

Presidential Report



At the BAETS AGM in Birmingham (41 members present) there were two issues discussed about which I would wish to seek the opinions from as many members as possible.

Definition of 'Active' Membership

The BAETS Executive has for a long time 'struggled' with the possible actions it should take towards those members who fail to contribute to the BAETS 'Audit' database, and / or fail to pay their annual subscription. Entry of details of each member's surgical activity and outcomes to the Registry has long been stated as a prerequisite for continued membership of the Association. An active member has:

- Access to the National Database
- Entitlement to vote in elections to the Executive Committee
- Possibility to stand for election to the Executive
- The opportunity to request support from BAETS for a National CEA

It was proposed to the AGM that to enjoy continued recognition as an 'active' Member, the individual should be required to:

- Be current on Membership Fees
- Attend one Annual Meeting in any three-year cycle
- Submit 30 cases a year to the National Audit

Discussion followed amongst the membership present. Two members thought that 30 cases a year was too high and that 20 would be more acceptable. This appeared to be rejected in discussion by most members as too low. Several members suggested 25 cases a year. A show of hands amongst the membership slightly favoured 30 Cases (20) over 25 cases (16).

It was suggested that members who do not contribute to the Database, or attend Annual Meetings as above be downgraded to 'Corresponding Members'.

Voting for Officers of the Association

The Executive has concerns over the current process of election of officers by a show of hands at the AGM. At the 2009 AGM only 39 members were present (from a Membership of 239) for the election of 4 positions onto the Executive.

I proposed a process whereby the Newsletter in June would detail which positions would become available on the Exec and ask for candidates to be send their names to the Secretary (proposed and seconded by two 'active' members). The names of the candidates with a short CV would be posted on the BAETS website.

The significant change to the election process would be as to how/when voting would take place. The options suggested included postal vote, website (secure) or, possibly via the Dendrite Portal. The voting process would take place before the AGM with the results of the elections announced at the AGM.

No consensus was reached. It was agreed to canvass member's views in a poll to be arranged.

I proposed that these 2 matters should go to a full vote of the current membership and this would be arranged by post. I ask for a strong response from you all!!!

On a lighter note – several members have approached me to ask whether or not there is a BAETS membership certificate available – please let me know if this is of interest to you and we can take it forward

I wish you a successful 2011 and hope to see you in Poitiers in September

Barney Harrison
President BAETS

Assessment Of Vocal Cord Function Pre & Post Operatively



The Audit Symposium at the BAETS Annual Meeting included a presentation by Mr Fausto Palazzo on routine pre and post-op assessment of vocal cord function after thyroid and parathyroid

surgery. The evidence to support routine laryngoscopy has been summarised and can be found on the BAETS website by following the link: (http://www.baets.org.uk/Pages/consensus_statement.php).

Following the presentation there was an 'active' discussion. The majority of attendees were in favour of routine laryngoscopy routinely before and after surgery. On that basis the *"The BAETS supports the recommendation that all patients undergoing thyroid and parathyroid surgery should have both pre and post-operative vocal cord assessment."*

GMC Subspecialty Application

Within the specialty of General Surgery, despite the option for trainees to apply for examination in sub-specialist sections of the final FRCS examination, legal recognition of a consultant's specialist status on the medical register is defined as General Surgery. In the last 18 months, with the aid of the SAC, much has been done behind the scenes to prepare the application for sub-specialty recognition of Endocrine Surgery by the GMC. In October 2010, representatives of the sub-specialty associations within General Surgery (Upper GI, Coloproctology, Breast, Transplantation and Endocrine) supported by members of SAC and JCST met individually with the specialist sub-committee of the GMC to put the case for sub-specialty recognition of each specialism within General Surgery.

All sub-specialties received provisional approval to proceed to the next level. We provided the GMC with a draft Endocrine Surgery Syllabus and Curriculum in December and have been invited back to the GMC in the last week of January to present our proposals.

These changes will allow trainees to focus their last years of surgical training in accredited sub-specialty training units, and better ensure that a would-be employer can be certain of the validity and ability of a candidate employee.

The BAETS would like to thank Bill Allum (Chair of the General Surgery SAC) and Mark Lansdown (BAETS Leeds) for their recent significant input and continued support with this application to the GMC.

