

British Society for Gynaecological Endoscopy
UNCONFIRMED Minutes of the BSGE Council Away Day
Held on Sunday, 15th May 2016
At Scarlet Hotel, Cornwall
From 13:00 to 19:15

Agenda items	Items
1.	<p>Welcome and apologies for absence: Ertan Saridogan, President (ES) Dominic Byrne, President elect (DB) Mark Whittaker, Honorary Secretary (MW) Thomas Ind, Honorary Treasurer (TI) Shaheen Khazali (SK) Natasha Waters (NW) Gillian Smith (GS) Justin Clark (JC) Tyrone Carpenter (TC) Sameer Umranikar (SU) Fevzi Shakir (FS) Chris Guyer (CG) Kirana Arambage (KA) Elizabeth Ball (EB) Atia Khan (AK)</p> <p>Apologies Susie Bates Simon Jackson Jim English</p>
2.	Minutes of last BSGE Council meeting held on 1st December 2015
	Council accepted minutes as true record of BSGE Council meeting held on 1 st December 2015.
3.	Matters arising
	TI reported that he has reviewed accountant's costs and recommended staying with Haslers (£4k + VAT) as best value, despite being higher cost than some competitors. He will continue to review the situation.
4.	President's items (ES)
4.1	BSGE Elections 2016
	<p>ES announced full results for BSGE Elections 2016. Sanjay Vyas was elected Vice President of the BSGE. Honorary Secretary post was unopposed and MW remains in this role. Honorary Treasurer post was also unopposed and TI remains in this role. JC and SK were re-elected to serve second term on the Council. Simon Jackson did not stand for a second term. KA was elected to this vacancy. Trainee representatives; FS was re-elected and Donna Ghosh was elected. ES congratulated returning and new members of the Council. ES explained the voting deadline was extending to compensate for issues with login to vote on the new BSGE Website and that 187 members had voted in this round of BSGE Elections.</p>
4.2	LapHyst programme update
	ES reported that two more 'Train the Trainer' courses have been held since December 2015, one in Basingstoke and one in Colchester. There are now 18 trained trainers. Two pilots have been

	<p>announced recruiting six delegates per pilot. First pilot was supported by Olympus with Modules 2 & 3 taking place in 4 weeks' time. Modules for the second pilot will be held in September/ October and this is supported by Ethicon and Karl Storz. Module 1 will be digital and sent to delegates soon. Approximately, 35 applications were received for each advertised pilot. No agreement has been reached with any other company for a third pilot.</p> <p>Assessment of recruited delegates will include an online exam after module 1, clinical assessment of procedures undertaken by online QSUM scoring and feedback using a system evolved from the LAPCO (laparoscopic colorectal Surgery) programme. All delegates will have 1:1 mentorship with a trained preceptor. Ideally audit and research should be added to the programme but this requires considerable investment. A research fellow would cost approx. £70k. The BSGE needs to start consider ways to raise funds for the project beyond the pilot programme. There is funding to cover the pilot schemes from industry and will be administered by the LapHyst steering group, so the programme is expected to be cost neutral to the society. This programme is big and ambitious; more update will follow towards end of the year.</p> <p>MW questioned if all delegates had paid their £1k contribution towards the programme. AK reported that BSGE had already received £8k. Deadline for contribution was 18th May. If the delegate didn't pay, they will be replaced by another delegate on the reserve list.</p> <p>MW reported that MW, ES and NW will be running a breakfast meeting at the ASM with industry representatives to secure more funding for administration of the project. If the project continues, the society will need to hire an administrator to run the project as the society can deal with small numbers but not if the volume increases. AK won't be able to deal with large numbers. Pelican Centre have been very helpful and can employ someone to fundraise for the project and provide administration. ES reported that Pelican Centre can employ someone part time for 6 months which would cost around £20k. 'Getting it right first time' has some funding from government for administration, research and audit; this programme may be suitable for an application. Professor George Hanna is also offering to support the pilot free of charge. In about five and half months, a lot has happened in this project. BSGE has advertised and recruited 18 trainers and 12 delegates for the pilot schemes. The BSGE needs to continue to control of the project and monitor costs and outcome.</p> <p>MW asked if Council could consider suitable fundraising methods for the LapHyst project.</p> <p>ACTION: ES to meet Sarah Crane at Pelican Centre to discuss administration further.</p> <p>DB reminded the meeting that as trustees every Council member should be aware of financial liability to individuals.