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BSGAR Annual General Meeting

Thursday 2nd February 2011, Manchester

The Chairman, Dr Simon Jackson, welcomed members to the meeting. 63 members were present. Dr Jackson gave apologies for Dr Ashley Roberts

1. Minutes of the previous meeting

The minutes of the meeting held in Bristol on 3rd February 2010 were accepted as a true record.

2. Chairman's Report

Dr Jackson reported on the Society activity over the previous year, including reports from committee members with specific responsibilities. Dr Jackson thanked the committee members for their hard work during the year.

The committee for 2010 was:-

- Chair – Simon Jackson
- Secretary – Ashley Guthrie
- Treasurer – Ashley Roberts
- Liaison Officer – Hans-Ulrich Laasch
- Standards Officer – vacant
- Education Officer – Andrea Philips
- Research Officer – Stuart Taylor
- Audit Officer – Andy Lowe

(i) General activities

The committee was developing a clear strategy to profile the society as a coordinated voice "BSGAR". The membership was stable and proactive. There had been an increased activity for BSGAR during the year with involvement with multi-centre research studies, NCRI Upper GI Cancer Group, NICE, NHS Connecting for Health, BSG, ESGAR and UK Digestive Federation. BSGAR has full affiliation as a Royal College Radiology SIG. The programme planning committee for the British Congress of Radiology 2012 includes two BSGAR members, Giles Maskell and Clive Kay. Tony Higginson continued as chairman of FRCR MCQ Panel. BSGAR is a recognised Subspecialist Society in the ACCEA Award process. Dr Jackson thanked Dr Kay for co-ordinating the ACCEA application process.

(ii) *Annual conference*

The BSGAR 2010 meeting in Bristol had been very successful. The development of the annual meeting programme for 2011 reflected comments made by members from the 2010 event:

- Length of the meeting remains 1.5 days
- Welcome reception and Annual Dinner maintained
- Programme brochure with key learning points
- Updated CME delegate evaluation form
- Traffic Light System, to keep sessions on schedule
- Generous coffee/lunch breaks retained

For sponsors, the sponsorship price structure had been changed to include a loyalty price and late booking fees. The meeting brochure provided additional advertising opportunities for sponsors. Bayer had maintained their sponsorship of the Annual Dinner, and Dr Jackson expressed thanks on behalf of BSGAR for their continued generosity.

(iii) *Research*

Dr Stuart Taylor was the Research Officer

Involvement in research was an important part of the society strategy, and central to the development of a BSGAR national profile. BSGAR provides support/”drive” to various national trials, such as FOxTROT, CReST, FIAT and ISAAC, and BSGAR members sit on management committees for trials. BSGAR members are increasingly engaged by trial PI’s for expert advice. The society maintains a seat on NCRI Colorectal Surgical Subcommittee

Current research projects were:

- **FOxTROT:**
 - 69 UK sites with 15 new centres during 2011
 - >43 BSGAR members involved
 - Pilot stage confirms accuracy of radiological staging
- **CREST:**
 - 40 UK sites with 35 new centres during 2011
 - 31 BSGAR members involved
- **FIAT:**
 - Damian Tolan is the radiological lead
 - First site- Leeds General Infirmary.
 - 39 Centres ready to submit ethics
- **ISAAC:**
 - Stuart Taylor on trial management committee
 - Pilot site recruitment underway
- **New Research Studies:**
 - **Prospect Trial:** Co-applicants successful for HTA bid - Vicky Goh as trial PI, Steve Halligan, Stuart Taylor
 - Pilot sites open early 2011

(iv) *Audit*

Dr Andy Lowe was Audit Officer. The following projects had been active during the year

National RIG Audit

- Data collection closed Sept 2010
- 17 centres – 685 cases recruited
- Largest multicentre RIG study performed

National Colonic Imaging Provision Audit

- BSGAR led with agreement of RCR

(v) *Standards*

David Burling stepped down from post of Standards Officer during 2010.

