

**BHS Executive Conference Call**  
**Monday 20<sup>th</sup> November 2017 at 21.00hrs**

**Chair**

Peter Howard

**In attendance**

Jonathan Howell

Andy Hamer

Andrew Manktelow

Richard Field

Stephen Jones

Ben Bolland

Fares Haddad

Vikas Khanduja

**1. Apologies**

None

**2. Minutes of the BHS Exec committee conference call 9th October**

These had been amended slightly by VK and were accepted as a true record of the meeting.

*Matters Arising:*

*a). BHS membership application process.*

RF reported that the website process was working with 22 new applicants, 14 of which had been proposed and seconded by members of good standing.

**Actions: RF to make members database available to all Exec members.**

**AJH to add discussion of membership process to AGM agenda. Thereafter “applications for membership “to be added to Exec meeting agenda.**

*b). GIRFT/NHSR medical negligence draft guidance.*

PH reported that he had completed his comments on the documents.

**Action: PH to circulate to Exec members for information.**

*c). Specialist Societies input to BOA simulation curriculum.*

VK reported that this was a rather long unstructured document. Simulation was clearly at an early stage of development in training of hip surgeons, but might be appropriate with arthroscopic surgery, fracture fixation etc.

**Action: VK to forward summary to Exec.**

*Post meeting note, summary as below:*

*1. It is slightly unstructured at present and seems to be offloading structure to courses like basic AO / BSS.*

*2. A formal curriculum for junior [SHOs currently on T+O, ST3-4] trainees would be useful, with each hospital having a lead. The BOA could dictate a list of 'key skills' that should be taught [tendon repair, osteotomy, frames]. This would work on a local level in big hospitals but not in DGHs. There would be logistical issues and funding would need to be arranged!*

*3. There is no mention of arthroscopy, which is THE difficult area when it comes to learning curves. Most juniors are not at all confident with a scope (knee or hip or shoulder) despite having done 18 months of Orthopaedics in their training. Integrating this into the above curriculum would be useful, be it through simulators or cadavers. This is obviously costly and probably requires a central facility like the RCS or local cadaver centres.*

*4. Not sure if ST3+ trainees have certain courses as a mandatory thing? Im also not certain what the centralised deanery teaching consists of for CTs. Given the administrative difficulty of the above it may be more realistic for the BOA to have a structured list of recommended simulated surgery courses for people to go on and when to go on them. e.g. basic surgical skills and basic AO in foundation, basic arthroscopy in core training, basic arthroplasty in ST3 etc.*

*d). BOA elective care reviews.*

PH reported that a number of Exec members both past and present had been nominated to the BOA. Possible visits to Chichester, Watford and Meriden were suggested. It was thought that such visits would be rare events.

*e). Mike Freeman and Robin Lings memorial services.*

AJH reported that dates for the memorial services had been announced. PH was keen to recognize their contribution during the Derby meeting. RF suggested a

“Founders Prize” possibly to be given to an individual chosen by the BHS in recognition of a significant contribution to hip surgery. It was discussed that this prize would not necessarily be given each year. AM suggested a short presentation on Mike Freeman and Robin Ling at the meeting to recognize their lives and work.

**Action: AJH to add “Founders Prize” to the AGM agenda**

## **2. Treasurer Update**

JH reported that he had chased outstanding subscriptions by email with some success. Some members were still unpaid. JH suggested a significant increase in the meeting registration fee for non-paid up members. There is currently a £120 discrepancy in meeting fees for members/non-members.

Current bank balances:

HSBC	£48,704
Danske	£24,363
Reserve	£1,743

He reported that subscription payments were mainly paid with only a few more expected. No further donations had been received after the appeal.

Total numbers of members are:

Fully paid	332
Not paid/declined	142
Still being chased	~100

RF suggested exec members phoning up those not paid. JH was not keen. VK asked what BHS membership was offering apart from the excellent meeting? He pointed out that other societies offered fellowships, courses and journals. AM pointed out that this would be difficult with the financial state of the society but an aspiration for the future.

AJH reported a conversation with an ophthalmologist colleague whose society is administered by a company freeing up Exec members to expand society activities.

