

# Minutes of the GUM NCCG Group Meeting (Executive Committee)

Wednesday 31<sup>st</sup> January 2007 at 1.00pm  
Royal Society of Medicine, 1 Wimpole Street, London

## Present

Helen Bailey	(HB)	Barbara Morgan	(BM)
Avneet Chowdhury	(AC)	Carlos Oroz	(CO)
Wafaa Eltantawy	(WE)	Sue Pinsent	(SP)
Karl Hollows	(KH)	Margaret Rowland	(MR)
Helen Keane	(HK)	PN Sashidharan	(Sash)
Lamont Law	(LL)	Paul Stevens	(PS)
Neil Lazaro	(NL)	Nick Theobald	(NT)
John Lee	(JL)	Nicky Waddell	(NW)
Helen Mullan	(HM)		
Vendela McNamara	(VMcN)		

## Apologies

Apologies for absence were received from Rachel Challenor and Margaret Hatwell

## Minutes

The minutes of the last meeting (6<sup>th</sup> Jun 2006) were accepted and approved. There were no matters arising.

## Regional representatives

The Committee was delighted to welcome all the new Regional Representatives for whom this was their first meeting. The call for new volunteers at the Annual Conference in September met with a hugely positive response and we could not actually accept all the offers made. The only gaps now existing are in the Northern & Yorkshire area, which is being covered solely by John Lee, and the South & West, which is too large an area to be managed by Rachel Challenor and Sue Pinsent. It was suggested that someone might be co-opted from the Bristol area to cover part of the latter. **BM** to liaise with Guy Rooney for suggestions

Details of all the new representatives will shortly be available on the NCCG section of the BASHH website.

## Succession Planning

**BM** is currently Chair of the group, and has been since it's inception, but has decided that she would like to step down this year. **JL** has been appointed as Chair to succeed **BM** and the handover will occur at the Annual Conference in September 2007, when an announcement will be made. Rachel Challenor has also expressed a wish to resign as Secretary with immediate effect and this position will be filled by **HM**.

It was suggested that the NCCG Group should probably have a Financial Officer, as it has now been listed in the BASHH Annual Report as a SIG. Strictly speaking, the NCCG Group is not a BASHH SIG as there is no requirement for Group members to also be BASHH members. However, as BASHH underwrite the Annual Conference, we have ongoing financial dealings with them. In view of the fact that **NT** is Chair of the Conference Committee and handles the financial side of the Annual Conference, he was appointed Financial Officer

An NCCG representative sits on BASHH Board and on the board of a number of the Special Interest Groups (SIGs). Currently **NL** is BASHH Board representative and his two-year term completes in January 2008, but can be extended for a further two years, if he and the group so desire. **LL** is representative on Clinical Governance group (until January 2009), and **BM** on the Education Group (until October 2008). The first two posts are elected by postal ballot among all members of BASHH, and, while the group normally proposes someone who is interested in doing it, any NCCG can be proposed for these offices, provided they are a member of BASHH. The representative for Education is normally elected from within the Committee. There was some discussion regarding what was involved in each of the posts and the time commitment required – normally 3-4 meetings per year.

**BM** is currently unsure as to whether she will complete her term as Education representative so expressions of interest in replacing her were requested from the group. Currently **Sash, HB, WE, NW** are interested in this position

### **Conference 2006**

The Annual Conference was held in York in September 2006 and returned a small profit to BASHH. **NL** and **JL** were thanked in particular for their heroic efforts in obtaining sponsorship, as between them, they covered 50% of the entire conference costs. The educational sessions went well generally. Feedback evaluations continue to influence the future educational content

The main complaints related to the functioning of the venue. The dining room for lunch closed earlier than it should have; the IT facilities were poorly supported, with irritating error messages appearing constantly; the air conditioning malfunctioned on the first day and the provision of keys for accommodation on the first day was a fiasco. A letter of complaint detailing all of this was sent to York in October but no response has been received to date. It has therefore been decided that because of the poor customer care, we will not be using York again and, instead, will be going to Nottingham in September 2008 (Loughborough already booked for 2007)

Despite York having the facility to accommodate larger numbers than previously catered for by the Conference, the number of delegates remained unchanged i.e. around 200

### **Conference 2007**

The provisional programme for the 2007 Conference was discussed with the Committee. The majority of the topics have been decided and over half of the speakers confirmed. Two workshops on 'Challenging Case Histories' still require someone to facilitate them and a request was made for volunteers. **VMcN** kindly volunteered to take on one, and, in the absence of further offers, **NT** will approach Consultants in Leicester.

