) were received. This brought the total number of first-time applications to 242 applications since 2000. Significantly, applications from Portugal, South Africa and Singapore were received for the first time.

In terms of inspections, a total of 53 (31 first-time and 22 reaccreditation) were performed.

Forty eight accreditations (31 first-time and 17 reaccreditation) were awarded.

Twenty one on-site interim audits were completed.

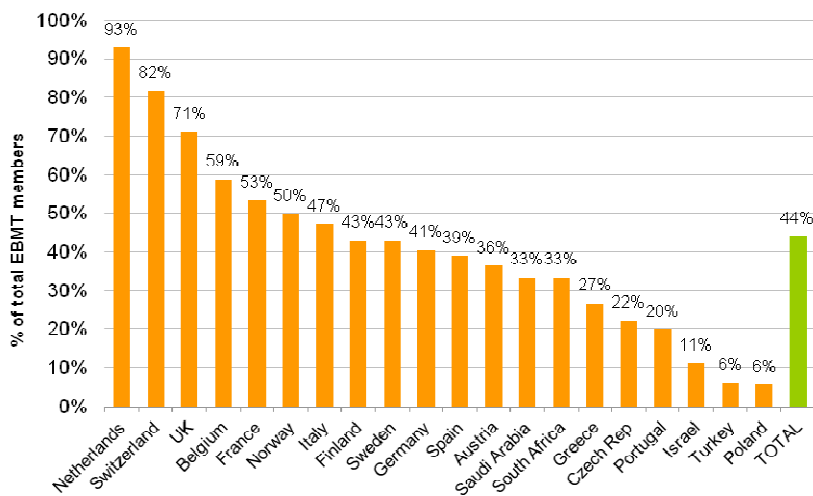
Applications & Inspections

Status of applications for 5 years ending 31 December 2012

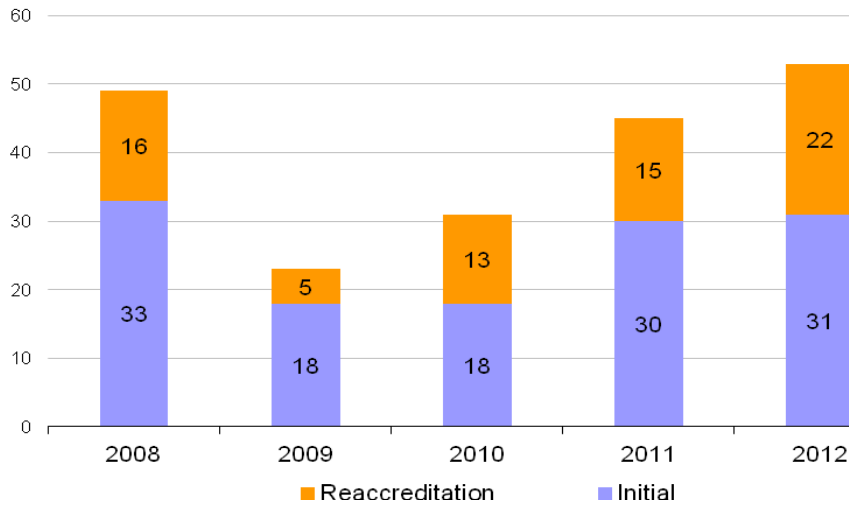
JACIE Initial & Reaccreditation applications per year



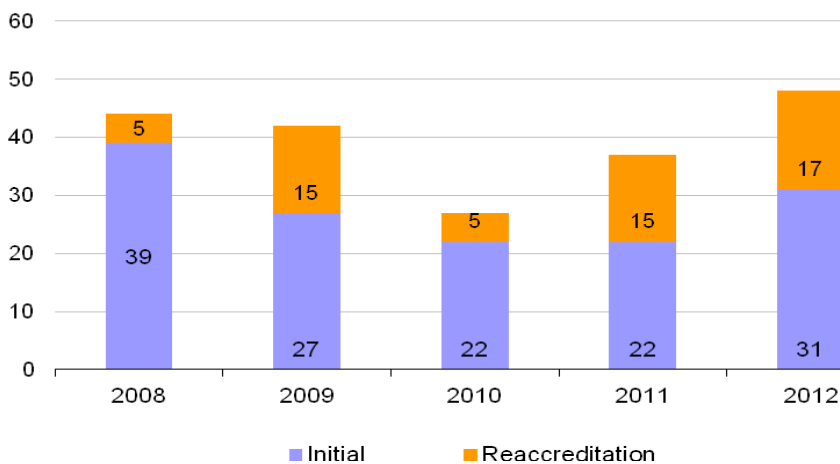
JACIE registrations as % of EBMT members by country