</p> <p>EB suggested asking for public funding such as NHIR, which takes about 6 to 9 months to put an application together due to the detailed work required and carries high risk of not being successful. TI reported that HTA is another stream to raise funds. NW reported cancer is currently a focus for investment and it is difficult to get funding for benign disease. SK reported that NHS England Enhanced Recovery programme have funding. KA suggested Best practice tariffs. SU suggested increasing £1k contribution from delegates as usually deanery pays for it. ES reported that this is variable as some pay for themselves and some Trust's pay. MW said this could be reviewed in the future.</p> <p>Further discussion took place with regards to audit for data collated from the delegates before and after their training.</p> <p>ACTION: It was agreed that ES, MW, NW and JE will develop this project further by exploring funding sources and administration at Pelican Centre and produce a report back on finances at next BSGE Council meeting.</p>
4.3	National Audit of Hysterectomies
	ES reported that for LapHyst project, baseline data was required. Data used at present is from HES, which is not easy to collect. ES would like hospitals to identify a BSGE member and ask them to work

	<p>with their trainee to collect hysterectomy data for 2015 or 2016 on a template. Rates of procedure, types of procedure are the main interest. One of the trainee from London is happy to run this project. CG informed the meeting that this has already been done at his hospital.</p> <p>ACTION: It was agreed that CG, SU, JC and TC will form a steering group. AK can email members as required.</p>
4.4	National Endometriosis Strategy programme
	<p>ES reported that Endo UK has approached the Department of Health including Jeremy Hunt and Chief Medical Officer asking them to help improve outcome for diagnosing and treatment of Endometriosis. ES is a Trustee of Endo UK and Chair of the Medical advisory panel. ES went to the meeting with Matthew Jolly, who is National Clinical Director of Women's Health, for all stakeholders to discuss the issue. ES approached RCOG President for support and RCOG have agreed to give a meeting room free of charge plus catering. ES has also spoken RCGP and will meet them in 10 days' time in London. Input is also required from commissioners and an interested CCG. The BSGE has been asked to take a lead on this and should come up with a consensus document.</p> <p>CG informed the meeting that the primary care needs directions as to when and how to refer someone for evaluation. EB suggested early prediction method could fit into the programme. SU reported that Judy Birch from Pelvic Pain has done some research on this.</p>
4.5	Programme proposal for RCOG Professional Development Conference 22 Nov 2016
	<p>BSGE runs a session every year at the RCOG Professional Development Conference. Every year, ES chooses a theme and builds a programme around it. Last year was hysterectomies, and prior to that was ambulatory gynaecology and Endometriosis. ES requested theme suggestions from the Council, alternatively it could be a mixture of themes.</p> <p>ACTION: It was agreed that DB will come up with a theme.</p>
4.6	Basic/Intermediate Lap Course
	SU to cover this topic later.
4.7	European Academy workshops
	<p>ES reported that Mary Connor leads the BSGE ATSM Hysteroscopy meeting with Natasha Waters and Stephen Burrell at the RCOG. Part of the practical day is HYSTT simulators, which come from the ESGE and include hysteroscopic morcellation and Essure sterilisation. ESGE would like BSGE to start running the HYSTT component with the focus confined to diagnostic hysteroscopy and hand eye co-ordination plus endometrial resection. MC disagrees with this, as the BSGE needs to cover other components to run the workshop.</p> <p>It was agreed that the BSGE should continue with what we are doing now. BSGE should be able to incorporate the HYSTT component, similar to how the BSGE has incorporated the LASTT and SUTT components. BSGE has successfully ran the LASTT and SUTT training at the 2015 BSGE SJM in London and it is also being held at 2016 ASM at RCHT on 17th May. Extended version of the LASTT is being organised in September at the RCOG during the Benign Abdominal Surgery meeting. BSGE will investigate as to how much it is to buy the hysteroscopy simulators; BSGE has already purchased the LASTT/SUTT simulator sets for approx. 4000 euros. ES has asked RCOG for £40 per delegate for the simulator use at the September ATSM. BSGE has paid for one-year license which cost 500 euros after discount for LASST/SUTT simulator and will try and arrange a dual license to cover HYST simulator.</p> <p>ES asked all BSGE Council members to participate on the practical day at the RCOG/BSGE Benign Abdominal Surgery meeting or to send a replacement if they could not attend on 21st September. BSGE Council meeting will be held on 20th September. SU has put an excellent programme together.</p>
