Executive Meeting of The Association of Coloproctology of Great Britain & Ireland

Monday, 28 September 2015 at 11 am – 4 pm

ASGBI Board Room
The Royal College of Surgeons of England
35-43 Lincoln’s Inn Fields, London WC2A 3PE

MINUTES

Present
Mr SR Brown Honorary Secretary (SB)
Mr TA Cook Assistant Treasurer (TC)
Mr RJ Davies Chairman, Education & Training Committee (RJD)
Mr PM Dawson President-Elect (PD)
Miss N Fearnhead Chairman, Research & Audit Committee (NF)
Mr J Hill President-in-Waiting (JH)
Mr C Maxwell-Armstrong Chairman, Multidisciplinary Clinical Committee (CMA)
Mr P Sagar Assistant Secretary (PS)
Mr MP Saunders Chair, BDRF (MS)
Mr B Singh Treasurer (BS)
Professor RJC Steele President (RJCS)

In attendance: Miss A Brook, Miss A O’Mara

1. Apologies for absence: M Coleman


3. Matters arising
3.1 CPD

Received: The Edinburgh College application form including guidance for CPD approval of surgical events.

The Coloproctology Tutor and the Chairman of the Education & Training Committee have devised a process for the ACPGBI to approve coloproctological educational events. The system will be administered via the ACPGBI Education and & Training Committee initially. There was discussion about whether there should be a charge for processing an application. It was proposed that the service be available free of charge to members but that a charge be made for applications from non-members and companies.

ACTION: Refer to Education and Training Committee for its views.
3.2 Clinical Governance Board
Vacancies on the panel will be confirmed soon. Ideally the persons recruited should have done medico-legal work or NCAS training.

ACTION: include item on Council agenda.

The Chair of the CGB has had a meeting with Ralph Tomlinson regarding the IRM and the role of the RCS in conjunction with the CGB with respect to trusts and outliers.

Received: a paper prepared by Mr Rooney entitled “Explaining divergence in clinical outcomes for trusts”.

3.3 DDF Survey
A survey regarding the DDF meeting devised by ACPGBI has been circulated to members. There were 165 responses. Of these 47.88% had attended the 2015 DDF meeting. 56.76% of non-attendees cited reasons other than venue, cost, format of programme and the fact it was not a standalone ACPGBI annual meeting. 61% of attendees would not be supportive of a proposal to replace an ACPGBI annual meeting with a DDF meeting.

Peter Dawson reported there were 401 member registrations. He anticipates a modest profit for the ACPGBI. The Executive resolved to recommend to Council that the ACPGBI should not repeat its involvement in a DDF meeting.

ACTION: Results of survey and recommendation to be added to Council agenda.

3.4 Emergency General Surgery
Received: notes prepared by Asha Senapati of the Emergency General Surgery Advisory Board meeting held 8 July in Manchester. It is unclear what the ultimate objective of this group is. If it does not engage with the government it is unlikely to have any effect on EGS services.

Peter Sagar has been appointed Director for EGS within ASGBI. EGS will feature prominently at the next SAC for General Surgery meeting. ASGBI supports the EGS model that PS favours. The situation that has arisen in Manchester may have a strong impact upon the EGS Director’s role. Asha Senapati will remain the official ACPGBI representative on the ASGBI EGS Advisory Board.

3.5 Colorectal Disease Update
Agreed: There will be two meetings per annum to discuss business matters relating to the journal. Attendees will be the relevant ACPGBI officers, the Editor-in-Chief, an ESCP representative and Rupert Cousens from Wiley.

If the ACPGBI were to move from a combined print/online subscription to an online only subscription in 2016 for the Ordinary Surgical Members the cost per subscription would reduce to £35 which would save over £17,000 in total. The cost of receiving a printed journal will be £125. It has been agreed in principle that all ESCP members will have an online only subscription to Colorectal Disease via an institutional licence fee funded by ESCP.
Agreed: The subscription to the journal for Ordinary Surgical Members will become an online only subscription from 2016. If any member wishes to receive a printed copy this will incur an additional charge of £125 which should be collected via the publishers.

In view of the reduced cost of providing the journal to Ordinary Surgical Members in 2016, Baljit Singh does not see a need to increase membership subscriptions for next year.