Completed inspections per year



JACIE awarded accreditations by year



Service Delivery

Service delivery is conceived as the overall support provided to centres and inspectors and is a key focus for the JACIE Office. Our ongoing objective is to reduce the interval between the onsite inspection and receipt of the Summary Report by the applicant centre with our target for turnaround of the report being 60 days. In 2012, the average period was 62 days compared to 74 days in 2011. The average days for the JACIE Office in handling reports remained at 34 days on average while the average time required for inspectors to submit the inspection report fell from 40 days in 2011 to 27 in 2012, this combination leading to the decrease in the overall average. It should be noted that 18% more inspections were performed in 2012 (53) compared to 2011 (45) which implied a higher workload overall.

JACIE web site – www.jacie.org

The new JACIE web site was launched in January 2012. The new site is based on Google Sites, part of the Google Apps package which means that no additional costs are incurred for design and hosting. An online application/inspection collaboration tool was implemented separately in 2012 (see below).

Teambox

Teambox is an online collaboration tool. It is 'cloud'-based so make it accessible from any device connected to the internet. The application was chosen in consultation with Enzyme, a technology consultancy company based in Barcelona, Spain.



The application was launched for inspectors and centres alike in September 2012. A review of its implementation will be performed in early 2013.

Centres accredited in 2012

Institution	City	Country	Type
1. Krankenhaus der Elisabethinen Linz GmbH	Linz	Austria	Initial
2. University Hospital Ghent	Gent	Belgium	Initial
3. Ziekenhuis Netwerk Antwerpen	Antwerp	Belgium	Initial
4. Antwerp University Hospital	Edegem	Belgium	Initial
5. H.-Hartziekenhuis Roeselare-Menen vzw	Roeselare	Belgium	Initial
6. Charles University Hospital	Pilsen	Czech Republic	Reaccreditation
7. HUCH, Children's Hospital	Helsinki	Finland	Reaccreditation
8. Centre Henri Becquerel	Rouen	France	Reaccreditation
9. CH Dr Duchenne	Boulogne-sur-mer	France	Initial
10. Hôpital La Timone	Marseille	France	Initial
11. CHU de Nantes & l'Établissement Français du Sang	Nantes	France	Reaccreditation
12. CHRU de Montpellier - Hôpital St Eloi	Montpellier	France	Initial
13. Univ. Hospital Regensburg, HSCT	Regensburg	Germany	Initial
14. University Medical Centre Schleswig-Holstein	Kiel	Germany	Reaccreditation
15. Robert-Bosch-Krankenhaus	Stuttgart	Germany	Reaccreditation
16. Universitätsklinikum Dresden	Dresden	Germany	Initial
17. Klinikum der Johann Wolfgang Goethe-Universität	Frankfurt	Germany	Initial
18. DRK-BSD BaWü/He, Institute Frankfurt	Frankfurt	Germany	Initial
19. Sheba Medical Center at Tel Hashomer	Ramat-Gan	Israel	Initial
20. Spedali Civili - Brescia, Azienda Ospedalier	Brescia	Italy	Reaccreditation
21. Azienda Ospedaliera "SS. Antonio e Biagio e Cesare Arrigo"	Alessandria	Italy	Initial
22. Radboud University Nijmegen Medical Centre	Nijmegen	Netherlands	Reaccreditation
23. Academisch Medisch Centrum	Amsterdam	Netherlands	Initial
24. VU University Medical Center	Amsterdam	Netherlands	Initial
25. Medisch Spectrum Twente	Enschede	Netherlands	Reaccreditation
26. Oslo University Hospital, Rikshospitalet	Oslo	Norway	Initial
27. Hospital Infantil Universitario Niño Jesús	Madrid	Spain	Initial
28. Hospital Universitario Vall d'Hebron	Barcelona	Spain	Initial
29. Hospital Universitario Reina Sofía	Córdoba	Spain	Initial
30. Hospital Clínic de Barcelona	Barcelona	Spain	Reaccreditation
31. Hospital of Lucerne	Lucerne	Switzerland	Initial