4.8	Morcellation Document

	<p>ES reported that he had circulated the Morcellation document from Eddie Morris on additional consent for morcellation. ES has now modified the document with one consent and additional leaflet, which is in appendix II. For those who wish to consent separately for morcellation can use the EM original document.</p> <p>ACTION: Morcellation document will be submitted to RCOG and should be available on the BSGE website.</p>
5.	President elect items (DB)
5.1	BSGE ASM 2016, Cornwall
	<p>DB presented an update on BSGE ASM 2016. Three Pre-congress masterclasses will be on 17th May: HOT sessions, Live surgery and Hysteroscopy masterclass. Most of the council members are involved in these. JC, GS and NW are faculty for Hysteroscopy workshop. JC will return before 1 pm for SAG meeting. ES and CG to start SAG meeting at 1 pm.</p> <p>TI, SU, TC, SK, KA, MW, EB, FS are all HOT trainers, using BSGE equipment. Karolina Afors is in charge of this workshop, which is fully booked. Feedback to be given to MW at the end of the session. SB has circulated times for the buses to take trainers to RCHT and back to Bedruthan Hotel.</p> <p>Welcome BBQ is starting at 7 pm which was going to be for about 40 to 50 people is now 300 people on the Herring lawn. This is sponsored by Medical Perspectives.</p> <p>We are a victim of own success, as there are now have 310 delegates including faculty, plus 90 company representatives. Some delegates will register on the day. Main Conference room can accommodate only 220 seats. Parallel session for nurses will seat 60. Repeater screens have been organised with seats in other parts of the hotel. The Exhibition plaza has been built on the tennis court for the companies to set up their exhibition stands. Total of 29 companies are attending the ASM and donating £148k in sponsorship. It is over subscribed and we had to decline companies that applied late.</p> <p>Programme has been emailed to all delegates. Council members are reminded to look through it carefully so they know which sessions they are chairing and where.</p> <p>Judges have been assigned for all presentations. EB, NW and Jonathan Lord will judge posters. TI, CG and Tom Smith walker will judge videos. TC, ES and MW will judge oral and SJ, Olivier Chappatte and Lisa verity will judge video posters. All 19 VP's have been downloaded for the judges to view. Scoring sheets and summation sheet for all presentations have already been emailed to judges and printed copies are available from AK. All results to be handed to AK by tea time so certificates and cheques can be prepared for winners.</p>
5.2	Letter from ICO
	<p>DB reported that a patient had requested her data from the endometriosis centre database which was released to her after checking our duties. Unfortunately, she complained to the ICO prematurely about lack of receipt of data. ICO investigated the complaint and accepted that we completed everything and they will not take any further action but will keep the incident on file. Council should be made aware of the seriousness of patient data management and understand their obligations. The ICO concern related to Freedom of Information, there was no security breach and ICO did not scrutinise the database. TI thanked BSGE Officers for the way they handled the issue.</p>
6.	Honorary Treasurer's items (TI)
6.1	Treasurer's report
	<p>TI reported that he had circulated all documents to BSGE Council and did not receive any feedback apart from DB. All Council members are trustees of the society and all submitted documents to the Charity Commission includes their names as trustees. Trustees are liable for any financial discrepancy. TI explained that the bank balance during the ASM gives false reassurance, as all the ASM income is credited but the expenses have not been debited.</p>

6.2	BSGE end of year accounts 2015
	TI explained the BSGE 2015 accounts; total expenditure was £100k greater than 2014. This is currently manageable, but the society needs to generate more income, especially from meetings. Membership is now over 1050 members.
6.3	Data protection policy
	TI has produced a Data protection policy, which will be reviewed every year. The Treasurer will be the Data protection officer for the society.
6.4	Induction package for newly appointed trustees/ Council members
	By law, all newly appointed trustees should receive an induction with trustee's obligations including Declaration of Interest. TI has circulated a short document to Council members to read. ACTION: AK to collect emails confirmation that Council members have read all trustee documents.
6.5	Charity Governance, finance and resilience questions
	TI distributed the exemplar questions form the Charity Commission that trustees should consider asking to assure themselves of effective financial governance.
