

Presidential Report



The last six months have not been easy. The worst of the economic downturn is not over and we all continue to be challenged with regards to resource and budget restriction, and side by side there remains a national crisis in medical professional confidence, highlighted most recently by the Francis Report. This continues to pressure us all but in particular Health Service managers, politicians and the ever increasing industry of regulators and commissioners.

Despite all this, we can look on our cups being either half full or half empty in the world of endocrine surgery. I remain optimistic and feel that the last six months have been particularly successful for our Society.

We have seen the publication of our fourth National Audit Report (thanks go to David Chadwick and Dendrite). We had an excellent meeting in Cardiff in October 2012, ably organised by David Scott-Coombes and Michael Stetchman who brought together endocrine specialists from a variety of backgrounds. The important outcomes from the meeting will be restructuring of the Exec, funding research posts to look at our BAETS National Database and pledging funding to the Royal College of Surgeons of England for a surgical specialty lead in endocrine surgery (details enclosed). I am also grateful to David Chadwick for outlining ground rules (details enclosed) with regard to analysis and ownership of the BAETS database. Once the new Exec is in place, I will be keen to address aspects of endocrine surgical training together with looking at

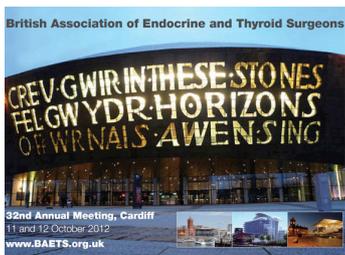
the formation of training fellowships to allow cross-specialty fertilisation.

I wish you all a Happy Festive Season and look forward to welcoming you to our Masterclass on 18 March 2013 at the College, and if not, I will see you at what promises to be an exciting Joint Meeting in Rome next October. I hope as many of you that are able will make that trip, and details for abstract submission will follow in due course

Best wishes.

John C Watkinson

President BAETS



MEETING 2012

Held at the Wales Millennium Centre, 81 consultants and 41 trainees attended the meeting. Greg

Randolph from Boston gave the BJS lecture on the future of neuro-monitoring in thyroid surgery. The local symposium on 'how I do it' comprised of five video presentations, chaired by Professor Tom Lennard and the informal feedback was very positive.

Neil Sharma won the BJS Trainee prize and Johnathan Helbrow won the Poster prize. A hearty meal was enjoyed by 104 members and guests at St David's hotel!

David Scott Coombes

EXECUTIVE BUSINESS



Nominations for The Executive

At the 2012 AGM held in Cardiff it was agreed and voted by the

membership to change the structure of the Executive. The new Executive will be :-

President (2 years)

President Elect (1 year)

Past President (1 year)

Secretary (4 years - re-electable for 4 more years)

Treasurer (3 years -re-electable for 2 more years)

Director of Audit (3 years re-electable for 2 more years)

Ordinary Member from DGH (2 years, re-electable for 2 more years)

Ordinary Member (2 years re-electable 2 more years)

Ordinary Member (2 years re-electable 2 more years)

The President will still be able to co-opt 2 members onto the Exec for a period of 1 year. This traditionally has been the host of the next BAETS

Annual Meeting (currently Professor Lombardi, Rome). Mr Jeremy Davis (ENT Consultant, Medway) currently sits as a co-opted member.

Voting will be by postal ballot. Only full BAETS members will be issued with voting papers.

Please could you therefore forward to me at secretary@baets.org.uk nominations for the following positions:

Positions To Be Proposed

Secretary (*Greg Sadler to stand down position to be interviewed*)

Treasurer

Director of Audit (*David Chadwick seeking re-election for 2 more years*)

Ordinary Member for DGH's

Ordinary Member (*Chas Ubhi, Richard Bliss, Johnathan Hubbard still eligible to stand*)

Please be aware that only Full Members are eligible for Exec positions. Please ensure that you have discussed the Member's willingness and importantly their eligibility before nominating. *We would expect Exec Members to be fully active in the audit and regularly have attended National Meetings.*

The position of Secretary will be formally interviewed from eligible nominees by a panel consisting of President, President Elect and Past President.

Closing Date for Nominations Friday 14th December.

Ballot papers will follow shortly after and the new Executive will meet Sunday 17th March 2013 at the Royal College.

IMPORTANT DEVELOPMENT

National Cancer Action Team Meeting.