Institution	City	Country	Type
32. Kinderspital Zürich	Zürich	Switzerland	Reaccreditation
33. Baskent University Adana Hospital	Adana	Turkey	Initial
34. Erciyes University	Kayseri	Turkey	Initial
35. The Great Western Hospitals Foundation Trust	Swindon	United Kingdom	Initial
36. Plymouth Hospitals NHS Trust, Royal Cornwall Hospitals NHS Trust & South Devon Healthcare NHS Foundation Trust	Plymouth	United Kingdom	Initial
37. Poole Hospital NHS Foundation Trust	Poole	United Kingdom	Initial
38. Stoke Mandeville Hospital	Aylesbury	United Kingdom	Reaccreditation
39. The Royal Bournemouth and Christchurch Foundation NHS Trust	Bournemouth	United Kingdom	Initial
40. Central Manchester University Hospitals NHS Foundation Trust (CMFT)	Manchester	United Kingdom	Initial
41. Blackpool Teaching Hospitals NHS Foundation Trust	Blackpool	United Kingdom	Initial
42. Imperial College Healthcare NHS Trust (Hammersmith Hospital)	London	United Kingdom	Reaccreditation
43. Central Manchester University Hospitals NHS Foundation Trust (CMFT)	Manchester	United Kingdom	Initial
44. Hull and East Yorkshire Hospitals NHS Trust	Hull	United Kingdom	Reaccreditation
45. Trustees of the London Clinic Ltd	London	United Kingdom	Initial
46. Royal Manchester Childrens Hospital (CMFT)	Manchester	United Kingdom	Reaccreditation
47. University Hospital of North Staffordshire	Stoke-On-Trent	United Kingdom	Reaccreditation
48. Imperial College Healthcare NHS Trust (Hammersmith Hospital)	London	United Kingdom	Reaccreditation

Finances

JACIE's finances have been fully incorporated into the EBMT's close-of-year process. This means that they are also subject to financial auditing. On the right is an extract from the EBMT Annual Report 2012 where JACIE is highlighted.

Although still subject to final confirmation, in 2012 JACIE generated a surplus of approximately €30,000 of income over expenses.

The EBMT Annual Report is published at <http://www.ebmt.org/Contents/Resources/Library/Annualreport/Pages/Annual-report.aspx>

EBMT financial highlights

In 2012, EBMT has faced challenging financial situations with strength and all EBMT Units have faced adjustments in order to strengthen the current and future financial stability of the organization during this difficult economic European crisis. Expenses and income growth were accommodated to a similar level.

More transparency, control and accountability are still on process to be improved, and EBMT decided to start to work with a new international audit firm (Ernst & Young) with the objective in the mid term to have an unqualified opinion.

With the objective to reduce financial risk and gain financial stability and assure that the money is expended according our Mission, EBMT has developed its strategy for diversification, retention of sources and assure that the 80% of our expenses are Mission expenses.

In that direction, EBMT works to assure its non-earmarked income (Membership, Sponsoring, Annual Meeting) in order to cover structural cost (Registry and Management) and launch non-commercial academic retrospective studies and educational activities through our Working Parties network.

The earmarked income comes from pharma grants allocated for specific studies and educational activities, for our Clinical Trial Office and also Working Parties network. Among the different studies CALM Project (Cisplatin) has been the largest grant. The costs of JACIE are covered by the contributions from the centers that are accredited.

In 2012 EBMT has assured that 81% of its Budget was dedicated to its Mission (Studies, Registry, Accreditation and Education), the 19% has been dedicated to Management (Board and Executive Office expenses).

EBMT will end the year with a total loss of -118K€ coming due to decrease in its capacity to raise funds for Clinical Trials. EBMT is closing the year with a total expense of 3,350K€, representing +3% deviation from its initial Expenses Budget. From the income side, EBMT is closing the year with a total income of 3,232K€, representing +1% deviation from their expectations.