Cancer Reform Strategy

BAETS contributed to the Department of Health 'Vision Document' for Head & Neck and Thyroid Cancers 2015. The document, currently in final draft with the DOH, does not represent government policy but provides useful insight into how head, neck & thyroid cancer services might develop over the next 5 years with regard to:

- Service configuration for patients with rare/familial endocrine surgical disease
- Improvement in GP referral Guidelines
- Diagnostics
- Provision of lymph node surgery for patients with DTC
- Clinical Nurse Specialists
- Risk stratification and 'appropriate' treatment for patients with DTC

The document, when available, will be uploaded onto the BAETS website and may provide support for those members who require objective 'support' when faced with issues related to local reconfiguration / provision of services.

Provision of Endocrine Surgical Services

At the request of the Association of Surgeons of Great Britain & Ireland, BAETS produced a document entitled '**Provision of Endocrine Surgical Services**' that describes a framework for the future provision of endocrine surgical services in the United Kingdom. It is anticipated that the document will be 'released' by ASGBI in conjunction with those of the other surgical subspecialties and we will upload it onto the BAETS website thereafter. The document conclusions include the statement –

'All patients should have access to high quality specialist endocrine surgical care. The BAETS believes that the current provision for thyroid, parathyroid and adrenal surgery in the UK is sub-optimal and can be improved. Despite evidence linking better outcomes with higher volume surgery, in the absence of change, the future direction of endocrine surgery in the UK will be for multiple, low volume surgeons / hospitals to continue to perform thyroid / parathyroid and adrenal surgery.'

BAETS Annual Meeting 2010



A very successful Annual Meeting was held in Birmingham organised by John Watkinson. The winner of the British Journal of Surgery Prize for the best oral presentation was Ms Mahsa Javid (Oxford) for

a talk entitled "MEN1 gene therapy using a modified adenovirus, demonstrates reduced proliferation rates in murine MEN Type1 pituitary tumours"

Delegate feedback forms results:

How do you rate the relevance of this meeting to your educational needs?

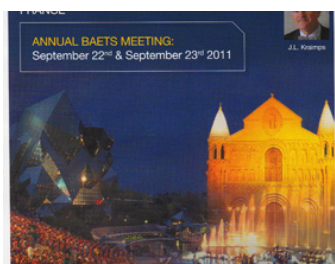
Nothing Relevant	Little of Relevance	Fairly Relevant	Mostly of Relevance	Highly relevant
0	1	4	16	10

How do you rate the overall quality of the education offered by this meeting?

Mediocre	Satisfactory	Good	Excellent
0	5	19	7

How do you rate the effectiveness of the meeting for CPD purposes?

Partly effective	Quite effective	Definitely effective	Very effective
2	7	16	4



Annual Meeting 2011

Poitiers, France.
21st (optional)
22nd & 23rd September

www.baets.org.uk/Pages/2011_meeting.php

Provisional Timetable

Wednesday 21st September: 4pm

Laryngoscopy Course – optional (places for 25-30 delegates)

ENT- UK and BAETS recognition applied for

Thursday 22nd September: 08.30 - 18.00

Friday 23rd September: 09.00 - 12.45

British Journal of Surgery Lecture

"Indications and extent of lymphadenectomy in well differentiated thyroid cancer".

Dr Geoffrey Thompson, Mayo Clinic, Rochester, USA

Symposium: Familial Endocrine Disease Parathyroid:

Antonio Sitges-Serra, Barcelona.

Prophylactic thyroidectomy in MEN 2:

Bruno Carnaille, Lille

Pheochromocytoma:

Geoff Thompson, Rochester, USA

Pancreas:

Frederic Triponez, Geneva

Free Papers / AGM / BAETS Dinner
Audit Update / BAETS Consensus 2011

BAETS Research Activity

A new page has been added to the BAETS website reporting on research activity within our organisation.

To date, only a single member has contacted me with additions/correction, so all other colleagues are warmly invited to scrutinise the information provided on the webpage and send me any up-to-date information regarding their own contributions. In the long term it will be of great interest to monitor how many of the oral presentations at BAETS meetings get published in peer-reviewed journals. Yet another reason for all members to submit their own data on due course!