In March 2012, a joint meeting with the National Cancer Action Team (National Cancer Programme), ASGBI, BAETS, ENT-UK and the Greater Manchester Cancer Network took place in London. This meeting was at the request of the Chief Executive Greater Manchester to clarify eligibility of surgeons to undertake thyroid cancer procedures and lymph node dissection following an External National Cancer Peer Review of GM MDT.

The outcome of the meeting resulted in the following recommendations to be cascaded down by the NHS Cancer Action Team:

- All surgeons undertaking thyroid procedures for known or strongly suspected cancers should be core team members of a Head and Neck and or Thyroid MDT
- All surgeons should undertake a minimum of 20 Thyroid procedures a year in order to have sufficient experience to assure patient safety
- All MDTs discussing thyroid patients should complete an audit to confirm the number of procedures under taken by each surgeon.
- All thyroid cancer surgeons should attend the MDT for 67% of the planned meeting.
- Under NICE guidance (2004) it is also mandatory that any surgeon operating on nodal thyroid malignancy (level 1-6) should be nominated by the MDT and the cancer network.

Greg Sadler

secretary@baets.org.uk



AUDIT

Fourth Audit Report

The Fourth Report of the Audit is finally published and many of the important findings were presented at the audit session of the annual meeting in Cardiff. A free pdf version is available for down-loading from the BAETS website and hard-bound copies can be requested directly from David Chadwick for those members who were unable to attend the meeting.

At the Cardiff meeting, the issue of data quality within the audit and methods to improve this (also highlighted in the national report) were discussed. There was considerable support expressed then and since for some changes to be made to the web-based data entry system, to facilitate this improvement. The main areas of concern were:

1. Duplicate Entries.

These are cases which seem to have been entered more than once, based on their having identical date of birth, gender, endocrine case type and date of surgery.

Since raising this issue last year, it has become clear that the majority of these are accounted for by 'dual operating' ie. two members co-operating on a case and registering their involvement separately. It has been recognised that such dual operating may in itself be something to encourage (mentoring of colleagues, in-reach operating for cancer work etc), but leads to difficulties in analysis, particularly in production of accurate funnel plots for incidence of complications. It is therefore proposed to devise a system by which members can continue to register their individual contribution to a case, but ensure that the case is prospectively and confidently identified as a duplicate, so that the outcome is effectively only logged once.

2. Missing Data.

This refers to cases for which important data fields are left blank, leading to difficulties in ascertaining the extent of surgery and primary outcomes. It is recognised that considerable effort on behalf of members is required to maintain an up-to-date record for all patients, but there are significant

numbers of cases within the database where so little data has been entered that it is not possible to ascertain even what procedure has been performed.

3. Linkage of sequential procedures on the same patient.

The design of the database has not so far allowed individual patients to be followed longitudinally, if sequential operations are performed (e.g. completion thyroidectomy following lobectomy). This has led to difficulties in ascertaining for instance the final extent of thyroidectomy for cancer, and to some dilemmas in completing certain fields for the second procedure.

4. Definitions of some end-points.

Data quality is poor for those fields relating to vocal cord assessment and its outcome. There is no time limit for definition of 'permanent' or late cord palsy, and the database currently cannot record bilateral cord palsy.

I have been in discussion with Dendrite as to how we may address these issues, and we are examining potential modifications of the database which may provide solutions. I shall update members once we have a suitable strategy, but one suggestion to reduce the level of missing data was to make more of the data fields mandatory i.e. prevent cases being accepted until certain fields are entered. There was considerable support at the Cardiff meeting for this approach, but I would appreciate any feedback on this suggestion from the wider membership.

Use of the Audit Data

Another issue raised at the Cardiff meeting concerned possible use of the audit data for separate research projects. During and since the meeting, a number of members have proposed various projects related to the Audit, with requests for data, potentially for further presentations or publications. This has raised the issue of 'ownership' and appropriate distribution of the data. Therefore, following discussion at the AGM, and since amongst the Executive, it is proposed that the following 'ground rules' apply to data requests:

Ground Rules for Data Request

Where there is a request for short analyses e.g. to supplement existing presentations or papers, summary data can be provided (as in fact occurs at present) at the discretion of the Audit Lead, essentially at a '*personal communication*' level. Appropriate, brief recognition that these data arise from the Audit should be made in any presented work.