Frederik Falkenberg
EBMT Treasurer

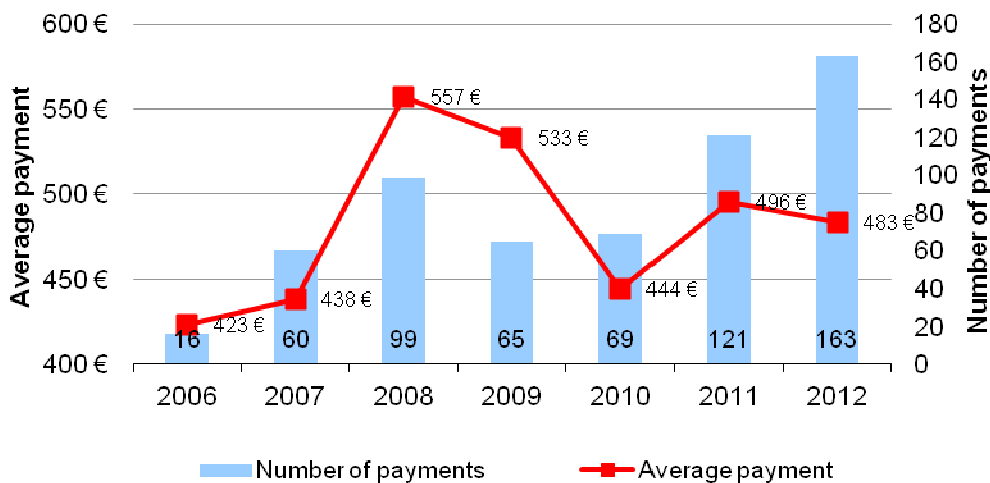
SOURCE OF INCOME 2012	Budget	Final Income	€	%
in 1,000€				
Membership	490	408	13	13
Sponsoring	473	430	13	13
Annual Meeting	925	923	29	29
Others	90	106	3	3
Non-earmarked income	1,978	1,870	58	58
Studies & CT & Education	846	1,030	32	32
Accreditation (JACIE)	333	314	10	10
Other Grants	90	10	0	0
Earmarked income	1,230	1,363	42	42
TOTAL Income	3,207	3,232	100	
HOW EBMT SPEND THE MONEY 2012				
	Budget	Final Expenses	€	%
in 1,000€				
Retrospective Studies	881	1,054	32	32
Prospective Studies	558	566	17	17
Educational Activities	218	188	6	6
EBMT Registry	528	486	15	15
Accreditation Process (JACIE)	297	274	8	8
Working Parties	91	92	3	3
Committees Activities	17	3	0	0
Registry Upgrade	75	54	2	2
Total Mission	2,609	2,724	84	84
Management & Administration	640	629	19	19
TOTAL Cost	3,249	3,350	100	
NET RESULT 2012				
TOTAL Income	3,207	3,232		
TOTAL Cost	3,249	3,350		
TOTAL Surplus/Deficit	-42	-118		

Inspector expenses

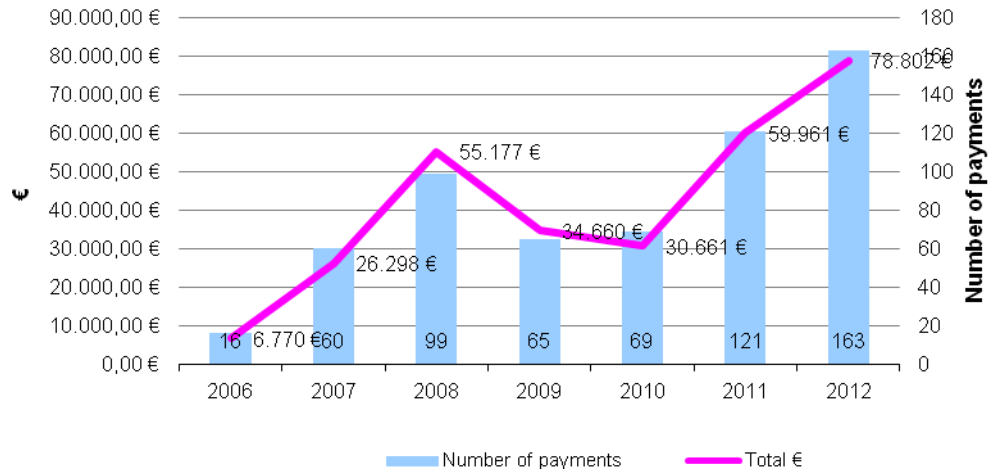
In 2012, the average reimbursement of direct costs to inspectors (travel, accommodation, subsistence) was €483, 2% less compared to 2011 although this was based on a much higher number of reimbursement payments (163 compared to 121 in 2011 because of the new interim audits and a higher number of trainees assigned to inspections as part of their preparation) and higher number of inspections (53 v. 45). In spite of this, the average reimbursement was the second lowest in the last 5 years.

The total expenses paid were €78,802.