6.6	BSGE Trust Risk Assessment for 2016
	TI referred to the BSGE Risk Assessment document which listed action points for the society, in compliance with charity commission regulation.
6.7	Anatomy course book
	TI has attended the anatomy course for 3 years and would like to improve course literature for laparoscopic surgeons. It was agreed to create a multimedia digital book with photographs and videos with texts for gynaecology with a publisher. MW and TI will work together on this and report at the next council meeting. ACTION: MW and TI to report progress at next Council meeting.
6.8	BSGE Symposium on Modern Management of Fibroids
	This will be run at the RCOG on 4 th November. Course organisers are TI and TC. Gedeon Richter is one of the sponsors.
7.	Honorary Secretary's items (MW)
	MW asked if membership fee should increase this year. DECISION: It was agreed not to raise the BSGE membership fees this year.
7.1	ACCEA portfolio
	MW reported that Sian Jones who chaired the ACCEA portfolio has now retired and the society needs to find a replacement. ACTION: It was agreed that ES will ask Professor Peter O'Donovan. ACCEA committee is made up of the Chair, lay member plus BSGE officers unless they are applying for the award.
7.2	Accreditation of Nurse Hysteroscopist
	MW reported that he has not been able to contact Sian Jones to speak about accreditation of Nurse hysteroscopists. GS will cover this topic, in her portfolio report.
7.3	Medical Student/Affiliate/ International membership
	This item was not discussed
7.4	Expression of interest for BSGE ASM 2018

	Edinburgh has expressed interest in hosting BSGE Annual Scientific Meeting in 2018. SK and Saikat Banerjee expressed interest for hosting ASM in Surrey in 2019. SU may consider bidding for 2019 for Southampton. Guidelines for running BSGE ASM are available by request from AK and will be updated by DB.
8	BSGE portfolio reports and slide presentation
8.1	Research & Audit (JC)
	<p>JC presented his slides:</p> <p>Research</p> <p>Cemented links with CSG - MDEGE</p> <p>Four funded trials in our speciality >£5million (NIHR)</p> <ul style="list-style-type: none"> • PRE-EMPT (Preventing Recurrence of Endometriosis by Means of long acting Progestogen Therapy) – RCT of LARCs vs COC post laparoscopic endometriosis surgery (CI Sildatiya Bhattacharya) • HEALTH – RCT of short stay laparoscopic subtotal hysterectomy vs second generation endometrial ablation (CIs Kevin Cooper / Sildatiya Bhattacharya) • UCON – RCT with mechanistic assessment of Ulipristal acetate vs LNG-IUS for HMB (CI Hilary Critchley) • GAPP - RCT of Gabapentin vs placebo for chronic pelvic pain (PI Andrew Horne) <p>In progress:</p> <p>New 'PICOs' (Structured Research Questions)</p> <p>BSGE Survey for new research ideas / directions</p> <p>Audit</p> <p>BSGE data collections tools</p> <ul style="list-style-type: none"> • Laparoscopic procedures (7) • Hysteroscopic procedures (9) <p>In progress:</p> <ul style="list-style-type: none"> • IT programming • Piloting (3-6 months) • Roll out to BSGE membership <p>Future</p> <ul style="list-style-type: none"> • Greater links between CSG and BSGE for generating PICOs, conducting surveys and obtaining pilot data to inform research applications • Research networks <ul style="list-style-type: none"> . Laparoscopy . Hysteroscopy . Ambulatory • Funded BSGE Research Fellow <ul style="list-style-type: none"> . Research into aspects of gynaecological endoscopy <p>Audit</p> <ul style="list-style-type: none"> • Widespread adoption of BSGE surgical data collection tools <ul style="list-style-type: none"> . Individual reports . National audits / reports . Develop Indicators for Gynaecological Endoscopy . Research papers • Develop bespoke 'off the shelf' electronic audit tools linked to the BSGE surgical data collection tools <p>JC reported that he is standing down as Chair of CSG. This post is now advertised on the RCOG</p>

	<p>website. Professor Lucilla Poston appoints the new Chair. JC has emailed all CSG members to apply for this post.</p>
<p>8.2</p>	<p>Nurse & Paramedic (GS)</p>
	<p>GS presented her slides:</p> <p><u>Past</u></p> <ul style="list-style-type: none"> • ASM 2015 - largest delegate of nurses & successful breakout session • 2 successful NH meetings • NH treatment audit completed, results to inform future accreditation • Endometriosis CNS audit completed • Endometriosis project, launch at RCN March 2015, 2 documents, endometriosis for non-specialist nurses and CNS role • 1st training day for Endometriosis CNSs November 2015 <p><u>Present</u></p> <ul style="list-style-type: none"> • NH accreditation for diagnostic hysteroscopy and treatments • BSGE guidelines for Endometriosis CNS • Documents working party • Working with RCOG <p><u>Future</u></p> <ul style="list-style-type: none"> • Reaccreditation structure • Document sharing • Web site discussion forum • Succession planning <p>GS reported that there are 90 practicing nurse hysteroscopists and 26 are in training. GS questioned if someone can shadow her to understand her post on the Council.</p> <p>DECISION: It was agreed for her successor to attend GS last Council meeting.</p>
