

Minutes of the BSGE Council Meeting
Held on Tuesday, 20th September 2016 from 18:30 to 21:10
At the Royal College of Obstetricians and Gynaecologists in the Conference Room

Present:

Dominic Byrne, President (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 Umraniyar (SU)
 Chris Guyer (CG)
 Kirana Arambage (KA)
 Elizabeth Ball (EB)
 Fevzi Shakir (FS)
 Donna Ghosh (DG)
 Ertan Saridogan, (ES)
 Jim English (JE)
 Atia Khan (AK)

1.	Welcome & apologies for absence
	DB opened the meeting and welcomed old and new BSGE Council members to his first meeting as the BSGE President. Apologies for absence were received from Sanjay Vyas and Kevin Philips.
	DB informed the Council that the new Council documents, which have been circulated for consultation, are to provide clear role descriptions to all council members and are adapted from documents available from the Charity Commission.
2.	Declaration of Interest
	TI reported that he is updating Declaration of Interest policy, which will be circulated in due course. In future, all BSGE Council members will be required to sign a Declaration of Interest form annually and declare any new interests at each Council meeting.
3.	Declaration of any other urgent business
	No any other urgent business was declared.

4.	Minutes of the previous meeting
	DB invited all members to read minutes of BSGE Council Away Day held on 15th May 2016 at Scarlet Hotel, Cornwall. NW reported that she felt the minute at 8.2 was not as she recalled; this view was not shared by all. The minute will be changed to read; <i>Action: NW and GS will research and work on best solution for nurse accreditation in hysteroscopy and present this to council. GS will write a proposal for the officers.</i>
5.	Matters arising from the minutes
	<p>MW asked for update on following action points from Council members.</p> <p>4.3- CG, SU, JC and TC will form a steering group to start the National Audit of Hysterectomies. This audit is to provide background data for LapHyst project. CG reported that he can provide data from his hospital, but not national data. ES has spoken to a trainee from North London area, who can write to hospitals and obtain data for hysterectomies in 2015. ACTION: TC will start National Audit of Hysterectomy project with a nominated trainee.</p> <hr/> <p>4.8- Morcellation document from Eddie Morris to be submitted to RCOG by ES and be published on the BSGE website. It was reported that this action point will be completed within few weeks once Eddie Morris takes up his Vice Presidency role at the RCOG. ACTION: Morcellation document from Eddie Morris to be submitted to RCOG by ES and be published on the BSGE website.</p> <hr/> <p>6.4- AK to collect email confirmation that all Council members have read the Trustee documents from the Treasurer. ACTION: It was agreed that MW, SK, SU, NW, FS and DG will read the documents and email AK to confirm that they have read all the Trustee documents by 30th September.</p> <hr/> <p>6.7- MW and TI to report progress on creating an Anatomy course book, with multimedia videos and photographs, for cadaveric anatomy course. TI acknowledged KA's contributions to the Cadaveric Anatomy course in Oxford. He confirmed TOG, would be prepared to publish an anatomy article if we had suitable drawings. To develop both projects it was agreed to purchase anatomy drawings. ACTION: TI will commission BSGE Anatomy drawings for a laparoscopic textbook, to the value of £2,000.</p> <hr/> <p>8.2- NW and GS email BSGE officers with their proposal about nurse hysteroscopy training monitoring ACTION: This was to be discussed further during the meeting.</p> <hr/> <p>8.9- DB and ES to write a letter to ATSM officer re: updating the guideline to include outpatient hysteroscopy current practices. NW requested this letter at the last meeting. ACTION: It was agreed that NW will send a draft letter to DB to outline her concerns on outpatient hysteroscopy current practices, so a suitable letter can be sent to the ATSM officer.</p> <hr/> <p>2- JC & SK will produce a budget for surgical information collection system (SICS) and submit a formal proposal at next council meeting.</p>

