

British Association of Paediatric Surgeons



Executive Meeting

Friend's House

October 24, 2018

10:00 – 17:00

Attendees:

Mr Richard Stewart (President)	Prof Paul Johnson (South Regional Rep)
Miss Evelyn Ong (Honorary Secretary)	Ms Kathryn Ford (Trainee Rep)
Mr Ashish Desai (Honorary Treasurer)	Mr Oliver Burdall (Trainee Rep)
Mr Simon Clarke (BAPES President)	Ms Camilla Poulton (Lay rep)
Mr Liam McCarthy (Chair SAC)	Dr Kate Billington (Admin Sec)
Mr Eric Nicholls (RCSEng Rep)	Ms Shan Teo (Webmaster/Congress Sec)
Mr Bruce Jaffray (North Regional Rep)	Mr Sandeep Motiwale (incoming North Regional Rep)
	Ms Janette Harper (Head of Paediatric Critical Care and Specialised Surgery in Children Review Specialised Commissioning)

Apologies: Professor Mark Davenport (Past President), Mr James Andrews (Celtic Regional Rep), Mr Mark Vipond (ASGBI President), Mr Manoj Shenoy (BAPU)

In view of new members of the Executive, all present introduced themselves.

Minutes of the July 2018 Executive

Minutes were accepted as accurate and no corrections made.

The action points were reviewed. All actions had been enacted with the exception of

1. Ashish Desai will be writing to Chairs regarding budgets for committee/subgroup activity for the coming year.
2. Martyn Coomer is yet to respond regarding written confirmation that 2 research fellowships will again be available next year.
3. Bruce Jaffray leading on paediatric pouch surgery registry. Paul Johnson briefly raised this with Marian Knight at BAPS-CASS meeting at Congress but will be formerly added to the agenda of the next BAPS-CASS meeting.
4. Majella McCullagh to discuss BAPS rep to ICB with David Crabbe but no feedback. The Executive support Liam McCarthy to also represent BAPS on the ICB and therefore Majella to demit from role.

President's Report

The written report is attached and was referred to. Richard Stewart to take on NHS England Clinical Lead role and explained the job description. All present supportive of this.

CORESS appears to be inactive at present and website is to be reinvigorated. Paediatric Surgeons encouraged to participate. The FSSA have agreed to financially support CORESS for 2 years.

Action point

1. EO to include CORESS in next BAPS newsletter

Noted that decreasing number of trainees applying for surgery. Further review needed, reasons not obvious.

Medex Cover again promoted providing insurance cover for individual surgeons, Associations but not clear what cover is provided. We carry Hiscox insurance for events to cover liability.

Consultation on "Safeguarding children and young people: roles and competencies for health care staff". Response drafted by Richard but response received only from Eric Nicholls. Executive supports the response as drafted.

NHS England 10 Year Programme draft circulated to membership in newsletter for comments. Not seen by some of the Executive. No comments received. Some discussion surrounding need for process to respond to documents and missed opportunity for BAPS to engage in national strategy. Evidenced Based Interventions document responded to on BAPS behalf.

Richard Stewart is keen to set up an event with charities to increase working in partnership. Some information on website from Charity. ST - Parents section needs to be populated with more content and Medical Charities should forward content to BAPS for inclusion. Particularly pertinent would be information for medical professions. EO - care taken not to duplicate content of charity websites but include information additional. RS - charity day to promote BAPS to public and increase collaborative working. CP has offered to help with this. Transitional care as a common theme? AD - important to link with charities and join to raise funds. EO - Charities are very conscious that the partnership should have clear objectives and common goals. Not keen on investing charity money in events without a clear agenda. PJ - suggests input to consensus statements as an objective to partnership. BAPS should be seen to work with all charities even handedly. BJ - experience of working approaching some charities to fund pouch registry has shown many charities already linked in but with physicians and general surgeons. BAPS is late to the game and there is a danger that this is already a closed shop. PJ- smaller paediatric charities are still accessible. Might also help with initiatives such as MRCTs. EO - charities expressed their priorities at the meeting at Congress as working together for consensus statements and patient pathways; BAPS to provide speakers for charity events and charities provide advice to professionals from the patient perspective; addressing common challenges e.g. transition care; want a clear agenda and objective for partnership with BAPS.