Where members wish to undertake projects where the audit data form a substantive part/whole of the proposed work, a formal, written approach should be made, via the Audit Lead, detailing the scope of the proposed work and any planned presentations/papers. Such requests will be considered by the Executive, and, if approved, the Audit Lead will be responsible for data analysis, in order to avoid distribution of the 'raw' data, and to maintain data confidentiality. The Audit Lead should be a named co-author of any published work, and the origin of the data appropriately recognised in the work e.g. by incorporating 'BAETS' in the title, and with the BAETS membership acknowledged as contributors of data (a link to the website's de-anonymised list has been a valuable suggestion).

I trust that members will feel that this is an appropriate means to both encourage the increasing enthusiasm amongst the membership for greater involvement in the audit and to allow for proper recognition of the joint ownership of this valuable dataset.

NCIN Thyroid Cancer Group.

Many of you will be aware of the National Cancer Intelligence Network (NCIN), which is charged with improving the collection of information on all cancers across England. To this end, the NCIN is currently developing the Cancer Outcomes and Services Dataset (COSD), completion of which will be a mandatory requirement for NHS Trusts in England, and by which it is planned that there will be an increased flow of useful information on cancer treatment and outcomes, via the Cancer Registries. The Head and Neck Site-specific Group of the NCIN have recognised the need for separate information streams for thyroid cancer, and have therefore established a Thyroid Sub-group, whose

remit is to advise on those measures of process and outcome which are considered important in thyroid cancer care.

This Thyroid Sub-group was formally established in March 2012, and has representation from BAETS (myself, currently chairing the group), ENT-UK, Oncology, Radiology, Clinical Nurse Specialists, Endocrinology, and patient groups, amongst others. The group has met on three occasions and has attempted to identify outcome measures which may be useful to analyse in thyroid cancer care. The principal areas of interest currently under consideration are:

Pre-operative investigations, particularly FNAC
Surgery: particularly extent of thyroidectomy, extent of nodal dissection, institution/surgeon
The role of the MDT
Pathology reporting standards, particularly recording of TNM and R status
Survival and recurrence rates
CNS support

The group's efforts are continuing, and I will update the membership with future developments, but in the meantime, I am happy to hear members' suggestions as to end-points they would like to see included in this process.

David Chadwick
David.Chadwick@chesterfieldroyal.nhs.uk.

RESEARCH

Surgical Speciality Leads

In 2012 the Royal College of Surgeons announced an initiative to fund 6 surgical speciality leads. Successful applicants would be awarded £12,000 per year for 3 years to initiate and set up national trials in their speciality. The funding for these positions was to come from the surgical specialist societies and charities.

At the annual meeting it was voted by the membership to pledge £15,000 per year for 3 years to the Royal College in support of a Specialist Lead for the BAETS. John Watkinson agreed to look for possible charitable support for this.

The BAETS therefore now seeks applications for this position.

Please could you forward a full CV and a letter of interest to secretary@baets.org.uk

Closing Date For Applications Friday 21st December 2012

Application for MD Post

Funding currently exists for an MD Thesis, utilizing the data in the BAETS National Database. This would be a 1-2 year funded position suitable for a junior trainee in surgery in the UK with a specific interest in Endocrine/Thyroid Surgery.

Please could you inform current juniors of the availability of this post. Candidates can contact me directly via secretary@baets.org.uk

Deadline for applications Friday 21st December 2012

2012 BJS Prize Winner



Mr Neil Sharma (Birmingham) won the prize for his presentation entitled:

The proto-oncogene PBF binds cortactin in thyroid cells: Implications for thyroid cancer treatment

2012 BAETS Poster Prize Winner

Mr Johnathan Helbrow (Gloucester) won the BAETS Poster prize for his poster entitled:

Are Intra-operative Parathormone Levels (IO-PTH) Necessary For Minimally-Invasive Parathyroidectomy (MIP): A Retrospective Cohort Study

DATES OF FUTURE MEETINGS

Annual Meeting 2013

Rome, Italy
10th & 11th October 2013

Future Annual Meetings

Liverpool (2014)
Reading (2015)

BAETS Masterclass 2013

Date for Masterclass is Monday 18th March 2013.
Royal College England. Access registration via:
[http://www.rcseng.ac.uk/courses/course-search/
thyroid-and-parathyroid-masterclass](http://www.rcseng.ac.uk/courses/course-search/thyroid-and-parathyroid-masterclass)

IMPORTANT NOTE:

Please ensure we have your correct e mail
address and corresponding address if you want to
vote!! Bhavnita@asgbi.org.uk

Best wishes

Greg Sadler