ACTION: PD/BS to liaise with publishers.

4. Matters for information

4.1 Chapter Representatives
Chapter Representatives were emailed a request to provide a written report by 25 September. Three of them have been asked to also give a verbal report at the October Council meeting. A report template was appended to facilitate this. Reports will be posted on the website after the meeting.

ACTION: SB to chase the non-responders.

A new section on the website for the Executive and Council is in development.

4.2 Constitution change
Agreed: Amendment to section 34 of the Constitution as follows.
If there is felt to be a need for a sub-committee to be formed the same process for appointment as that for major committees will be followed (see section 22).

4.3 IBD Sub-committee
There are 14 applications for the 5 vacancies. A ballot of Council members entitled to vote will be organized.

4.4 Resources for Coloproctology
Noted: “Resources for Coloproctology 2015” document and the executive summary document. Bowel Cancer UK is in the process of designing the document. The draft requires a foreword. The completed versions will be published in pdf format on the relevant websites.

5. Matters of urgent business (taken after agenda item 6)

5.1 Proposed junior doctors’ contract
If the ACPGBI does not engage with this, we have lost the opportunity to shape future services. The Surgical Colleges in England state it is not the place of colleges to comment on terms and conditions. It was agreed any ACPGBI response should avoid pay issues.

ACTION:
1. RJCS to focus on issue in next newsletter to members.
2. RJCS to draft letter to the President of RCS England

5.2 Surgical outcome data
Professor George Hanna is evaluating surgical outcome data with the aim of making it more meaningful to patients. A questionnaire was mentioned. It was noted that ACPGBI had already done some of the work in explaining outcome data information to patients. HQIP is heavily involved in a programme to present outcome data.
ACTION: RJCS to reply to Professor Hanna

5.3 tatME
It has been suggested that a database for tatME related procedures be set up. However, there is already a database containing >500 tatME cases hosted on www.lorec.nhs.uk. The volume is insufficient to warrant the development of a national training programme. Procedures should be carried out in specialist centres.

5.4 GI bleeding
Results of a national audit are awaited. Guidelines will be published in Gut.

5.5 Vic Fazio has died. Chis Williams is seeking an obituary for the “Lives of the Fellows”. ACTION: RJCS to ask Neil Mortensen to write it.

6. Manchester situation
Noted: 1) a report of heath and care in Greater Manchester compiled as part of the “Healthier Together” project. 2) an email from Jim Hill regarding the plan over the next two years is to reduce the number of sites performing emergency laparotomy to 4 (from an existing number of 9). The suggested job plan for surgeons (mainly colorectal but some upper GI as well) is for them to have more PAs for emergency than elective work. The proposals for Manchester are linked to a resources issue. JH thinks the third colorectal surgeon job model described in the resources document, namely “Colorectal specialist with general on call” is the most common.

Agreed: SB to expand section in resources document dealing with on call.

Some surgeons in Greater Manchester think they would not be able to run an elective colorectal service under the proposed changes. Indeed the changes could take some surgeons away from surgery as well as their elective surgical specialism. This raises the question of whether a colorectal surgeon whose elective colorectal work has much reduced will still be entitled to call themselves a colorectal surgeon. A similar arrangement is being considered in some London hospitals.

Agreed: a statement regarding the minimum requirement for elective colorectal surgery in a job plan to be added to the resources document.

ACTION:
1. JH to liaise with SB regarding the various job plans to be outlined in the resources document.
2. SB to revise relevant sections of resources document

The number of surgical jobs being advertised as EGS posts is increasing. If the Manchester model is rolled out widely it will dilute the specialty.

ACTION: SB to forward the ACPGBI view on EGS posts to PD.

7. 2016 annual meeting in Edinburgh
RJCS and SB will review programme.

ACTION:
1. BS to formulate a formal expenses policy. The ESCP policy will be used for reference.
2. AOM to send out formal invitations to speakers.
8. **ASGBI**

Noted: 1. correspondence between RJCS and the President of ASGBI as to how ACPGBI and ASGBI can work more closely together. 2. a draft reply from RJCS. 3. Nick Markham has been invited to attend the October Council meeting.