Four applications have been submitted for the 2010 BAETS Research Grant. Proposals were made from Cambridge, Oxford, Newcastle and Sheffield. The submissions were anonymised and forwarded for blind assessment by two academic endocrinologists. The final decision is due in January 2011.

The recent wave of bad weather forced the cancellation of a due meeting organised to discuss a possible multicentre study regarding the use of radioactive iodine ablation in low risk thyroid cancers. Once more progress will be made with agreeing a protocol and obtaining ethics approval, the information will be circulated to all members who will want to participate to the [IoN study](#)

Radu Mihai

Audit

Richard Wight, Director of the DAHNO audit presented the experience of DAHNO in establishing a national database of head and neck cancer treatment. Currently, thyroid cancer is excluded from the DAHNO dataset, and it is anticipated that the BAETS should become involved in establishing a national audit of thyroid cancer treatment along similar lines (beyond the short-term surgical morbidity issues currently measured in our audit). Further discussions are planned, with updates to follow in future newsletters.

The 'new' data fields are now in place. The most important changes are:

- Definitions of post-op hypocalcaemia and requirement for calcium/vitamin D supplements at follow-up.
- Fields for assessment of post-op vocal cord function.
- A move to TNM version 7 for thyroid cancer. The system has been set up to calculate the overall TNM stage (1-4) automatically, and pop-up boxes with relevant definitions of the individual T, N and M elements should aid in entering the data.

The tedious, slow speed of data entry has caused much irritation to those of us who enter clinical data to the BAETS data registry. The system has now migrated to a new server in the NHS Net network (N3) that can be accessed via the Internet link off the BAETS Web Site or NHS Net, this has led to a marked improvement in operation speed and functionality.

At the AGM a suggestion was also made to set up a facility for entry of data in 'blocks' of patients on one's local computer, with subsequent mass upload to the Dendrite system. This might save further time currently spent transferring information between each page of the database. Following discussion with Dendrite it is envisaged that this will indeed be introduced in the near future, once the relevant new software is developed.

A funnel plot facility has been added to the menu page, to allow members to produce for themselves a funnel plot of data on '*late hypocalcaemia rates*' over various time intervals, with their own position highlighted.

Methods for improved feedback to members of their results were discussed further at the annual meeting. Plans are in place to provide members with an annual report of their results, mostly in the form of funnel plots with individuals' results

highlighted as above. I hope to be able to produce the first such reports in August 2011, in addition to the full National Report later in the year.

In accordance with the previous consensus on 'de-anonymisation', the BAETS website will also now publish the total number of endocrine cases entered by each member with an operation date of 1st November 2010 onwards. This information will be in the public domain.

Finally, I would very much value (constructive!) feedback on the audit and suggestions for future developments that members would like to see introduced. Contact me via the BAETS website or direct at:

David.Chadwick@chesterfieldroyal.nhs.uk.

David Chadwick

European Endocrine Surgical Registry

The Working group for the proposed European Registry met on 21 November 2010 to further discuss the application for EU funding. David Scott-Coombes is the secretary of the Working Group and represents BAETS (registered as a collaborative partner).

The application will concentrate on the need for:

A registry of rare diseases:

- Differentiated thyroid cancer (regarded as 'rare')
- Exceptionally rare thyroid cancer
 - Medullary
 - Anaplastic
 - Lymphoma
- Hereditary endocrine disease (MEN I, MEN II, SDHD, NF1, jaw-tumour HPT, VHL etc)
- Parathyroid cancer
- Functioning adrenal tumours

Database for evaluation of health technologies

- Diagnostic processes
- Imaging studies (parathyroid, thyroid, PET in adrenal)
- Cytology for thyroid
- Organisation of the patient pathway
- Surgical Strategy and new equipment
- Techniques
- Health economics

FUTURE MEETINGS 2011

BAETS Thyroid & Parathyroid Masterclass
7th March

Royal College of Surgeons in London

www.baets.org.uk/Pages/masterclass.php

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ESES

Update in Endocrine Surgery –

Malignant Adrenal Tumours

May 12th -14th

www.esesworkshop2011.com

International Multidisciplinary Thyroid & Parathyroid Meeting

London

June 16th & 17th, 2011.

www.baets.org.uk/Pages/Thyroid%20Meeting%202011.pdf

International Association of Endocrine Surgeons

Yokohama, Japan

August 28th – September 1st

www.isw2011.org