- CTC Standards Paper was published in ClinRad in June 2010. Dr Jackson thanked all BSGAR members who had been involved in the production of the standards document.
- NHS Connecting for Health
 - Peter Wylie was seconded to the clinical imaging procedures management group

(v) *Education*

Dr Andrea Phillips was Education Officer. The main activities for the year were

(a) **BSGAR Website:**

New sections on Education and Research had been added during the year, covering Research, Audit, Registries, Courses, Books, and Journals. Some Patient Information Leaflets had also been added, and new guides were planned for more recent GI techniques

The new Junior Forum Section included information on GI Curriculum, fellowships, grants, courses, and website links

Members were urged to encourage trainees to visit the information on the web site.

Future plans for the web site were to add lecture notes, interesting cases, and the BSGAR constitution

The website had limitations in its current format, it was difficult to update, the subsection layout could be improved, and the overall layout was becoming dated. However, the Discussion Forum works very well, and the site easily maintained without significant development costs. The Committee had decided to re-vamp the website, and a preliminary investigation of costs was planned for 2011.

(b) **MBUR7**

The review of the GI section of MBUR6 to produce MBUR7 had been led by Andrea Phillips. The review group comprised 36 GI experts (a large proportion of them BSGAR members), who reviewed 34 GI guidelines, 18 GI cancer guidelines, and 3 GI Paediatric guidelines. The review was completed by September 2010. On behalf of BSGAR Dr Jackson thanked all the contributing GI radiologists. Dr Phillips had compiled BSGAR guidance notes for whoever would be leading the next review to produce “MBUR8”

(vi) *Liaison with other groups*

Dr Hans-Ulrich Laasch was Liaison Officer. Links have been maintained with the following groups

BSG

- Current chair of the radiology subgroup was Julian Elford. Dr Jackson thanked the outgoing chairman, Steve Lee, for his work on the group. Several other BSGAR members serve on the radiology section committee.

NPSA - Upper GI-bleeding audit:

Recommended uptake of SIGN (Scottish Intercollegiate Guidelines Network) guide lines, no immediate impact on radiology

UK “Digestive Federation” (UKDF)

The first combined UK Multidisciplinary GI Meeting “Digestive Diseases Week”, will be held in Liverpool June 2012. The programme planning committee is led by BSG and AUGIS, and BSGAR is contributing to scientific content of the meeting. BSGAR has no financial commitment, and the BSGAR 2012 Annual meeting will take place as normal.

ACPGBI

The present Radiology representative is James Hampton, but he is near the end of his term of office, and a replacement for him will be needed shortly. ACPGBI are proposing a Council restructuring, with radiology, pathology, and oncology members on the MDT committee, and the MDT chair reporting to Council.

The Colorectal stent registry remains open.

BSIR

BSIR registries are now located on a new server, to give faster access. The second report from the ROST registry has been delayed, and BSIR support for this registry is waning. Preliminary data analysis from the Biliary registry has indicated alarming complication rates. It is still unclear whether this will be a non-vascular index procedure, and long-term BSIR support is uncertain.

National Oesophago-Gastric Cancer Audit

- Third annual report has been published

NICE

BSGAR members were involved in several NICE working groups
Colorectal Cancer Guideline Development Group - Alasdair Taylor

Colonoscopic surveillance for patients with UC, CD or adenomas - Bruce Fox
Guideline in press: CTC preferable over BaE as alternative to colonoscopy

Removable SEMS for variceal haemorrhage -Hulla Laasch (on behalf of BSIR)

Management of acute anaphylaxis scoping workshop -Hulla Laasch (on behalf of RCR)

4. Secretary's report

Ashley Guthrie presented his report

(i) Committee elections

Andrea Phillips was elected as Chair-Elect

Ashley Guthrie was re-elected as Secretary

Peter Wylie was elected as Standards Officer

The vacancy for Research Officer, since Stuart Taylor had now completed his term of office, would be advertised to members shortly.

(ii) Amendments to BSGAR constitution

The details of the proposed changes had been circulated to BSGAR members before the meeting.

The proposed changes are noted in italics:

(a) Chairman/ Chairwoman to be renamed President

This was accepted unanimously

(b) **Associate Membership**

3.2.1 Will be open to *nurses and* specialist radiographic practitioners who spend the majority of their time in abdominal or GI radiology.