**ACTION:** RJCS to send reply.

The ACPGBI will organize a session at the 2016 ASGBI surgical congress in Belfast. The session on EGS at the 2016 ACPGBI annual meeting could be badged as an ASGBI session.

There are moves afoot to accredit all clinical services, in England and Wales at least, and ACPGBI has been approached by the Clinical Accreditation Alliance to contribute to this process. An appropriate role for ASGBI would be to represent Emergency General Surgery, as this is likely to be divorced from the provision of elective services when the accreditation schemes are set up.

Discussions with the BJS about a preferential subscription rate for ACPGBI members have been temporarily halted.

9. **Strategy update**

9.1 Noted: Draft three year strategic plan and Executive summary of the plan

**ACTION:**
1. RJCS to amend the Executive summary.
2. AB to post Executive summary on website.

9.2 Trustees

Noted: a Proposal to appoint a Board of Trustees to ACPGBI prepared by A Senapati. PD is in favour of having a Board of Trustees to which the Executive is accountable. Any such group would need very clear terms of reference. Would a board of 9 be too large and would 3 meetings per annum be excessive? The ramifications of such an arrangement need careful consideration.

**ACTION:** RJCS and PD to discuss in more depth.

9.3 Role of past-presidents

If the proposal outlined in 9.2 was introduced, past-presidents would be invited to serve as a trustee for up to 3 years.

9.4 Agreed: Proposal from Jo Church for Paul Walton to see strategy document.

**ACTION:** RJCS/SB to contact Jo Church.

10. **Education and training**

10.1 Noted: programme for TaTME educational consensus workshop on 12 October 2015

This course has been badged by the ACPGBI. It was suggested it could be part of a national training programme for TaTME.

**ACTION:** Criteria for badging courses to be revised.

10.2 Badging of fellowships

**ACTION:** A summary document will be produced in a few weeks.
10.3 Prize package
At the 2016 Annual Meeting the following will be available.
- Rosettes for posters of distinction
- A BJS prize for best oral presentation given by a trainee
- A Poster prize
- Two awards funded by Karl Storz Endoscopy UK for laparoscopic based presentations.

There were mixed views about the proposal for a colorectal trainee of the year award.
ACTION: Discuss proposal at Education & Training and Research & Audit Committees.

10.4 Coloproctology Tutor update – noted.

10.5 M62 Course programme – noted and compliments expressed.
Noted: the surplus from the M54 Course can be used as pump priming funds for educational purposes.

10.6 ACPGBI/Dukes’ Club Fellowships – to be advertised later in the autumn.

11. Multidisciplinary Clinical Committee
11.1 Accreditation update
CMA attended a meeting at the BSG but there have not been any further developments. RJCS has a meeting with the BSG President on 6 October. This will be an opportunity to discuss a strategy for accreditation. IBD which has previously been suggested as a very suitable topic for accreditation will require surgical input.

11.2 PAS 1616
Noted: PAS 1616 project overview document prepared by BSI Standards Ltd on behalf of the Clinical Services Accreditation Alliance.

Accreditation needs to be joined up with “Getting it right first time”.

ACTION: Ask John Abercrombie to comment at next Council meeting.

11.3 Patient information sheets
These are a work in progress. Abigail Vallance, the NBOCA Fellow has been asked to produce some patient information sheets relevant to outcome data. These could be useful to the ACPGBI.

12. Research and audit
12.1 COP
Noted: October 2015 report for ACPGBI Council

The ACPGBI will be presenting case numbers and risk-adjusted 90-day mortality for elective colorectal cancer surgery from the four-year audit period of April 2010 to March 2014. The planned publication date on the ACPGBI website is 18 November 2015.

Consultant outcomes will again be published this year on the MyNHS website. A direct web link for every surgeon included in COP will be placed alongside the entry on MyNHS. Using the link will take any user directly to the relevant page on the ACPGBI website and so provide immediate contextual information.
Positive outliers at Trust level will be published. There are no positive outliers at individual level and anyway the ACPGBI had not agreed to publish at that level.

