

**Minutes of the 2015 Annual General Meeting of the
British Association of Endocrine & Thyroid Surgeons
Phyllis Court Hotel
Henley on Thames**

8 October 2015

1 Apologies

No apologies received.

All 9 members of the Executive were present.

2 Minutes of the AGM, Liverpool, 2014

The minutes from the Liverpool meeting were agreed as written.

3 President's Report – Mr D Scott-Coombes

3.1 The President relayed the position of BAETS with regards to the requirement to be a BAETS member to be permitted access to UKRETS. He explained that participation in open publication of consultant outcomes in a range of surgical disciplines was mandated by NHS England and Bruce Keogh, Medical Director. HQIP intend to widen the number of specialties expected to participate in named consultant outcomes. Consequently they have no plans to increase funding of currently published databases such as UKRETS. Therefore the costs of running UKRETS have to be born by BAETS.

3.2 With regard to the above discussion the President went on to explain that the 3 cornerstones of ongoing membership of BAETS were very clear and we would be required to police these more carefully in future. These are clearly displayed within the constitution on the BAETS website but in summary were (i) attendance at one annual meeting per 3 year cycle (ii) regular payment of the annual subscription fee (iii) regular contributions to UKRETS

3.3 The President recognised that, on occasions, potential new members have struggled to name two current members to second their application to join BAETS. Consequently, the executive have decided to remove this requirement for membership. As this is a constitutional change, the members present at the AGM would be able to vote in favour or against this change.

There was discussion whether there should be any proof of specialism on joining BAETS eg the potential members Medical Director confirming that the applicant has a thyroid or endocrine practice.

It was also important to realise that membership of BAETS was not an endorsement of the quality of the surgeon.

4 Treasurer's Report – Mr J Davis

4.1 The Treasurer gave a summary of the Associations finances to the members attending including details of income and expenditure. The financial standing of the association is stable.

4.2 As it currently stands, BAETS is not on the official HMRC list for which subscriptions are tax deductible. The BAETS office is actively pursuing this and has finally managed to locate the correct person within HMRC to negotiate with. This line of enquiry will be developed.

4.3 BAETS had previously taken on a significant expenditure stream with annual support for the Royal College of Surgeons Surgical Trials Initiative for 3 years. Some of this cost had been offset by grants from the Get A-Head charity. The 3 year period is now coming to an end. The Treasurer explained that final decision had yet been made but the BAETS executive were not minded to continue the research collaboration further.

4.4 HQIP continue to fund the administration costs of publishing Consultant Outcomes (but not the licence costs nor the running costs for UKRETS) for the time being.

5 Secretary's Report – Mr A Gandhi

5.1 The treasurer explained that BAETS had compared data entry into UKRETS between 2010 and 2013 inclusive with HES data from the same period. This had highlighted a large number of trusts in

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which thyroid surgery had been performed but no corresponding entry into UKRETS had been identified. The Medical Directors and Audit Leads of these trusts had been sent correspondence highlighting the stance of NHS England/HQIP regarding COP, the vehicle for which was UKRETS. A number of responses had been achieved. One theme emerging from the returned correspondence was the requirement for nominations for membership from an existing BAETS member. The executive had recognised this and wished to propose removal of this requirement to the members at the AGM.

Therefore a motion was put to the membership as follows :-

“Endocrine/Thyroid surgeons should not require any nomination or seconding to become a member of BAETS”.

Over 95% of members within the AGM voted in favour of this motion with only 3 votes within the audience against.

The motion was therefore carried and is now BAETS policy.

5.2 BAETS has produced post thyroidectomy hypocalcaemia guidance and this is now available on the website. The aim of the guidance is to act as a prompt to each unit to develop its own version of the guidance following multidisciplinary discussion.

5.3 The secretary has produced patient information leaflets. At present there are no UK surgically specific information sheets available on the internet. These leaflets aim to plug this gap. Units and patients can use the leaflets as they currently stand. Alternatively, units can use the leaflets as templates to produce similar leaflets specific to their own practice.

The leaflets have been reviewed by patient groups and will be available on the website in the near future.

5.4 The new members dashboard development on the BAETS website was shown to the AGM. This is a major revamp of the website and opens opportunities for ongoing CPD for members. The members dashboard is live.

5.5 The members were reminded that BAETS does offer research funding to projects which are judged to be of merit. Deadline for applications are on the website.

Similarly, member wishing access to the data held on UKRETS can apply using the form available on the website. These applications have quality standards attached and details are on the BAETS website.

BAETS offers £1000 travelling fellowships for senior trainees or newly appointed consultants to travel to centres to learn a new technique. Details for application are also found on the website.

6 Research Update

6.1 Mr Mihai, Research Lead for BAETS, explained the current definitions of successful research as judged by many of the grant awarding bodies looking to fund future projects, namely previous funding achievements and patient recruitment. To help achieve these twin goals, engagement of trainees would be important. For BAETS the challenge would be to engage trainees from across the disciplines of Endocrine Surgery and ENT Surgery.

6.2 Radu Mihai described a Delphi Survey of patients to ask their opinions on what research patients felt should be prioritised. An enthusiastic response from patients had been received, the majority of whom were from Hypopara UK. This in itself displayed one avenue for potential research.

When considering grant applications NIHR considers the evidence provided by applicants that their peers and patients feel that the putative research project is considered reasonable.

7 Education Update

Mr David Smith, Education Lead for BAETS gave a summary of the developments in Education provision offered by BAETS. The 2015 Thyroid and Parathyroid Surgery Masterclass had been oversubscribed with 33 delegates. Feedback had been positive. The 2016 Masterclass was to be held on 29 February.

Ethicon Endosurgery continue to generously support education provision within BAETS. The Ethicon Training Partnership 2015 included 12 delegates, 6 from Endocrine Surgery and 6 from ENT background. The training programme would be repeated in 2016 and members will be kept informed of application deadlines.

David Smith also described the webinars and operative videos available to members via the members dashboard. In addition there would a literature update added to the website approximately every 2 months.

In order to improve education provision for Trainees, Mr Smith has been liaising with trainee representatives to develop ideas that would be of benefit e.g. case based discussions on the BAETS website linked to the ISCP website.

A request was made to the AGM for consultants to consider volunteering as College Examiners for the intercollegiate FRCS examination.

8 Consultant Outcomes Publication – Mr D Chadwick, Mr A Skene

A formal session on COP was presented by Msrs Chadwick and Skene on the second day of the Annual Conference so this topic was not discussed in detail at the AGM. Mr Chadwick did present in brief the data relating to publication of RLN palsy rates for those members not able to attend the full session on the second day of the conference.

9 Future BAETS Annual Scientific Meetings

2016 November 10, 11, 12 Berlin

At the beginning of the AGM Professor Thomas Steinmuller gave a short presentation on the Berlin meeting, a joint venture with our German, Swiss and Austrian colleagues

2017 October 12, 13 Belfast

2018 October Glasgow

10 Any Other Business

Mr Greg Sadler raised the issue of the 3y research collaboration with the Royal College of Surgeons and questioned the value for money that this had provided for BAETS. It was explained that the BAETS Executive had exactly the same misgivings (as discussed by the Treasurer; section 4.3

above). The new President, Mark Lansdown, and Radu Mihai aim to visit the college to discuss future research collaborations with the college, if any.

Professor Tom Lennard raised the potential impact of molecular markers in endocrine surgery and encouraged research into this field, a point particularly pertinent in light of the BJS Guest Presentation earlier in the day by Professor Nikiforov.

11 Date of Next AGM

To be held Berlin, November 2016. The exact time and date will be circulated to members.



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