RF reported a useful away-day held for ISHA to discuss alternative society structures and processes.

JH suggested checking carefully for subscription non-payers when registering for

the Derby meeting and charging appropriately.

SJ asked whether the new financial governance processes were working with the BOA?

JH reported that the BHS/BOA finance processes were still in transition but was confident that they were working.

#### **4.NAHR**

VK reported that the previous minutes had been circulated. ISHA was to return to Glasgow in 2022.

RF pointed out that VK should be commended in bringing ISHA to the UK as a result of his significant efforts.

#### **5. NJR**

PH reported that data validation was to be rolled out on a 6 monthly basis. Data accuracy was now regarded as very high.

SJ asked if individuals' data was to be made available to PHIN?

PH reported that they would only have access to individuals' data as is already in the public domain.

AM reported that non-NJR data may be published (e.g. readmission rates, complaints etc.). He asked how the BHS could support surgeons in this instance.

FH suggested that it would be impossible to predict what data is to be published.

#### **6. Website.**

RF reported that 11 abstracts had been received so far. The closing date was still set at 2400 on Saturday 2<sup>nd</sup> December. It was felt that this date could be extended but much closer to the deadline.

AM asked if he could have access to review what had been submitted.

**Action: RF to allow all exec members access to abstracts on the website**

RF led abstract reviewers recruitment and PH, FH, SJ, AM, AJH, RF and BB offered! (VK was offline at this stage but returned!)

PH suggested that Mark Wilkinson (or deputy) from BORS should be invited to review and that a BORS label could be applied to appropriate submissions.

## **7. BHS Derby 2018**

### ***Sponsorship***

PH discussed meeting sponsorship so far. No commitment so far from DePuy

AM wondered if the DePuy contacts were correct

PH reported that Stryker were not interested

JH reported that Stryker felt conferences to be of low promotional value and that budget had been set for 2018

FH felt that if Zimmer and S+N were on board that might influence Stryker decision

PH reported that Zimmer needed clarification of proposal from BHS

AM reported that Zimmer might find compliance difficult as no stand was offered

BHS might have to be flexible with costs

PH suggested small tables around the drinks reception to allow surgeons to locate companies on the first day only. He felt that the sponsorship options should be refined to two levels

AM reported that Zimmer felt £15k to be a lot for what was offered

SJ indicated that S+N were happy with Platinum so costs were not too far wrong

**Action: BB & JH to recontact DePuy indicating S+N and ZB interested**

**AM to recontact Zimmer for clarification**

JH asked how many rooms were available

PH reported 4 big rooms and others were probably too small

JH reported that companies were not clear how many surgeons would turn up on Wednesday

SJ suggested that the most attractive sessions should be at the beginning of the meeting

FH suggested involving David Beverland to talk to DePuy if BB/JH approach not fruitful

PH asked what could be offered to the smaller companies

AM suggested a stand at the drinks reception and a page in the program

SJ suggested concentrating efforts on the potential platinum sponsors first

### ***Program/Topics in Focus***

PH suggested Complex Primary, Acetabular revision, Finessing Primary THR

AJH reported that case discussion was extremely popular  
JH suggested case discussion in the main meeting, not at lunchtime  
AM suggested that posters should be given sufficient time to be viewed  
VK suggested non-arthroplasty sessions on examination/clinical  
evaluation/evidence for non-arthroplasty surgery  
RF suggesting asking Damien Griffin to talk on evidence from FASHIoN study  
recently presented at ISHA  
AM suggested for “Hot Topics” Approaches/VTE/Hip fracture guidelines  
AM suggested 4 Topics in Focus and 4 Hot Topics especially for Wednesday  
afternoon  
JH/AM agreed that Hip fracture/Periprosthetic fracture and THR for Hip  
Fracture would make a good Topic in Focus

***Venue organization***

PH/AM Jai Mistry to visit Derby velodrome in next couple of weeks

**Action: PH/AM to produce rough program outline to discuss at next exec  
meeting**

**8.AOB**

**None to discuss**

**9. Date of next meeting**

Monday 8<sup>th</sup> January 2018 @ 2100

**Andy Hamer**

**Hon Sec**

**10<sup>th</sup> October 2017**