	ACTION: JC will complete this action by giving a short presentations during the meeting.
6.	Items to be discussed and decided
	<p>Ratification of</p> <p>-Job role descriptions- President, Vice President, Honorary Secretary, Honorary Treasurer, Meetings Convenor, Council member and portfolio lead.</p> <p>-BSGE Council meetings Standard Operating Procedures</p> <p>DB reported that all officers and Council members' job roles were sent out for consultation, and comments have been incorporated into the documents.</p> <p>DECISION- All roles descriptions- ratified.</p> <p>DECISION- Standard Operating Procedures- ratified.</p>
	<p>BSGE Guidelines for organisation of Non-ASM BSGE meetings</p> <p>DB reported that the document provided a standard for joint meetings with BSGE. There was a discussion on section 2.g.d. of the document and it was agreed to change the wording of 2.g.d. to 'It would be expected there will be reduced registrations fees to BSGE members and members of the Partner Organisation(s).'</p> <p>DECISION- BSGE Guidelines for organisation of Non-ASM BSGE meetings document- ratified.</p>
	<p>JC presented his slides on BSGE Surgical Information Collection System (SICS)</p> <p>JC reported that he met with SK and Zahid Khan (his registrar from Birmingham) in Cornwall to develop a database for gynaecological procedures in an App format. ZK suggested using a cloud based online database creation and hosting platform called KNACK. There will be no patient identifiable data on the database. However if a user needs to provide evidence of workload, it will be possible to track patients by reference to date of surgery and type of procedure. User can decide what sections of the data (pre-op, surgery, follow-up, complications etc.) they wish to collect, they can record as much or as little as they wish. The App works on any platform or device. Only BSGE members will have access to the database. In each section all fields are mandatory and some are auto populated. BSGE will have access to whole data set in time. All members of the society can use it; such as trainees and nurse Hysteroscopists. JC and ZK need another 20 hours to check and finalise database, which should be ready for pilot audits in December/January by BSGE Council members. Terms and conditions document was discussed including data protection policy, which will be created for the database. JC thanked DB and ES for their input.</p> <p>ACTION: JC and ZK to complete SICS programming and pilot in December/January</p>
	<p>BSGE ASM Cornwall 2016 Summary report</p> <p>AK has produced a financial summary for BSGE ASM in Cornwall. Around £150k was received in sponsorship and £60k in registration fees. Net profit is over £100k, which is a great achievement. The feedback from the meeting was very positive. BSGE need to note the ASM is now costing circa £100K to produce, which brings considerable risk if delegate's numbers fall, or there is organisational failure. On behalf of BSGE, DB thanked the Cornwall LOC for a very successful meeting.</p>
	<p>BSGE ASM Hull 2017 update</p> <p>DB reported that he has spoken to KP with ES. Venue for the BSGE ASM 2017 has been identified. Main conference can seat 1,000 with two rooms available for break out meetings. DB has recommended to KP to</p>