	<p>ES enquired whom had Helen Ludkin passed the role of reaccreditation the Nurse hysteroscopist to, as HL had wanted BSGE to take over this role.</p> <p>GS explained that there are two aspects to Nurse Reaccreditation role. First is Diagnostic accreditation- every three years, nurses submit their data on diagnostic hysteroscopy to confirm they have fulfilled requirements and receives a certificate. The consensus of the University, medical consultant lead for NH training is that the nurses are able to achieve accreditation following attendance at RCOG, BSGE and industry training events, plus submission of a completed logbook, signed off by the nominated trainer and an audit questionnaire to Bradford University. For treatments/operative procedures there is further reaccreditation required.</p> <p>There is a record of all nurse hysteroscopist members of the BSGE and there is a record and their on-going 3 yearly audit of their practice. However there is no training standard, threshold numbers and types of operative procedures. This puts nurses, Trusts and the BSGE in a compromised position.</p> <p>This task, which requires considerable administration was performed by SJ and HL. John Anderson is the new lead at the University of Bradford and will be taking over from SJ for Nurse Hysteroscopist training. BSGE needs to address this issue.</p> <p>There was discussion within the Council to see if Hysteroscopy portfolio can take over this role.</p> <p>DECISION: It was agreed NW and GS will share this role.</p> <p>ACTION: NW and GS will discuss this further and email BSGE officers; GS will provide a detailed document for BSGE Officers within two weeks for Officers to action.</p>

8.3	Industry Relations & Meetings (TI)
	<p><u>Past</u></p> <ul style="list-style-type: none"> • Reasonable relationship with industry but possibly a little ‘cleeky’ • Quite good sponsorship of ASM’s • No other significant sources of income from industry <p><u>Present</u></p> <ul style="list-style-type: none"> • Large number of diverse industry links • ASM very well supported and in fact over subscribed • ASM still only real income stream from industry • Companies also sponsoring multiple, often very similar projects with less than optimal ‘coordination’ / duplication <p><u>Future</u></p> <ul style="list-style-type: none"> • Maintain excellent support for ASM – Competition v helpful • Look to diversify to reduce risk e.g. <ul style="list-style-type: none"> - Other meetings e.g. RCOG/BSGE Fibroid meeting - Advertising in The Scope and website • Better ‘joined up’ sponsorship of projects • Consider longer term packages e.g. 3-5years to increase security of income <p>TC reported £148k in sponsorship monies were raised for BSGE ASM 2016 in Cornwall. All companies can approach TC via AK.</p> <p>ES reported that Olympus may increase the trainee’s number to 24 from 12 for ST5+ programme.</p>
8.4	Website and communications (SK)
	<p><u>Past</u></p> <ul style="list-style-type: none"> • Launched and Published 3 issues of “The Scope” • Launched and edited Video Library since 2009 • Launched and ran 5 rounds of Video competition • Ran 3 live webcasts • Attracted the first “paid” advert for The Scope • Planned and commissioned the design of the new website <p><u>Present</u></p> <ul style="list-style-type: none"> • New website ready to launch at the Cornwall ASM • Appointed 5 members to the WebComs subcommittee • Appointed a professional journalist/medical doctor as assistant editor • Authored the first comprehensive policy for WebComs • Video Library integrated into the main website • Discussion forums integrated into the main website • Twitter account active now <p><u>Future</u></p> <ul style="list-style-type: none"> • Engage Members by contributions to Video library and discussion forums • Continuous improvements to Website through investment and maintenance • Generate income through advertisements in “The scope” and the website • Continue to publish “The Scope”, more exciting and informative content • Re-start live webcasts and live online surgery • Streamline the work of WebComs through delegating to enthusiastic committee members <p>SK requested BSGE Council members to contribute on new BSGE forum.</p> <p>SK reported that he travels to Tehran to run Endometriosis Centre every few months. CEO of</p>