Average direct inspector costs



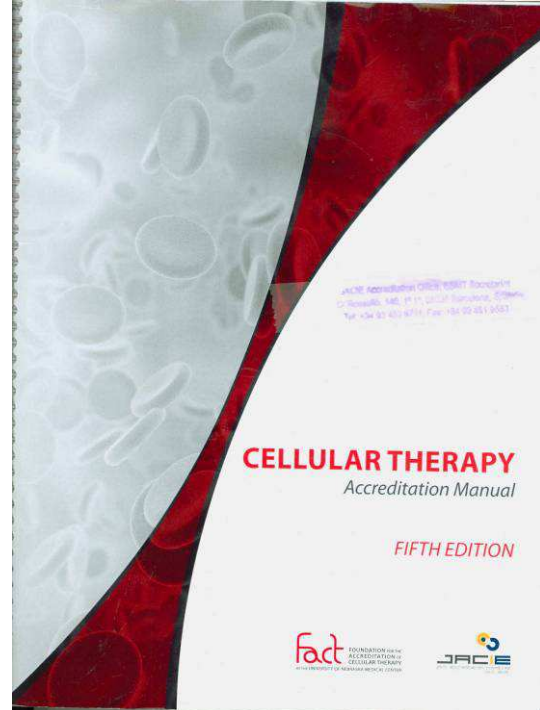
Total direct inspector costs



Standards

The FACT-JACIE International Standards for Cellular Therapy Product Collection, Processing, and Administration are designed to provide minimum guidelines for programs, facilities, and individuals performing cell transplantation and therapy or providing support services for such procedures. They are developed by transplant experts under a joint FACT and JACIE project. The first edition was published in 1998.

Final release of the 5th edition was completed in March 2012.



Training & Events

Training

In 2012, 4 events were run on the initiative of national societies or individuals with JACIE support or directly by JACIE. A total of 109 participants received training either as inspectors or preparing their centre for accreditation.

Course Title	Dates
Training Courses & Workshops	<ul style="list-style-type: none"> • GETH, Málaga, 14-15 March (inspector course) • EBMT Congress, Geneva, 1 April (inspector workshop) • Barcelona, 4-5 October (inspector course) • Turin, 16-17 November (inspector course) • Turkish Society for Hematology, Antalya, Turkey 8 March (centre workshop)
JACIE Days/ Presence at Meetings	<ul style="list-style-type: none"> • European Society for Haemapheresis and Haemotherapy, Rotterdam, The Netherlands, 3 February • South African Lymphoma Study Group meeting, South Africa, October 2012 • 14e Congrès de la Société Française d'Hémaphérèse, Nimes, France, 22 November • Congress Saudi Society of Hematology, Riyadh, Saudi Arabia, 27-28 November
Onsite visits	<ul style="list-style-type: none"> • Bucharest, Rumania, May 2012 (pilot visit) • Cheltenham, UK, May 2012 (pilot visit)

EBMT Annual Meeting, Geneva, Switzerland, April 2012

At the 2012 EBMT Annual Meeting, the dedicated JACIE session filled the auditorium (capacity approx. 150).

The 4th Quality Management Meeting also featured as part of the congress programme and quality managers and other professionals took part in a variety of both interactive and more traditional lecture-style sessions. Topics included validation, if quality saves money, engaging physicians in quality and electronic document management systems.

Onsite visits

In April 2012 JACIE started to offer orientation visits to centres in the early phases of preparing for accreditation. Two pilot visits were completed in Romania and the United Kingdom with the first full visit taking place in Germany.

More information is available at www.jacie.org/applicants/orientation-visit.

Inspectors

There are still difficulties in finding sufficient available inspectors in some countries as demand for accreditation rises and as inspectors' time becomes more precious. JACIE have partly managed this by using inspectors from other countries and by trying to ensure that recently trained inspectors attend a real inspection as a trainee before undertaking a full inspection. However, new inspectors still need to be recruited to meet increasing demand for inspection and to cover natural wastage as current inspectors retire or step back from accreditation.

Three inspector training courses took place in 2012. The total number of inspectors now stands at over 288 trained inspectors although the number of available or active inspectors tends to be lower. The number per country is presented below.