	<p>organise a dinner in the evening as it is very popular. ES and AK will visit the venue in Hull with KP. TI urged Council members to support the meeting. KP invited guidance for the scientific programme. Horace Roman and Marc Possover were suggested as possible international speakers. TC reported that feedback from companies was that they didn't like being too separate from main proceedings and breaks were not long enough. Length of presentation and numbers of platinum sponsorship was also discussed. It was agreed that presentation time for platinum sponsors will be reduced to 30 minutes, with first three in main programme. Council members were asked to suggest a suitable Alec Turnbull lecturer to BSGE Officers within a month.</p> <p>ACTION- TC, KP and ES will send out updated sponsorship letter ACTION- BSGE Council members to suggest suitable Alec Turnbull lecturer to BSGE Officers by 20th October.</p>
	<p>Forthcoming BSGE Meetings ES reported the Benign Surgery programme has been increased to a 3 day meeting with one day as Hands On Training workshop (HOT sessions) like the hysteroscopy course. Delegate numbers are growing. Hysteroscopy meeting performs well and the practical workshop is usually oversubscribed. Around 30 delegates have registered for the Fibroid meeting in November. Mail shots have been sent out by the BSGE and RCOG. Next year, BSGE would like to organise a joint meeting on Endometriosis with the BSGE outside of the RCOG. BSGE Anatomy workshop will be held in March 2017 plus BSGE ASM in Hull. SU suggested doing live video linking conferencing as new source of income.</p> <p>ACTION- ES to initiate joint meeting with BSGI on Endometriosis, using the new joint meetings guidance document.</p>
	<p>LapHyst project update MW reported that the project has moved considerably and he felt that a decision needed to be made about funding for administration of the project after the pilot stage. JE updated council members on the training format. There is no funding from the NHS for this project therefore industry are providing sponsorship and remain very supportive. This project was proposed by MW and JE at the ASM in Norwich in 2014 and JE was co-opted onto Council to initiate the project. JE reported that the LapCo project team had provided considerable support and passed on their learning from the laparoscopic Colorectal surgery project. BSGE has now run 3 Train the Trainers courses in Basingstoke and Colchester, resulting in 18 UK Gynaecologists trained to deliver training for LapHyst. Two six-person pilots are now started; Olympus has funded 6 trainees on 1st pilot. Ethicon/Storz are working in collaboration with each other to funding another 6 delegates in the pilot phase. Ultimate aim is to train 200 Gynaecologists in the UK, and reach 40% rate for laparoscopic hysterectomies.</p> <p>NW reported that the plan is that delegates will enrol in QUSUM database to collect data prospectively from all mentored cases, to track progress and detect areas of concern. ES gave financial update for the project. 3 Train the Trainer courses costed around £26k and ran with some shortfall. Delegates have paid £12k for administration costs. Olympus and Storz have agreed to pay mentorship sponsorship costs of £5k per delegate, although these funds have not been received and Storz now plan to pay retrospectively after each candidate's training event. MW reported that the full LapHyst project will need considerable administration. He explained that the Pelican Cancer Centre is a registered charity who have run 7 different projects similar to LapHyst project and he advises council that is suitable to run this project. The alternative would be to expand the BSGE Secretariat. MW advised council that MW, JE, ES and NW preferred administration by Pelican Centre. They</p>

	<p>have had multiple meetings with this organisation and feel the Pelican centre have the credentials to run LapHyst. Tom Cecil, Consultant Colorectal Surgeon and LapCo is affiliated with this charity. Professor Hanna has offered his expertise, academic assessment and contribution to LapHyst if the BSGE works in collaboration with the Pelican charity. There are proposals that if the BSGE can show benefit to women in the treatment of their pelvic cancer than further financial support may be available from Pelican Charitable funds. This may be achievable by working collaboratively with the BGCS. MW assured council members that Pelican cancer Centre will take on all financial liability with no risk to the BSGE.</p> <p>TC said this information was brand new to him and commented that making relationship with industries will come with a cost to other projects such as ST5+ trainee programme. ES reported that he spoke to Olympus training officer last week and he has confirmed that Olympus will have to make choices and would support 12 delegates for the LapHyst and 12 delegates for ST5+ programme and could run parallel programme. ES reported that no profit is made from the ST5+ programme but there is an influx of new trainees joining the society.</p> <p>There was further discussion around funding of the project, with some concern that all financial risk was not mitigated and that sums could grow to be substantial. This could raise financial risk to trustees. SV questioned new steering group members for the project by email and suggested changes. JC questioned the data collection and required more information on the LapCo adapted GAS forms to be used for LapHyst. To help progress the project, It was agreed to share the documents from Pelican Centre with the rest of the Council members. CG suggested that we should receive more information before a decision is made as there are financial risks and BSGE should finish the pilot first. JE and NW were concerned that momentum could be lost, with risk that one of the major company may withdraw if BSGE don't run the project with LapCo and Pelican Centre. Council felt it was not possible to make a decision at this stage.</p> <p>It was agreed to run and complete the pilot, to review the steering group so it reflected the input from portfolio leads with relevance (Industry relations, Laparoscopy training and audit and research). The current steering group leads had been developed but not agreed. The BSGE will explore the offer from Pelican Centre. BSGE Council members will see the documents for scrutiny prior to November's Council meeting.</p> <p>ACTION: BSGE President, Treasurer and ES will meet with Pelican lead and explore financial arrangements. Email from Sarah Crane to be circulated to full Council.</p>
	<p>Meeting closed at 21:10</p>