Action point -

1. Minutes of Congress meeting with Charities to be circulated to Executive by EO.

Honorary Treasurer Report

Report attached.

Kate has transferred all financial account information to Xero, single platform view of all accounts to make financial management easier. Association Accounts to be filed at Company's House by the end of this month.

Liverpool Congress has broken even. SC - BAPES expenditure has been greater and needs review with Naved.

AD - still getting to grips with accounts but report of investments shows a clear downward trend not related to drop in market. Need to investigate reasons for drop. EO- partly cashflow related as last year Congress expenses required encashment of investments. AD - need to find new avenues of income. Debate around how this tallies with previous financial reports. EO - BAPS total assets subdivided into restricted, designated and free funds. Free funds need to be kept at one year's running costs. ST - can affect ability of association to appeal for donations if seen to have large cash reserves. BJ - disputes this assertion as other charities have larger reserves. EO - explained that free funds corresponds to individual association needs and is not a fixed number. Excessive free reserves implies charity is not non-profit and advice from PEM was to ensure that designated and restricted funds were clearly reported to show activity accurately. BJ - primary purpose of Executive is to ensure the continuity of BAPS and its work. AD - Congress is an opportunity to increase income and preserve financial stability. Membership income has dropped. SC - asked if progress on Patron. EO - explored recently. Ideal patron is personally invested in mission statement of BAPS and has high profile. However, BAPS as an association of surgeons and needs a campaign that improves the lot of our patients to benefit from a patron. SC - suggests a foundation within BAPS with a campaign for patient benefit would be a way of getting a patron, raising awareness of paediatric surgery and raising donations.

PJ - how to increase membership? BJ - Richard to write to all non-members as previously by Mark Davenport. OB- only clear benefit of membership is reduction in Congress and course fees. Would like journal subscriptions as Seminars and PSI terminated by RCSEngland. EO - BAPS unable to fund journal as too high a cost. Council voted against keeping subscriptions.

Action point

1. Richard to draft letter to non-members inviting them to join and highlighting benefits.

Honorary Secretary Report

Report presented attached.

Further discussion surrounding BAPS review of documents. Executive agreed that response needs to be timely. Documents circulated to Executive to be responded to by specified deadline. BJ- previously BAPS had representative at RCPCH. Exec would support RCPCH rep at BAPS at equivalent level.

Action point

1. EO to write to RCPCH to enquire after BAPS rep position.

Charities survey results presented. Comments regarding overseas work demonstrate IAC activity is not visible to general membership. Use of social media discussed. Reach of newsletters limited. Members must consent to receive them. Executive do not support returning to paper newsletters. KF - trainees are more engaged in this. ST - ubiquitous use of mobile phones makes social media apps easier than email for communications. EO - need to make better use of social media. SC - very effective for BAPES.

Congress 2019 draft programme and suggestions reviewed. Exec would like to see an Education symposium as part of main programme. Posters at end of each day themed with

the day. Change each day. SC and LM- electronic posters not worked well. OB - suggest provided all delegates with posters on USB. Will need deadline for poster submission prior to Congress to allow time to provide USBs. SC- suggest including oral presentation of posters in main programme. BJ - suggests presenting structure of BAPS at Congress AGM. EO- registration fees entirely dependent on sponsorship raised. Current draft rates reflect cost of Congress and previous years level of sponsorship and proposes all member of the Exec commit to engaging at least 2 exhibitors for Congress thereby allowing substantial reduction in registration fees. Financial Committee responsible for coordinating sponsorship. PJ- wants difference in registration fees between members and non-members to at least equate to annual membership fee. EO - currently not possible without severe financial loss to Congress budget. AD - sees Congress as a potential significant source of income for BAPS. PJ - would like to see more support for organising programme from local organising committees, perhaps financial incentive to LOC to raise sponsorship. AD - would like to see LOC participate in recruiting local sponsors. SM to help do this as a Nottingham surgeon? Debate regarding proposed registration fees.

Action point

1. Ashish to distribute copy of sponsorship brochure to the Executive.
2. Executive to help raise sponsorship for Congress. Registration fee to be significantly reduced for early bird and fix advance booking one day sponsorship at lower rate. Will need to review values following sponsorship review.