Country	Total inspectors	Country	Total inspectors
Austria	6	Nigeria	1
Belgium	15	Norway	3
Croatia	1	Poland	4
Czech Republic	1	Portugal	1
Denmark	2	Saudi Arabia	4
Finland	5	Singapore	1
France	29	Spain	35
Germany	41	Sweden	8
Greece	7	Switzerland	10
Ireland	1	The Netherlands	21
Italy	40	Turkey	22
Macedonia	2	United Kingdom	28

Initiatives to facilitate the inspectors' tasks

- New expenses policy with travel agency service and *per diem* allowance
- Teambox – online platform to centralize information and communications related to inspection events
- Inspection Checklist –
 - Pre-filled 'Compliant' answers
 - Guidance from manual included in the Excel document
 - Not-applicable standards shaded out

Publications, Proceedings & Citations

- Caunday, O. *et al.* Implementation of JACIE accreditation results in the establishment of new indicators that unevenly monitor processes contributing to the delivery of hematopoietic SCT. *Bone Marrow Transplantation* 1–6 (2012).doi:10.1038/bmt.2012.181
- Crescimanno, A. Transposition of standard JACIE in the laboratory of manipulation. *Proceedings of SidEM-GITMO Symposium 75* (2012).doi:10.4081/dct.2012.1s.75
- Lazlo, D. Introduction of the JACIE standard in the PBPC collection facility. *Proceedings Of SidEM-GITMO Symposium* 89–90 (2012).doi:10.4081/dct.2012.1s.89
- JACIE Accreditation: Demonstrating quality in HSCT. *News from European Cancer Patient Coalition*, Issue 28, 2012
- Snowden, J., Orchard, K. & McGrath, E. JACIE: Past, Present and Future. *BSBMT News* 11–14 (2012)
- Chabannon, C. JACIE: standard de qualité pour les greffes. *La revue de l'IPC* 19 (2012)
- Caunday, O., Bultel, S., Decot, V., Bensoussan, D. & Stoltz, J.-F. French and European regulations for tissue and cell therapy. *Bio-medical materials and engineering* 22, 255–9 (2012).

JACIE updates also carried in the EBMT and ISCT newsletters and JACIE's own newsletter.

Communications



The JACIE web site is the main channel of communication with users. It was re-launched in January 2012 to take advantage of the functionality and low costs offered by the Google Apps package, implemented in the EBMT in 2011.

In 2012, it recorded 9,354 unique visitors with an average of 1,387 visits per month. After the home page, the Document Centre is the most visited part of the web site with 6,984 page views.

In 2012, JACIE introduced an online mailing list management system called Mailchimp (www.mailchimp.com). This replaced the Excel file previously used to manage mailings but which had to be updated manually, offered no facility to subscribers to update their data and provided no feedback on how subscribers reacted to news and other mailings.



The mailing list was populated with email addresses of centres, inspectors and anyone who had attended training courses or other events. A preliminary email was sent in March announcing the new system and offering the opportunity to unsubscribe from the list. The list now stands at 1144¹ subscriber email addresses in 60 countries. Since March 2012, 38 recipients unsubscribed, 71 subscribed (i.e. were not manually added by JACIE) and 101 addresses were cleaned.

9 newsletters were mailed during 2012 with an average open rate of 25%. This is above more typical rates for newsletters of around 20%² so we can be satisfied with the engagement of the subscribers although perhaps more than be done to increase the interest value of the contents of the newsletter.



YouTube and Vimeo accounts have been used to distribute video instructions to Teambox users.



JACIE also has a Twitter account @JACIE_EBMT since October 2012 which is used to complement the website and newsletter announcements and also to disseminate articles or papers of interest from the areas of quality management, cellular therapy and other areas.



Finally, a LinkedIn group for JACIE Inspectors was created.

¹ A person may be subscribed with more than one email address.

² For NGOs. Source: mailchimp.com/resources/research/email-marketing-benchmarks-by-industry/ consulted 13/12/2012.

Relations with other organisations

Competent authorities

The competent authorities are the agencies charged with implementing the terms of the European Union Tissue and Cell Directives.

In Italy, the Centro Nazionale de Trapianti (CNT) has coordinated inspections of Italian centres with JACIE through GITMO. 3 JACIE inspections took place in 2012 accompanied by CNT officials in Ancona, Vicenza and Rome (Ospedale S. Camillo).

On 5 October 2012, a submission on behalf of JACIE was made to the UK House of Lords Select Committee on Regenerative Medicine³.

In The Netherlands, JACIE continues its collaboration with Coördinatie Commissie ter bevordering van de Kwaliteitsbeheersing van het Laboratoriumonderzoek (CCKL)⁴, part of the Raad voor Accreditatie/Dutch Accreditation Council (RvA) which continues to act as the 'front-office' for JACIE in Holland. An agreement to this effect was signed in October 2011.

