



British Society of  
Gastrointestinal &  
Abdominal Radiology

## **BSGAR Annual General Meeting**

**Thursday 2 February 2006, Roxburghe Hotel Edinburgh**

The Chairman, Dr David Breen, welcomed members to the meeting. He introduced the new Society Administrator Mrs Lavinia Gittins to the members,

### **1. Apologies for absence**

None were received

### **2. Minutes of the previous meeting**

The minutes of the meeting held in Leeds on 3 February 2005 were accepted as a true record of the meeting.

### **3. Matters arising.**

SIGGAR name change - in answer to a question from the floor, the Chairman confirmed that the society name had been changed to the British Society of Gastrointestinal and Abdominal Radiology. However it was pointed out that the banners and signage for the conference read "..... Radiologists". It was agreed these must be amended for the future, and other BSGAR material, including the web site, checked for the same error and corrected as soon as possible.

### **4. Chairman's Report**

Dr Breen reported on the society activity over the previous year.

(i) **GI Radiology training** – the chairman invited Dr Bruce Fox to give an update on progress with the Radiology Integrated Training Initiative (RITI). 20 training sessions on GI radiology had been identified and of these some 50 remained to be assigned. Dr Fox urged delegates to visit the RITI stand in the exhibition and to consider producing a session. Technical assistance was being provided to produce the teaching material, and a small honorarium and CME points were on offer to those people who agreed to take part.

(i) **Relationship of BSGAR with RCR** – Dr Breen confirmed that BSGAR had agreed to level 1 formal affiliation with RCR. The benefits of this to BSGAR were the association with RCR for promotion purposes, free use of meeting rooms and the use of the RCR postal address as an official society address. Before committing to this arrangement it had been determined that BSGAR could reverse its decision if in the future the interests of RCR and BSGAR diverged.

(iii) **BSGAR contributions to external projects** – the Education Officer Dr Mark Callaway reported that BSGAR members had been very active in contributing material and comment to the RCR Validated Case Archive, and to MBUR6 revision, as well as to RITI. On behalf of the society the chairman thanked everyone who had participated in these important projects.

(iv) **IR training syllabus** – Dr Breen informed the meeting that a new IR training syllabus was being drafted by BSIR. During the year BSGAR had been invited to contribute material for the GI sections of the syllabus. Dr Peter Rodgers had co-ordinated this work, and again the chairman thanked Dr Rodgers and everyone else who had contributed to the syllabus.

From the floor Professor Derrick Martin gave a brief account of the recent discussions, on future IR training and qualifications, between the RCR and the Vascular Society. A draft agreement had been drawn up, but a major difficulty with this was the absence of any reference to non-vascular training. This agreement was currently on hold, while RCR were considering negotiating with the Royal College of Surgeons to try to broaden the debate to cover other aspects of interventional radiology. Since this affected the future of GI radiology training Professor Martin urged the society to try to get representation for GI within the RCR and the Interventional Radiology Sub-committee, so that they could have some influence on the debate.

(v) **ACCEA awards** - Dr Breen reported that BSGAR had been confirmed as a recognised specialist society which could nominate members for ACCEA awards. Because of time constraints an interim assessment procedure had been adopted for the recent round of applications. It was intended that a small working party would consider this and put forward proposals for a procedure to be adopted for future application assessments. He urged members to submit applications in good time, and indicated that if BSGAR did not put forward its full quota of nominations then the quota might be reduced.

(vi) **Research and audit** –

SIGGAR 1 trial – Professor Halligan reported that he would be meeting with trial members shortly to report progress. The trial was going well with over 2000 patients recruited to date.

ROST 2 -- the revised registry of oesophageal stenting (ROST) would be available online shortly. BSGAR had agreed to support the registry financially for three years, along with several other societies.

From the floor Dr Alasdair Taylor reported that he had completed an audit of access to rectal MR services and published this with assistance from Steve Halligan.