Poster prizes debated. Popular vote in danger of being weighted and expert panel to judge preferred. PJ - suggests prizes awarded at Gala Event. EN - suggests new members presented at Gala Event. Tickets for Gala Event may be limited and expensive. Will review invitations.

Registration feeds debated. Not enough difference between member and non-member to entice new members to join. Suggest proposed one day registration applies to walk-ups to encourage advance bookings. Discounted one day registration for Early Bird bookings.

Exec supportive of proposed joint session in Melbourne 2023 with ANZAPS and PAPS. RS - discussed with Benno Ure. Proposes joint meeting with EUPSA in 2023. BJ - BAPS has consistently faired badly when jointly held with EUPSA and would not support this. EO - signed joint agreement with EUPSA by 2020 or not to proceed. Agreement must detail organisational responsibilities as well as financial arrangements.

NHS England Paediatric Critical Care and Specialised Surgery in Children Review – Janette Harper

Aim to improve access to medical services, providing the right treatment at the right time.

Case for change from increasing cases, decreasing staffing and approaching 100% service capacity and responsiveness. Surgery of childhood is drifting from DGHs towards specialist units with longer waiting times.

Review of activity shows overall static over last 3 years. Unclear whether cause is due to restriction in services, decreased resources or saturation of services. Similar trend seen in

paediatric surgery and urology. Specialised surgery appearing in non-specialised centres. Is this due to outreach work, ad hoc cases, inappropriate use of resources or coding error.

Review of quality and categorisation of procedures into specialised and non-specialised and examine changes in coding.

Data at surgeon level shows shift in work to specialised services and that this takes place at base hospitals rather than outreach.

HES data review 2013-2017 showed shift in activity of up to 9.5% in some regions e.g. Midlands and South but North i.e. Newcastle has maintained activity in DGH. BJ - explained by requiring contract of new appointments in region to cover paediatric surgical training as long term strategic planning for region.

Options for action

1. No action
2. Consolidation into fewer larger centres - more activity, delegate activity to centres within a network
3. Compliance against service standards - standard setting with local hub management
4. Developing different networks - keep oversight with lead provider to enable workstreams to function together

Two test sites selected because of existing infrastructure:

Yorkshire and Humber

London, SE and Sussex

OB - is there any funding available to provide training to fill competency gaps? JH - no funding currently available but test sites will examine areas of need.

SC - will there be funded surgical networks in future? JH - expected within 5 years

EO - Newcastle data shows very different activity from other regions. Will the project be examining the area for reasons for differences. EN - there will be different regional requirements. LM - requirement for general surgeons to train for emergency but not elective surgery. What is the requisite number of cases and are they achievable? BJ - accuracy of data queried. Shift in numbers to specialist centres is likely no more than 5 cases per surgeon per year. LM - greater shift causing capacity issues identified in West Midlands and Southampton.

Action points

1. JH to return to Executive in April 2019 to report on review outcomes.
2. Surgeons in test areas to be invited to feedback on effect on services. (Feilim Murphy and possibly Ian Sugarman)

Committee Reports

RCS England Rep

Report attached.

Use of mesh complications probably over-represented in the media. Primary concerns in inguinal hernia repairs.

IAC Report

No capacity for BAPS to reinstate funding of BAPS Traveller Fellow. Global surgery as new subject for abstract submission at Congress 2019. PJ- Posters from Fellows - would still encourage submission of posters to review and therefore chance for presentation. Fellow posters not peer reviewed to be displayed within IAC Forum session. Interpreter for fellows discussed. Concerns that Fellows will not gain maximal benefit and suggest they are paired with a surgeon who may interpret for them. AD - Question how much benefit the Fellows gain in attending Congress if unable to understand proceedings. Exec would support idea that Fellows unable to attend Congress due to Visa issues can be financially supported to attend another meeting in their region.

ASGBI

Asked Paediatric Surgeons to provide 2 speakers at ASGBI in Telford in May 2019. Bruce Jaffray nominated to discuss pouch surgery and Simon Kenny on complex appendicitis in the context of GIRFT work. Mark Vipond asked to nominate ASGBI surgeon for Transitional Surgery Symposium at Congress.

SAC

Report provided.

Ongoing work with credentialing - general vs subspecialty.

Post CCT fellowships - RCS posts regulated but variation in non RCS posts in structure and length. ? Move towards RCS badging of posts.