3.2.9 *Associate members will enjoy the privileges associated with membership with the exception that they will not have voting rights.*

This was accepted unanimously

(c) Changes relating to co-options and terms of office

5.1 Additional members may be co-opted to the committee from time to time at the discretion of the committee. *(The term of office of such members will be limited but will not be greater than one year.). The term of co-opted members will be flexible but a typical period would be for one year and subject to annual renewal.* Such co-opted membership will not affect the rights of that person to be nominated for a position on the management committee according to the rules above.

5.2 *The initial period of office for the Treasurer and Secretary will be 2 years, this may be extended for a further 2 years without re-election if the support for the officer by the management committee is unanimous.*

This was accepted unanimously

(d) Changes relating to BSGAR accounts

9.1.1 *Prior to the annual general meeting the accounts should be submitted to two auditors to audit the accounts. The auditors must be members of the society but not current members of the management committee.*

This was accepted unanimously

(e) Changes relating to ACCEA awards

- *14.1 BSGAR is recognised by ACCEA in the support of applications for national awards. A sub-committee of between five and ten people will be constituted. The subcommittee will be*

chaired by a senior BSGAR member and comprise the Chair of BSGAR (who may chair the subcommittee), the immediate past Chair, the Secretary, and at least two co-opted senior members of BSGAR invited on the basis of a fair geographical distribution and one co-opted lay person. Any sub-committee member applying for an award will not participate in the process for that level. The sub-committee will process applications for schemes in place in Scotland and Northern Island in a similar fashion to that of England and Wales.

- *14. 2 BSGAR invites nominations for support from full members of good standing for 2 years or more.*
- *14.3 Applications for awards are assessed independently by sub-committee members based on the following criteria:*
- *14.3.1 Significant contributions to the practice and development of GI and Abdominal Radiology.*
- *14.3.2 Significant contributions to the establishment of standards and delivering high quality patient care in GI and Abdominal Radiology.*
- *14.3.3 Significant leadership and management contributions to the practice of GI and Abdominal Radiology.*
- *14.3.4 Significant contributions to GI and Abdominal Radiology through teaching and training.*
- *14.3.5 Significant contributions to GI and Abdominal Radiology through audit and research.*
The sub-committee will take into account the above criteria as well as significant contributions of the applicant to BSGAR.
- *14.3.6 Each sub-committee member will score the fields according to the published ACCEA criteria. A summated score will be used in the ranking process. After ranking, individual citations will be drafted, collated by the sub-committee and submitted to the ACCEA.*

This was accepted unanimously

5. Treasurer's report

Dr Jackson on behalf of Dr Roberts presented the Treasurer's Report.

Bank account balances at January 1st 2011 (2010)

- Current Account £20, 941.09 (£11,194.96)
- Reserve Account £25,645.01 (£25,934.63)

The income and expenditure accounts showed income of £15,942.44 (£14,249.17) and expenditure of £6330.81 (£8,478.77). The income from the 2010 annual conference was more than 2009, and bank interest was small due to the low interest rates. Expenses for committee meetings were less than 2009, due to reduced travel costs.

Dr Jackson said that the total cost for the 2010 conference in Bristol had been £56000, and that the accrued financial reserves were still not sufficient for the society to cover the cost of a conference.

Dr Roger Frost said that he and Dr Shorvon had reviewed the accounts, and they both recommended their acceptance. They both agreed with the principle of continuing to build up the society funds for the present.

6. BSGAR Research Committee

Stuart Taylor said that the BSGAR committee was proposing the creation of an additional ad hoc research sub- committee.

The rationale for this was

- (a) BSGAR members are frequently active in research, and involved in local, national and international research.
- (b) there is a great wealth of expertise within BSGAR and many members enjoy a high national profile. Currently BSGAR has no formal record of this, and perhaps fails to capitalise on this to raise the BSGAR profile.
- (c) BSGAR is frequently approached by other sub-speciality groups to input into national studies. This approach is often to an individual rather than the organisation. The onus is then on the individual to involve BSGAR early (e.g. at the trial design stage), rather than after protocols etc are complete (i.e. recruitment site stage). The individual has no compulsion to approach BSGAR at all.
- (d) Currently individual BSGAR members leading large studies approach BSGAR for help, typically to provide recruitment sites. BSGAR itself does not lead trial proposals
- (e) BSGAR research officer usually acts in a reactive way to coordinate BSGAR response to approaches from other research groups, or individuals.