(vii) **Standards** - BSGAR members had contributed to a number of guidelines.

From the floor Dr Shona Campbell informed the meeting that the Association of Coloproctologists of GB and NI was holding its annual meeting in July 2006, and was seeking a position statement on the management of large bowel obstruction, using evidence based information, Any offers of assistance with this would be welcomed.

(viii) **BSGAR Committee** – following a review of the committee membership and terms of office, it had been determined that the following posts would be open for nomination and election

- Treasurer
- Education officer
- Liaison officer
- Standards officer

The Secretary would be inviting nominations shortly and elections would be held in the near future. Anyone who was interested in any of the posts was invited to contact Dr Rodgers

**ACTION : Dr Rodgers**

(ix) **Liaison with other societies** – BSGAR had already established liaison contacts with several other SIGs. It was proposed that this could be extended further to such groups as AUGIS, BASO, Pancreatic Society of GB&I, Association of Endoscopic Surgeons of GB, The nominated representatives would work with the committee Liaison officer.

Dr Campbell reminded the committee that her term of office as ACPGBI representative would be completed in 2008.

Dr David Richardson said that he would not be standing as Liaison officer on the committee since he felt that he had not been able to devote sufficient time since being co-opted to the committee, to what he felt was an important area of activity.

## **5. Treasurer's report**

Dr Jobling presented the preliminary accounts figures which showed a balance of around £20,000. He stressed that the accounts had not been formally audited. During the year the society had committed itself to increased expenditure, for the web site, for administrative services and for the ROST registry. There had been no change in the subscription level since the original SIGGAR was founded. He reminded members that he had forecast that a change of subscription was likely at the last AGM.

The committee had reviewed the membership subscription level in the light of these additional expenses and were proposing an increase in fees to £50.00 per annum for Full members. The new subscription rates would come into effect from 1 April 2006, and the subscription year would be changed to run from April to March. An adjustment would be made for those members who would pay between January and April.

It was suggested from the floor that members still in training should pay a reduced rate, however Dr Jobling said there was no constitutional provision for this, although it was recognised that it was important to attract younger radiologists into membership.

From the floor Professor Martin advised the committee to develop some long term objectives and accompanying forward financial strategy and forecasts. If the intention was to apply for charitable status then BSGAR would need to have several years of audited accounts to satisfy Charity Commission requirements.

Dr Callaway supported these recommendations and congratulated Dr Breen for setting the society on a firmer foundation from which it should be able to move forward.

## **6. Consultation on Enabled Access – joint RCR/RCGP Guidelines.**

A consultation document on joint guidelines for access to imaging from primary care had previously been circulated to members for consideration via the BSGAR web site. Dr Breen reported that in the committee discussion concerns were expressed on several aspects of the document. The short consultation time was felt to be inadequate for proper response. The origins of the codes and tariffs included in the document were not known and it was generally agreed that the proposed tariffs did not reflect the true cost of providing the service. The proposed codes conflicted with the other coding processes being carried out in the SNOMED group It had been

agreed that Dr Rodgers would draft a response to include these concerns together with any further comments, and members were asked to contact Dr Rodgers with their views.

**ACTION: Dr P Rodgers**

#### **7. BSGAR Conference, Edinburgh**

The chairman invited feedback from members on the conference programme. There were some complaints that the "political session" had been cut short. It was suggested that one and a half days was not long enough for the conference.

Regarding venues for future conference, both Oxford and York were considered good centres.

#### **8. ESGAR UK Conference**

Dr Halligan told the meeting that ESGAR were still considering a meeting in the UK, but there were concerns about the high cost of suitable UK venues. Members were invited to send their views and ideas on this to Dr Breen as the ESGAR representative in UK.

#### **9. New BSGAR Chairman**

Dr Breen thanked the committee members for their work and support during his term of office as chairman, and then introduced Dr Steven Halligan as the new BSGAR Chairman.