KF - will credentialing increase the length of training? LM - intention is to make training competency based and therefore possibly shorter. Discussion on impact on Core training. Not in remit of SAC. OB - desirable to complete 3rd year of core training. PJ - question whether Core training is fit for purpose.

Survey on Shape of Training to all UK consultants and trainees.

Trainees Report

Report presented.

Trainee Day feedback from Congress good to excellent. Questions on relevance of content to curriculum. SC - should correlate with curriculum and be more structured. Leicester format not yet received.

Trainee Days attached to Winter Meeting and Congress. Next after Congress therefore in Glasgow.

OB - tasked with leading social media and website output for trainees. Meeting with social media advisor on how to make best use.

ASIT - Paediatric surgery underrepresented. Would encourage BAPS stand at ASIT. OB - suggests similarly at RSM. PJ - ASIT probably priority as potentially wider reach.

Action point

1. OB to invite ASIT delegates to attend GPS course at Congress in Nottingham.

Trainee welfare- further survey on bullying and harassment not deemed possible without breach of confidentiality therefore shelved. EO - noted feedback from adult trainees at WINS was no adult trainee would admit to bullying and harassment and culture of reporting very different.

Education Committee

No meeting since Congress. New members of committee include Clare Rees and Simon Blackburn. No courses reviewed since July. CPD award based on international standards. Education Committee members request expenses from course organiser. AD- would encourage fee for such a review. SC- no formal accreditation process and BAPS not a recognised body and therefore feels a fee would not be appropriate. RS - Commercial company approached BAPS for accreditation based on details available on website. BJ- important that courses are quality assured and supports BAPS members reviewing these courses but CPD points not as important to UK members. American and European colleagues do expect CPD accreditation. EN - ANZ surgeons self-calculate CPD based on hours spent in activity.

Action point

1. Simon to review website guidelines for course accreditation to exclude commercial course accreditation.

RCS Surgical Skills Course - thought to find a home in Liverpool but no further news from Simon Kenny on holding the course.

PJ - Neonatal Surgical Course in Sept 2018 and Research Methodology Course part of future curriculum to be held in October 2019

BAPES

Next meeting in Leeds. Mentorship programme in development. Ghana MIS course sponsored by Storz and 4 surgeons will support. Setting national standards for MIS.

AOB

Candidate references for ICB Exam

Issue of probity raised by BJ. References provided for sub standard candidate. EN - Chair of ICB responsible for addressing issue. Issue of probity of referees.

Action point

1. EO to write statement to David Crabbe on behalf of Exec emphasising need to ensure referees are adhering to requirements for exams.

RSPAs

Applicants for RSPA posts approved as follows

East of England - Adil Aslam

London & SE Coast - Simon Clarke

North East - Hany Gabra

East Midlands - Ashok Rajimwale

Action point:

1. Remaining vacancies to be re-advertised (West Midlands, North West, Southwest, Wales)

Future Exec Dates

Next Exec combined with Winter Council.

24th January 2019 St Edmund's Hall, Oxford (combined with Council Meeting)

14th March 2019 Friend's House, London

2nd July 2019 Nottingham

18th October 2019 Friend's House, London

21st January 2020 Friend's House, London

25th March 2020 Friend's House, London

The Exec would like to thank Mr Bruce Jaffray for his support and input as the North Regional Representative for two terms of office. He will be sorely missed. He was presented with a small gift on behalf of the Exec.

Executive meeting drawn to a close with thanks.

Trustees Meeting

Congress 2021

Bids documents reviewed. EO excluded from vote as bid entered from Birmingham. Congress has recently been held in Belfast and Aberdeen. Leeds venue felt to be unsuitable therefore Birmingham selected as 2021 venue.

Denis Browne Medal

3 nominations received. Closing date end of October. EO to send out reminder to members of closing date for nominations. All nominations to be circulated to Trustees for vote following closure.

Shan Teo Contract

Redrafted to reflect hours worked. Still awaiting confirmation from Shan on how many hours she is willing to commit. Trustees approved current contract draft pending this decision.

Register of interests

Trustees (as directors of Charitable Company) should send their currently held posts for the register of interests of Directors to the Hon Sec. Should include all formal posts, consultancy and financial interests in other companies/institutions.

This meeting was drawn to a close.