

## DIALOGUE AND DISCUSSION

programs and practice, as well as the creation of guidelines defining a formal, statutory body to assume responsibility for the permanent oversight of advanced laboratory practice, certification, and recognition.”

PDTF and GTF prescience in planning foresaw the need for permanent oversight of all doctoral-level activities, i.e., leadership of the profession through direction in education, research, and practice.<sup>2</sup> The ASCLS transition committee is responsible for developing guidelines to establish the formal statutory body that will oversee these aspects of our advancing practice. The clinical laboratory, by every cost, revenue, and quality measure, is a huge force in healthcare and, ergo, the divisive elements struggling for control of that force are formidable. The mission before the CLS profession is to unify the direction of the industry by focusing on quality in the generation and utilization of laboratory information – and evaluating, documenting, and communicating the impact of education, licensure and certification, workforce, technology, and reimbursement in facilitating the attainment of these goals. With the understanding that DCLS development and practice will define the career ladder and practice for the entire profession, the academy will serve also as the venue for professional dialogue among industry partners

regarding coalescing of support and a unity that will move the profession forward.

Continue to monitor our professional literature and the ASCLS website ([www.ascls.org](http://www.ascls.org)) for progress updates on the structure, function, and membership of the academy and for the latest developments in implementation of the professional doctorate. Please post general comments to the ASCLS forums. (You can find the forums from the “About” link on the title bar of the ASCLS homepage). Your opinions, interest, and support are vital!

### REFERENCES

1. Leibach EK. The doctorate in clinical laboratory science: the keystone practitioner for the profession. *Clin Lab Sci* 2007;20(1):4-6.
2. Leibach EK. The doctorate in clinical laboratory science: a view of the strategy for continuity, growth, and realization of potential. *Clin Lab Sci* 2007;20(3):189-92.
3. Leibach EK. Assessment of academic and clinical resources available to universities interested in implementation of the doctorate in clinical laboratory science. MCG HAC Protocol #07-05-282, Approved 2007 May 14.
4. Leibach EK. The doctorate in clinical laboratory science: a view of the process of integration into health care. *Clin Lab Sci* 2007; 20(2):69-71.

## LETTER FROM THE EDITOR

### Transitions

SUSAN J LECLAIR

It is with great pleasure that I introduce the incoming editor-in-chief of *Clinical Laboratory Science*, David Fowler PhD CLS(NCA). Most of you already know David from his many and varied activities with ASCLS. A past president of ASCLS, David provided the creative thrust behind the doctorate in clinical laboratory science (DCLS) discussions and planning. Most recently he has served as editor for Research and Reports section. His term will begin with the January 2008 issue.

On a personal note, I wish to thank everyone with whom I worked for the past two terms as editor-in-chief. To work for an award-winning journal is an honored activity; to work with individuals who live the ideal of professionalism is a joy. Thank you all.

*Susan J Leclair PhD has served as editor-in-chief of Clinical Laboratory Science since 2000.*