



President: Mr David Scott-Coombes
University Hospital of Wales
Cardiff

Secretary: Mr Ashu Gandhi
University Hospital of South
Manchester

Spring Newsletter

President's Report

Hopefully the arrival of British Summer Time will herald a brighter time in the NHS! The election is likely to force Health into the headlines. David Chadwick and I attended a meeting hosted by Sir Bruce Keogh about consultant outcome publications and the clear message is that it is here to stay and will be expanded to capture more activity - including general physicians. We have much to do in terms of data validation, but BAETS is ahead of the curve compared with other disciplines.

Please note that we are hosting an Adrenal Masterclass at the start of the ASGBI meeting - do register (<http://www.asgbi.org/manchester2015/> and click on 'courses'). The recent Thyroid and parathyroid Masterclass at the London College was well attended and very well received.

On your behalf, I thank the ongoing hard work of the members of the executive committee. We have recently held a strategy meeting for our organization and will feedback when we gather in Reading for the annual meeting.

Mr David Scott-Coombes

President, BAETS

Secretary's Report

35th BAETS Annual Scientific Conference

This years annual conference is to be held in Henley-on-Thames on 8 and 9 October. Details of registration and accommodation options can be found on the BAETS website.

Abstracts are invited for the conference. In recent years we have received increasing numbers of high quality abstracts and the BAETS council is grateful to its membership for the ongoing research interest and enthusiasm which makes the annual conference an enjoyable and educational event.

We are pleased to confirm that this years abstracts which are accepted for oral presentation at the scientific meeting will also be published in the European Journal of Surgical Oncology. These publications are citable.

Abstracts must conform to the following outline. Abstract sections may not be substituted with different terminology:

- Title
- Authors with job title and institutions. Presenting Author to be underlined
- Introduction
- Methods
- Results

- Conclusion
- The abstract body (including the introduction, methods, results and conclusion) is limited to 300 words.
- Size 11 Arial font, 1.5 spacing
- References, tables, figures or any other graphics are not permitted.

Abstracts will only be accepted by email as a Microsoft Word document sent to secretary@baets.org.uk

Deadline for submission of abstracts is strictly 5pm on 19 June 2015.

Position of BAETS Treasurer

Jeremy Davis will complete his 3 years tenure as Treasurer for BAETS in October this year.

Nominations are invited for this crucial post within the BAETS executive and should be sent to secretary@baets.org.uk by July 1st 2015.

In the event of multiple nominations (e.g. Jeremy Davis is permitted to apply for re-election) each candidate will submit a personal statement to be circulated amongst the membership. There will then follow an election in which all members who qualify for voting rights will be able to vote for their favoured candidate. There is a simple first past the post system.

Details regarding the BAETS election of officers can be found in section 8 of the constitution which itself is available on the BAETS website.

BAETS Webinar Series

The Webinar series, run in conjunction with the RCSEd, has run 6 webinars with a total of 250 attendees. We are currently updating the BAETS website and in the near future these webinars will be archived on the website and will be accessed by membership login. This suite of webinars will be invaluable to any trainee approaching Fellowship examinations, and in addition useful CPD update for established consultants - each webinar is 1 CPD point approved by the RCSEd; future webinars include:

Surgical Approach to Patients Diagnosed with Differentiated Thyroid Cancer

Date: Thursday 16 April 2015

Time: 20:00 BST

Speaker: Barney Harrison

Approach to Patients with Adrenal Incidentaloma

Date: Wednesday 6 May 2015

Time: 20:00 BST

Speaker: Thomas Lennard

Details on how to log on to each webinar will be emailed to all members close to the time of the webinar itself but are also available on www.rcsed.ac.uk/education/educational-resources/webinars.aspx

We are reviewing the types of courses that we can offer, particularly to core and junior speciality trainees to attract individuals into endocrine surgery. In addition we are considering support and endorsement of other thyroid / endocrine courses. More of this will be discussed at the Annual Meeting in October.

Ashu Gandhi

Secretary, BAETS

Education Report

2015 Thyroid and Parathyroid Masterclass

The Masterclass went successfully on the 9th March - there were 38 participants with the faculty covering all major aspects of thyroid and parathyroid surgery. The very positive feedback from the delegates was just reward for the level of talks from the faculty. Plans are already underway for the 2016 Masterclass with further faculty recruitment. In order that adrenal surgery is not left out, there is an Adrenal Masterclass, with an comprehensive program, run by BAETS at this years ASGBI meeting in Manchester on Tuesday 21st April - details have been circulated already as regards this by ASGBI to all BAETS members. Should you require more details please contact francisca@asgbi.org.uk

BAETS / Ethicon Educational Program

12 trainees were selected in January to be part of the Ethicon Educational Program in conjunction with BAETS; the standard of applicants was particularly high and bodes well for the future of endocrine surgery; the successful trainees attended the Masterclass in March and in addition will attend the Ethicon Thyroid workshop in Hamburg. We hope that this collaboration with Ethicon in helping support training in endocrine surgery will continue.