	<p>Avicenna Research Centre Institute has invited BSGE Officers and Council members to 3rd International Congress on Endometriosis and Minimally invasive gynaecology which will be held in October 2016 in Tehran. No money would change hands but they would like intellectual support. EMIG would like to run the congress in partnership with the BSGE. Registration fee would be waived and 3 nights' accommodation will be included.</p> <p>This was discussed at the Council as the society has received other joint meeting requests from UAE and Australia. DB proposed preparation of guidelines for joint BSGE meetings apart from ASM including Service Level Agreement (SLA). EMIG can invite speakers from the BSGE as this would not require SLA.</p> <p>ACTION: DB to prepare guidelines for organisation of Non-ASM BSGE Meetings.</p>
8.5	BSGE Endometriosis Centre (CG)
	<p>CG reported Endometriosis Centre project started back in 2004. It was a coalition of likeminded gynaecological surgeons and their colorectal colleagues to look at effect and complications on surgery for endometriosis, hence the development of the database and accreditation of centres. Database was refined further by DB with changes in IT support and data entry and how follow up data are managed.</p> <p>2016 round for accreditation is now completed. All of the accredited centres were able to re-accredit based on data submission. Next stage is exemplar surgical videos, which will be viewed by the scientific advisory group during the ASM in Cornwall. CG is looking into better ways of assessing surgery and is talking to SK about VNESS. Focus remains on improving patient follow up data as publication of results from the database depends on this.</p> <p>Goals for 2017 will be to develop an extensive video library for educational purposes on different aspects of surgical treatment for endometriosis. CG would also like to develop endometriosis masterclasses/annual meeting through some of the accredited centres to share best practice for all the endometriosis centres and aspiring centres.</p> <p>CG reported that accreditation criteria will be 12 cases per listed surgeon from 2017. Each centre must try and improve their follow up.</p>
8.6	BSGE Awards & Bursaries
	No report was presented.
8.7	Guidelines (EB)

	<p>Past</p> <ul style="list-style-type: none"> • Long process producing guidelines • Poorly defined methodology, • Learning by doing • Burden on few collaborator <p>Present</p> <ul style="list-style-type: none"> • Laparoscopy in pregnancy guideline • Network of researchers • Close collaboration within group • Draft submission to RCOG next week • BSGE peer review August • RCOG submission September <p>Future</p> <ul style="list-style-type: none"> • Document “how to write a guideline” • Directory of motivated future researchers • Close link to RCOG guideline team • Funding for systematic searches <p>EB will be attending the working group meeting at RCOG following week. Joint guidelines take several years to put together. EB & SU plan to write a guideline on ‘how to write a guideline’. Trained Librarian is a valuable resource when writing a guideline for systematic research and so are junior researchers. For joint guideline with RCOG, there are no charges for using their librarian, but for rubber stamped guideline, it can cost up to £25 per hour for librarian.</p> <p>EB surveyed membership for new topics for a guideline. SK recommended using new forum on the website to ask members to contribute and give ideas for next guideline and peer review.</p>
8.8	<p>Laparoscopic Training (SU)</p>
	<p>SU reported that he started BSGE Guideline on management of fluid distension media in operative hysteroscopy whilst he was Hysteroscopy portfolio lead, which is now finished and circulated to Council for approval. RCOG don’t want this as joint guideline so there are two options; either it is published as BSGE guideline, re-start the whole guideline with RCOG.</p> <p>It was agreed that the BSGE rubber-stamping the guideline is good enough. There is also a good chance it can be published in Gynecological Surgery journal without peer review. It could be submitted to TOG as a summary, which may cost £1.5k. Also it could be published in BJOG as a systematic review.</p> <p>SU reported that Laparoscopy training Portfolio is now linked to the RCOG Sim Net Group. Practical workshop was set up last year at the RCOG/BSGE Benign Surgery course which was well received therefore this year a third day has been set up to incorporate a practical laparoscopic component.</p> <p>SU undertook the pilot project on SIM training with the deaneries and setting up the practical hands on training day at the college this year and participated in local and national courses.</p> <p>SU reported he attended Head of School meeting recently. RCOG has sent a recommendation to GMC to add gynae simulation as mandatory part of curriculum training. SU proposed BSGE National training programme. This would involve setting up a small committee, developing a curriculum, involving RCOG and adapting what is already available. SU recommended using European Academy training standards. BSGE would need to identify champions within the Deanery to become first trainers. Programme can be developed locally to keep the overall cost down. Delegates will pay a contribution via their deanery for the Manuals and the administrative costs.</p> <p>This proposal was discussed. This programme should not overlap basic laparoscopy skills course. Financial structure needs to be sound. Format is ready strategy is vague. SU can adapt the</p>