Consideration has been given on how best to incorporate private patients within COP this year. The best current solution is to allow individual surgeon data to include all submitted private cases but Trust data should only include cases actually operated in that Trust whether as NHS or private patients. Where a surgeon’s data includes private cases done outside the Trust under which that surgeon is reported, the Audit shall keep a note of this and there will be a standardised form of words on our website publication to that effect. Only 49 private cases have been included in the data submitted for the 2015 publication whereas anecdotal evidence suggests there are around 1,000 such cases which could be included. M Chapman is liaising with an independent group looking at this issue and will feed back to Council.

If there are no cases registered against a surgeon’s GMC number for the two year period April 2012 to March 2014, the surgeon’s outcomes will not be published. If there are no cases registered against a surgeon’s GMC number for the one year period April 2013 to March 2014, the surgeon’s outcomes will be published on the ACPGBI website with a comment that no cases have been recorded for this period, but will not be submitted for publication to MyNHS.

For members the website publication will include a link from the COP data to the individual surgeon’s entry in the specialist directory if that member has opted to be included.

ACTION
1. AB to look up GMC numbers of members in the COP data who do not have their GMC number on their membership record.
2. AB to email members encouraging them to review/update their profile.

Responsibility for COP will pass to the Honorary Assistant Secretary from July 2016.

ACTION: SB to update job description accordingly.

The ACPGBI took out indemnity insurance last year. The amount of cover will be increased to £2 million before the 2015 publication. The excess should be included in budget figures. HQIP have now stated that indemnity insurance is required for publication.

The audit is concerned about two groups of patients. 1) patients not receiving any surgery when previously they would have. 2) patients undergoing a Hartmann’s procedure instead of an anastomosis.

12.2 NBOCA Clinical Advisory Group
Noted: minutes of the meeting held 2 June 2015
HQIP is funding the CAG. No changes will be made until it has been established. 1 PA for the NBOCA Oncology Lead is required.

ACTION: Dr Simon Gollins to be notified of vacancy.

12.3 Delphi research programme
Funding for start ups has been agreed. Applications should be sent to the Honorary Treasurer. A Delphi on the Delphi is planned.

12.4 Audit and databases
Noted: terms of reference of the IBD CAG. SB was asked to take on the role of Chair. NF has spoken to Simon Swift regarding SWORD. A draft database exists. It requires Trust level data not surgeon level data. The database uses HES data. It is unclear how an FOI request would be managed. It would be worth spending 3-6 months fine tuning the database so that it can be used for more than just pouches.

The anal cancer database has been completed. Karen Nugent will speak about it at Council.

12.5 Wales
Noted: 1. Minutes of telephone conference on 9 September 2015 regarding Welsh cancer mortality data. 2. Terms of reference of ACPGBI Enquiry Colorectal Cancer Outcomes in Wales

The ACPGBI awaits permission from the Medical Directors of the North and South Cancer Networks to take the matter forward. The Executive agreed to fund this but it was pointed out that it might not really be an ACPGBI responsibility to fund an enquiry. The counter argument is that The ACPGBI is keen to avoid being tainted by doing nothing and the initiative has been inspired by the Chapter Representatives for Wales on Council.

12.6 BCUK Critical Research Gaps
Noted: a document entitled “Gaps in Research Project Working Groups”.

13. BDRF
Noted: BDRF wishes to be a separate stakeholder with NICE.

14. Audit of office update
ACTION: BS to arrange. This will include indemnity and governance issues.

15. Bowel Cancer Screening Programme consultation on whether to move to FIT test
Noted: A draft response prepared by RJCS

ACTION: draft response to be included on agenda for next Council meeting for approval.

16. Request from Michael Willis
Received: an email from M Willis and his proposed article for submission to the journal, Learned Publishing

ACTION: SB to confirm to S Willis that the Executive approves.

17. AOB
17.1 NBOCA is sending an organizational survey to cancer leads as it is not happy with the reply rate to a similar ACPGBI survey.

18. Date of next meeting
ACTION: SB to circulate a Doodle poll.

Future meetings
Executive meeting: Monday, 1 February 2016. The focus will be strategy. Venue: RCS Edinburgh office in Birmingham

To be preceded by an overnight stay and dinner at the Hotel du Vin, Birmingham.

ACTION:
1. SB to invite Jo Church to attend.
2. A member of NAHPG to be invited to attend.

Council meeting – Monday, 22 February 2016 11 am – 4 pm
Venue: Moynihan Room, RCS England