David Smith

BAETS Education Lead

Research News

The Royal College of Surgeons has circulated a recent publication describing the methodology of surveying members of the Association of Coloproctology of Great Britain and Ireland (ACPGBI) with the aim of identifying important clinical questions and reaching a consensus on prioritizing clinical research questions in colorectal disease. A total of over 1100 members of ACPGBI were invited and up to 25% got involved. It is expected that this process will be replicated in other sub-specialties in order to demonstrate to potential funding bodies which topics are deemed relevant by the professional peers.

In the first round of this process you are invited to propose any clinical question that you consider important to be addressed in a clinical trial. The questions/proposals should cover any area of thyroid - parathyroid - adrenal - pancreatic surgery. The questions can investigate issues related to benign or malignant disease, surgical technique, pre- and postoperative management and clinical governance.

Your replies should be returned using the following link <https://www.surveymonkey.com/s/7DK5YFC>

I have already extended this invitation to member of ENT-UK who perform thyroid surgery and to several associations/groups (AMEND, Butterfly, HypoPara, BTF) and I am in the process of involving

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the Society for Endocrinology

While replies are being received, a Steering Group of 7 people will be created with the aim of analyzing/organizing/classifying each proposal into themes and circulating them into the second round for assessment of priority or interest by each member. Those of you who would like to be involved in this process should contact me directly.

It is expected that in mid April/May we should compile a list of all proposals submitted. In the second round of this process the questions will be sent to all of you for comments/rating so your engagement is invaluable to make this a successful initiative.

Please share this message with your trainees, patients and their representatives, trials units and allied specialties so that we can reach a wide spectrum of views.

Thank you for your support.

Looking forward to your replies.

Radu Mihai

BAETS Executive

BAETS Audit Update

Version 3 of the database (now titled the 'UK Registry of Endocrine and Thyroid Surgery') was launched in October, and appears to be functioning very well. I hope that members find the system easy to use, and that features such as the wider range of 'live' funnel plots are useful. Please let me know if you are encountering any problems, or have any suggestions for future improvements.

The release of data for the national Consultant Outcomes Publication (COP) process was finally undertaken in November 2014, with much lower interest in the national media compared to 2013 (probably a blessing). The simultaneous publication of our mortality data on the NHS Choices website was marred by various technical issues, requiring revision of the NHS Choices webpages to ensure accurate correlation with our own publication, but I believe that this issue is now resolved.

Following the national release of consultant outcome data in 2014, NHS England and HQIP hosted a meeting with audit providers in February 2015, to appraise the last two years' progress and plot future developments. It was clear from this meeting that the COP process remains high on the political agenda, with a firm commitment to continue, and indeed expand upon, the current initiative; in particular to involve new audits and for existing audits to expand upon the range of outcomes published. This is in accord with the BAETS' own stance on open publication of outcomes, expressed over the last few years at the annual meetings and AGM. In the audit session at the last meeting in Liverpool, in particular, there seemed to be continued enthusiasm from the membership to increase the range of published outcomes, especially to include measures of recurrent laryngeal nerve injury after thyroidectomy, and to consider publication of outcomes for parathyroid +/- adrenal surgery.

In preparation for this year's round of COP, I therefore plan to examine the feasibility of including data on permanent RLN injury (allowing for differing rates of post-op laryngeal examination), and outcomes for parathyroid surgery, inclusion of which is also dependent upon approval of appropriate funding. I shall keep the membership updated as discussions progress, but in the meantime we hope to update our existing outcomes website in October 2015. It is likely that the 'study group' will include all cases included in COP2014, plus an additional 12 months forward data (therefore including all cases

operated between July 2010 and June 2014). This means that, for members who had complete data for COP2014, the extra work to update entries can be concentrated (at least for thyroidectomy) on the cases for the 12 months to June 2014.

The deadline for data entry is yet to be finalised, but I hope to make it as late as possible, providing more time for members to update their cases (and at least a year from date of surgery to deadline for COP entry). In any case, it would be advisable for members to do this by late July. Particular issues to cross-check include:

Inadvertent entry of mortality. Members may recall that this was a problem in the last two rounds of COP, as it is easy accidentally to click the wrong box when recording survival at discharge from hospital. The new system has an in-built mechanism to screen for this, but this will not apply to cases entered prior to October 2015.

Completeness of data for the primary outcome variables: re-exploration for bleeding, date of discharge, related re-admission, use of calcium/Vit D supplements at 6 months, and final outcome of any laryngoscopy/vocal cord palsy.

The accuracy of COP data was also a topic discussed at the NHS England/HQIP meeting. It was clearly considered and agreed that the responsibility for ensuring that an individual surgeon's data were complete and accurate rests with that surgeon (which fits well with the design and operation of our audit), but that audit providers should develop methods for external validation of the submitted data. There remains, therefore, a pressing need for development of such a method for our audit, and discussions are underway as to how this may best be achieved.

More to follow as things progress through the year.

David Chadwick

BAETS Audit Lead