	<p>programme and pilot it in one or two deaneries and run it for trainees for ST1 to ST5. It was agreed the infrastructure needs further developing.</p>
8.9	<p>Hysteroscopy (NW)</p> <p>NW reported that she took over the Hysteroscopic portfolio from SU and helped with the Hysteroscopic Fluid Management guideline. NW participates in successful RCOG/BSGE Hysteroscopy courses run by Mary Connor and Stephen Burrell at RCOG once a year. An additional hands-on hysteroscopy course will be run in July for the second year.</p> <p>NW emphasis has been on helping to set up and improve existing Outpatient hysteroscopy services. NW developed successful launch of See and Treat One stop outpatient hysteroscopy Services in Ireland with coverage on National Irish News. Outpatient Hysteroscopy Patient information leaflet has been developed following a freedom of information request and analysis of Outpatient Hysteroscopy on pain and patient choice conducted by Katherine Tylko-Hill who is Macmillan Cancer voice and Cochrane Gynae Group Consumer. NW would like to publish the PIL on BSGE website. NW helped develop the WHO Outpatient Hysteroscopy checklist based on recommendations from the NPSA. This is to be published on the BSGE website. Another successful Annual Nurse Hysteroscopy Meeting at Bradford University was held in March 2016 with main emphasis on pain management. NW reported that member's survey showed that 70% of clinicians are trained on site with no curriculum/ competence assessment. Work has started on the training module for outpatient hysteroscopy in conjunction with European Colleagues. RCOG ATSM officer has contacted NW to request her working on updating current hysteroscopy ATSM.</p> <p>ACTION: NW asked if DB and ES could write a letter to ATSM officer re: updating the guideline to include outpatient hysteroscopy current practices.</p>
8.10	<p>Training (FS & KA)</p> <p>FS reported that Trainees collaboration with YEP developed during BSGE SJM in 2015, which was a great success. Currently, there are 361 BSGE trainee members, which is 35% of total membership. Trainee representatives participated at Medical Students Day and Junior Doctors Day at the RCOG promoting endoscopic surgery. KA reported that BSGE has run two industry-sponsored courses for trainees as well as three annual human cadaveric anatomy courses in Oxford. Trainees' reps plan to develop the trainee section of the website to provide useful links, resources, courses, ATSM/ fellowship information plus awards and bursaries all consolidated in one area. FS & KA continue to develop industry-sponsored courses with other companies which are not involved.</p> <p>FS & KA are developing RIGS- 'Registrars in Gynaecological Surgery' for trainee members of the society. To involve trainees further and develop regional trainee reps and hold trainee meetings to feedback regional views/opinions/issues in gynaecological Endoscopic training.</p> <p>DECISION: It was agreed for Trainee reps will consult with Industry portfolio chair first before approaching industry for any funding for courses etc.</p> <p>KA reported that he has spoken to RCOG ATSM officer Alistair Campbell about changes to advanced laparoscopic surgery for the excision of benign disease. Currently 5 trainees are appointed through annual recruitment organised through London shared services. The reason for this is historical as initially the BSGE wanted this programme to be a sub specialty training programme but this was declined and it was agreed that this would be limited to a few posts and would be slightly different to all other ATSM's. There have been changes over the years and currently each LETB can submit one centre each year for the recruitment process apart from London who can submit two centres and the Scotland deanery, which can submit one centre from the 4 regions. RCOG would like to change the recruitment process not the criteria.</p>

	<p>Alistair Campbell has proposed two options for changes to the current ATSM. Option one is to devolve the allocation and organisation of trainees to each LETB/ deanery with some limits; for example 1 trainee per deanery per year. Option two is to leave the recruitment as a national process but to increase the number of trainees to 9 or 10. Reason for change is that over the last 5 years there has been expansion of laparoscopic surgery in gynaecological practice. There are many more BSGE Accredited Endometriosis centres and the skills of trainees have improved. This was discussed at the meeting. Feedback from trainees is necessary to make a full assessment and monitor the situation.</p>