Regulations & JACIE

A number of countries cite JACIE accreditation among criteria for reimbursement of treatment costs to hospitals and authorisation to transplant. Below is a list of the relevant national regulations and guidelines.

Regulations

- **Belgium** JACIE accreditation will be a legal requirement for transplantation centers (doing autologous and/or allogeneic transplantations) in Belgium for reimbursement by the social security according to C-2012/22474 Arrêté royal modifiant l'article 20, § 1er, a), de l'annexe à l'arrêté royal du 14 septembre 1984 published 21-12-2012
- **France** Engagement with JACIE a requirement for allogeneic transplant centres according to Arrêté du 3 avril 2009 relatif au contenu du document d'évaluation des activités de greffes d'organes et de greffes de cellules hématopoïétiques
- **Italy** Decreto Legislativo 25 gennaio 2010, n.16 implementing the European Directives on Tissues and Cells cites a 2003 agreement recognising JACIE
- **Switzerland** Accreditation required to receive reimbursement from Social Insurance for treatments
- **The Netherlands** Accreditation required to receive authorisation to transplant from Ministry of Health

Guidelines

- **Belgium** Reference to JACIE standards in specific standards of the Superior Health Council "Standards de qualité pour les tissus et cellules reproducteurs / Kwaliteitsnormen voor reproductieve weefsels en cellen" 5 August 2009.
- **European Directorate for the Quality of Medicines & HealthCare** Guide to the Safety and quality assurance for the transplantation of organs, tissues and cells, 4th edition (2010)
- **Italy** Piano Oncologico Nazionale 2010-2012 cites JACIE accreditation
- **United Kingdom:**
 - JACIE cited in National Institute for Health and Clinical Excellence (NICE) guidelines Improving Outcomes in Haematological Cancers
 - The Future of Unrelated Donor Stem Cell Transplantation in the UK. A Report from the UK Stem Cell Strategic Forum (July 2010). NHSBT

³ <http://www.parliament.uk/business/committees/committees-a-z/lords-select/science-and-technology-committee/inquiries/parliament-2010/regenerative-medicine/>. Consulted 5/10/12

⁴ www.cckl.nl

- JACIE cited in Specialised Services National Definitions Set (3rd edition) SSND Definition No.2, Specialised Services for Blood and Marrow Transplantation (all ages)
- Certain health funding regions of the UK insist that all centres (allogeneic and autologous) must be JACIE accredited in order to receive reimbursement of treatment costs

Collaboration

- **Italy** Centro Nazionale de Trapianti (CNT) has coordinated inspections of Italian centres with JACIE through Gruppo Italiano per il Trapianto di Midollo Osseo (GITMO). CNT also recognises JACIE accreditation as a means for establishments to achieve regulatory authorisation.

Alliance for the Harmonisation of Cellular Therapy Accreditation (AHCTA)⁵

Membership of AHCTA includes:

- American Association of Blood Banks (AABB)
- American Society for Blood & Marrow Transplantation (ASBMT)
- European Federation for Immunogenetics (EFI)
- European Group for Blood & Marrow Transplantation (EBMT)
- Foundation for the Accreditation of Cellular Therapy (FACT)
- Joint Accreditation Committee ISCT-EBMT (JACIE)
- International NETCORD Foundation
- International Society for Cellular Therapy (ISCT) (Europe)
- World Marrow Donor Association (WMDA)

An AHCTA meeting took place at the EBMT meeting in Geneva in April 2012.

JACIE has contributed to the comparison of standards and the survey on training and competency measurement in apheresis units. The results of both projects will be available at www.ahcta.org.

Worldwide Network for Blood & Marrow Transplantation (WBMT)

JACIE is a voting society of the Worldwide Network for Blood & Marrow Transplantation (WBMT) and is represented by Jane Apperley and Christian Chabannon. The WBMT adopted AHCTA as its Accreditation Committee which is chaired by Kathy Loper, AABB.

FACT

See p. 12.

ISBT 128

ISBT 128 is the global standard for the identification, labelling, and information processing of human blood, cell, tissue, and organ products across international borders and disparate health care systems. The standard has been designed and perfected over a period of almost two decades to ensure the highest levels of accuracy, safety, and efficiency for the benefit of donors, patients, and health care professionals around the world. Ineke Slaper-Cortenbach continued in 2011 as member to the ISBT 128 International Cellular Therapy Coding and Labelling Advisory Group. Ineke Slaper-Cortenbach has been chair of this group since October 2008. Further information is available from <http://iccbba.org/subject-area/cellular-therapy>.