Roles of an ad hoc research

- Increase the profile of BSGAR in research
- Act as a resource for BSGAR members
- Increase the BSGAR profile amongst subspecialty research groups

How would the committee work?

BSGAR members would approach the committee chair if they were asked by other societies to contribute to research proposals/studies, or if they wished to develop a research idea/application (e.g. in response to a national call). A committee would then be formed to help the process i.e. experienced individuals would be invited to join to help formulate protocols, recruitment sites etc

Suggested Committee composition - the composition of the committee would be fluid, comprising possibly

- BSGAR research officer
- Outgoing BSGAR research officer
- BSGAR member approaching the committee
- Secretarial support
- “sleeping” members e.g. those sittings on national or subgroup committees
- Ad hoc members responding to calls from the committee

Safeguards - the rationale is to increase the profile of BSGAR in UK (and European) GI research, using both current BSGAR members and other subspecialty groups. The aim is to help not hinder BSGAR members, and individual BSGAR members would remain “in charge” of their project.

Dr Taylor invited comments from the floor.

Prof Halligan asked what would happen if two members wanted to lead a national trial, how would any choice be made as to which to support? Dr Taylor said that his was a potential problem area, and a fair means of choosing would have to be devised and agreed. Dr Shorvon felt that BSGAR

could not choose between members and applications, but in reality it was usually obvious which applications would be successful.

Prof Halligan said that he was often involved in assessing applications for research projects, and he welcomed this initiative if it helped to improve the quality of applications.

Dr Taylor reiterated that it would not be the committee's role to vet or review applications; rather it was to provide advice, and assistance with identifying appropriate resources.

Dr Breen suggested also that the committee could try to ensure there was appropriate radiological representation on trials management groups if this was thought to be necessary.

In summary Dr Jackson said he believed that the general feeling of the meeting was in favour of the proposal, and the committee would proceed accordingly.

7. Cancer Reporting Standards

Dr Guthrie reported on a joint Royal College of Radiologists and National Cancer Information Network initiative to produce templates for cancer reporting. The objective was to improve (staging) radiological reports to ensure that all the key findings that influence clinical management are documented. There was some debate as to when these reports should be completed, and also whether they would become a standard of care or audit tool. Colorectal cancer was due to be one of the first templates and BSGAR members will be asked to comment on the template in due course.

BSGAR 2012 and 2013

The BSGAR Conference in 2012 will be held 1-3 February at the Hilton Hotel in Cardiff, and Ashley Roberts will be the Local organiser.

No decision had yet been agreed for the BSGAR 2013 conference, and the committee had put forward suggested venues as Cambridge, and south coast (Southampton, Brighton or Winchester). From the floor David Richardson said that he and other colleagues from the Newcastle area had been asked previously to consider the organising the conference for 2013, and they had done some preliminary work on this already. Other members expressed support for holding the conference at a southern venue.

8. ESGAR 2012

This will be held in Edinburgh on 10-13 June 2012 at the EICC, and Prof Steve Halligan was the Conference President. Prof Halligan was responsible for organising the Post-graduate course at the conference, and the topics would be based on GI luminal topics. Professor Halligan would be invited to attend the BSGAR committee meeting in April 2011, to discuss the programme for this, and how BSGAR could be further involved.

9. CME points

From the floor Dr Richardson said that he understood that members were concerned about the cost of the meeting, and the number of CME points that were awarded for attendance. He suggested that if the meeting lectures were available on the BSGAR web site linked to MCQs, then members could earn CME points by completing the questions. Dr Phillips replied that the web site in its

current format was difficult to update, but this suggestion would be borne in mind when the web site revamp was considered.

There being no other business, Dr Jackson thanked the members for attending and he then closed the meeting.