	<p>Away Day discussions</p>
<p>1.</p>	<p>Website update and display (SK)</p>
	<p>SK wanted to ratify Website and Communications policy at the meeting. This was circulated to BSGE Council members six weeks before the meeting. SK reported that WebComs committee will include Chair of WebComs, professional journalist, BSGE Honorary Secretary, BSGE Secretariat, elected trainee representatives, video library editor, forum editor plus Scientific editor. Professional journalist, Jane Gilbert will be employed on an hourly basis and she will speak to industry at the ASM. Rules and costs of advertising on the website and newsletter are documented in the policy. SK requested contribution from BSGE Council members similar to how attendance at scientific meetings are requested. SK suggested minimum expected contribution to Website, newsletter, video library and discussions forum over 12 months to be:</p> <ul style="list-style-type: none"> • 3 Portfolio reports and • 1 Video and • 4 Discussion forum contribution (in form of posting a reply, starting a conversation) and • 1 other article (opinion, meeting report, interview etc.) <p>DECISION: It was agreed for 3 portfolio reports to be submitted by each chair plus one other contribution from video, forum or an article per annum for BSGE website and newsletter.</p> <p>DECISION: Budget of £20k was agreed by TI for WebComs committee and all expenses must be approved by TI before payment.</p> <p>New website will be launched at the ASM and it is mobile responsive. SK requested pictures from Council members. New feature includes new menu layout. Endometriosis centres will display location maps. There will be a profile section for each member plus option to upload your photo.</p> <p>It was discussed if members can display private practice information in their profile on the new website. There will be disclaimer on the page.</p> <p>SK requested BSGE Council members to contribute twitter and forum. JG will phone council members to write portfolio report. JC will add to the opinion section in The Scope. SK was congratulated for his effort on the new website.</p>
<p>2.</p>	<p>Surgical Procedure database (JC)</p>
	<p>JC reported idea was to collect range of surgical procedures on a database. The draft templates for common hysteroscopic and laparoscopic procedures were completed and circulated to Council Members in February 2016. Previews were available on what to expect (pilots) go to:</p> <ul style="list-style-type: none"> • Lap hysterectomy: http://bwh.knack.com/bsge UN justinclark@gmail.com PW wba • Hysteroscopic uterine polypectomy

	<p>http://bwh.knack.com/elog UN justinclark@gmail.com PW wba</p> <p>An IT company needs to be identified predicated upon Council's agreement to provide commensurate funds to complete the project. The initial data suite will be piloted via Council members and BSGE training fellows before roll out to the whole BSGE membership. JC proposed 3 to 6 months to pilot the tool, finalise it by end of the year and roll it out to BSGE membership by January 2017. One off budget would be required to start this project and a small fee for maintenance.</p> <p>DB has spoken to Conor Byrne from ICE ICT about development of this surgical tool. CB said it possible and could be a similar structure to the Endometriosis Centre database, but at a third of the cost and would be accessible via the BSGE website.</p> <p>This was discussed further.</p> <p>ACTION: It was agreed JC will speak to CB at the ASM and JC & SK will come up with a budget for surgical procedure database project and come back with a formal proposal at the next meeting.</p>
3.	Future structure of BSGE Council workshop
	This was discussed over dinner and will be continued by email correspondence.
4.	BSGE Meetings convenor post
	<p>DB reported that the society needs to ensure continued high standards for BSGE meetings and needs to produce a structure that is sustainable long term. Currently when a Council member who has organised meetings leaves they take all the information and memory with them. Like RCOG, the BSGE needs a 'Convenor of meetings' to assure standards and make the process more robust. The proposal was to co-opt a member of the society initially to pilot the post. DB proposed ES to take on this role for one year. Next year, the council will then decide if this becomes an elected role.</p> <p>DECISION: It was agreed to appoint ES as 'BSGE Convenor of meetings' for one year to pilot this post.</p>
	Meeting closed at 19:15.