Circular of Information

John Snowden replaced Derwood Pamphilon as JACIE's contributor to the Circular of Information CT Task Force. The Circular of Information (Circular) for the Use of Cellular Therapy Products is intended to be an extension of the cellular product label. It has been prepared and endorsed by AABB, American Association of Tissue Banks, American Society for Apheresis, American Red Cross, Americas Blood Centers, American Society for Blood and Marrow Transplantation, College of American Pathologists,

⁵ www.ahcta.org



Foundation for the Accreditation of Cellular Therapy, ICCBBA, International Society for Cellular Therapy, and National Marrow Donor Program, Joint Accreditation Committee of ISCT and EBMT, and NETCORD. The US Food and Drug Administration and Health Resource and Services Administration provided liaisons to this group. As an extension of container labels, each processing/issuing facility has the option and is encouraged to provide more facility or product specific information in the space provided in the Circular.

More information at: www.aabb.org/resources/bct/pages/aabb_coi.aspx#ctp.

Board, Committees and Staff

Board

In 2012, Prof. Vladimir Koza (Pilsen, Czech Rep.) passed away after a long illness. Prof. Koza was an important ambassador for JACIE in his country and further afield and his sound advice and sense of humour will be missed.

Country representatives

- Austria: Nina Worel
- Belgium: Ivan Van Riet
- Czech Republic: *Vacant*
- Denmark: *Vacant*
- Estonia: Hele Everaus
- Finland: Tapani Ruutu
- France: Catherine Faucher
- Germany: Hellmut Ottinger
- Greece: Damianos Sotiropoulos
- Hungary: Marienn Reti
- Italy: Alessandro Rambaldi
- The Netherlands: Brigit Bar
- Norway: Gunnar Kvalheim
- Poland: Jerzy Holowiecki
- Slovakia: Mikulas Hrubisko
- Slovenia: Joze Pretner
- Spain: Christelle Ferra
- Sweden: Per Ljungman
- Switzerland: Jörg Halter
- Turkey: Osman Ilhan
- United Kingdom: Kim Orchard

Sectoral Representatives

- NETCORD: Cristina Navarette
- Nursing: Mairead Ni Chonghaile
- Paediatric: Jacqueline Cornish

Full contact details are available at www.jacie.org.

Executive Committee

President:	Alessandro Rambaldi (Bergamo, IT)
Past-President:	Christian Chabannon (Marseille, F)
EBMT representative:	Nina Worrel (Vienna, AT)
ISCT representatives:	Massimo Dominici (Modena, IT) Stefaan Mielke (Würzburg, DE)

Medical Director:	John Snowden
Accreditation Committee Chair:	Jörg Halter

Accreditation Committee

1. Christiane Vermeylen (Chair, Clinical paediatric), Brussels, Belgium
2. Rafael Duarte, (Clinical), Barcelona, Spain
3. Hellmut Ottinger, (Clinical), Essen, Germany
4. Justyna Kanold, (Clinical paediatric), Clermont Ferrand, France
5. Alessandro Rambaldi (Clinical), Bergamo, Italy
6. John Snowden, (Clinical), Sheffield, UK
7. Jörg Halter (Collection), Basel, Switzerland
8. Kristina Hölig (Collection), Dresden, Germany
9. Eric Braakman (Processing), Rotterdam, The Netherlands
10. Dominique Latinne (Processing), Brussels, Belgium
11. Maria Vittoria Gazzola (Processing), Padua, Italy

The committee meets monthly by teleconference to discuss inspection reports and issues requiring expert opinion and interpretation.

Inspection Report Assessors

Carole Charley and Ivana Ferraro, the two Inspection Report Assessors recruited in 2010 continue to bring their wide experience in transplantation and accreditation to their tasks of evaluating the inspection reports and presenting them to the Accreditation Committee.



Ivana Ferrero (Italy)



Carole Charley (UK)

Quality Management Committee

The Committee members are:

- Chair: Pierre Donot (Lyon, F)
- Secretary: Kirtash Patel (London, UK)
- Huynh Phoung (Brussels, B)
- Renza Monteleone (Reggio Calabria, IT)
- Nina Som (Bristol, UK)
- Bianca Wauben (Maastricht, NL)

All of the members are experienced quality managers working in accredited centres or towards accreditation. There is also a good geographical distribution ensuring a variety of experience.

Staff

Eoin McGrath
Executive Officer



Iris Bargalló
Accreditations Coordinator





Contact

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