**NL** reminded the Committee of the difficulties involved in obtaining sufficient sponsorship year on year to make the Annual Conference a possibility. Often drug companies do not see NCCGs as budget holders. From the sponsors' point of view, the Conference must yield a return or they will not sponsor it again the following year. The Committee reps were asked to persuade all their colleagues to visit the sponsors' stalls, and show an interest in their products over the course of the conference. This is probably the single most useful thing that all the reps can contribute to the success of the conference.

The point was also made that the Conference Committee is not an exclusive club and, if any of the other Committee members have particular topics or speakers that they feel very strongly should be included, they should please pass that information on.

## **Conference 2008**

This has been booked at the Jubilee Campus, Nottingham for 12<sup>th</sup>/13<sup>th</sup> September 2008

### **Ideas for the next NCCG project**

Possible topics for the next project were discussed. Such projects normally take the form of a questionnaire, which is sent out to all the NCCGs on the database, and provided again at the Conference for those who have not already completed it. The results, once collated, are fed back to the group and much of the work has been published. So far we have looked at topics such as appraisal, CPD, access to administration time, computers and office space, specialist clinics run. This year **HB** proposed that we should look at qualifications and experience, the number who have done the DipGUM, the support for the exam and so forth. After some discussion, this topic was agreed. **HB** will design the initial questionnaire, with input from **Sash, NW, SP, NT and HM**. The group was reminded that the final draft would need to be ready to go out with the conference literature in May

### **BASHH NCCG Website**

**NT** is the person responsible for keeping the web pages up to date. Once representatives' details are listed, any changes must be notified to **NT**.

**NT** reported that the BASHH website is being put out to tender and the NCCG group has been asked what exactly we require in terms of web space and facilities. With this in mind **NT** has reviewed all the material on the site and will be sending some documents out to Committee members for updating shortly. It has been agreed that we should retain: Background document explaining why the group was started, Minutes of Committee meetings, Conference details, Constitution (needs review), list of Regional Representatives, old Newsletters, Induction for New NCCGs (needs review).

It was agreed that we do not require any special facilities such as bulletin boards or the like. **NT** will report back accordingly

### **Audit**

The Herpes audit, which was done in 2006, was presented at York and has generated two papers, one of which has been accepted for publication, while the second has been returned for some minor re-editing before it too, hopefully, will be published.

As we normally only do an audit every two years, we do not plan to do one in 2007 but the Committee was asked to give some thought to possible topics. Two topics put forward were PID and BV. Syphilis was also suggested but it was felt that there would be difficulties in getting a sufficient number of cases for it to be meaningful. No decision has been taken as yet and the topic will be on the agenda for the next meeting

### **Feedback**

#### **BASHH Board:**

NL has recently been co-opted to the web team. A request was sent out recently to all the NCCGs on the database to see whether there were any volunteers interested in working on this and, to date, two people have expressed an interest

NL is also on the Clinical Effectiveness Group that organizes the commissioning and updating of guidelines. Here again the NCCGs were invited to become involved but the topics were distributed before a response was received.

#### **BASHH Clinical Governance:**

LL reported a recent discussion of HIV Point of Care Tests, which were apparently being employed by some surgeons to do a rapid HIV test while patients were asleep and unaware of it. The Clinical Governance Committee have issued a document called 'Guidance on the appropriate use of HIV Point of Care tests'

**BASHH Education Committee:**

**BM** provided feedback from the 2006 Conference to the Committee. She also reported that Raj Patel (Chair of the Education Committee) recently complimented the NCCG Annual Conference for its excellent financial and educational organization, and it was noted that it maintains an extremely high standard. Although the content of the programme for our conferences is not the responsibility of the Education Committee of BASHH, **BM** will pass a copy of our programme for circulation at their next meeting.

**RCP Standing Group:**

**JL** and **NT** are regional representatives of this group, as opposed to GUM representatives specifically.

The group is currently developing Competency Based Assessment tools and plan a Study Day (Wednesday 4<sup>th</sup> April?) on this topic. **NT** to pass on further information

**STIF Steering Group:**

**NT** is also Vice Chair of this group, which monitors the standard of the STIF course and updates the materials used. Discussions are underway for a possible follow-up course. The HIV course is not part of their remit. Materials have recently been updated to make them more applicable to Scotland and Wales.

There has been some discussion within the group as to whether it is appropriate for a Nurse Consultant in GU Medicine to be a Course Director, as there is a Nurse Consultant on the Board. The rules state that the Director must be a Consultant in GU Medicine only. It may be that this rule will change so as to include all members of the Steering Group as well as Consultants. No final decision has yet been reached.

**FFPRHC:**

**VMcN** was welcomed as representative for FFPRHC  
She had nothing to report

**Regional Representatives**

No matters were raised

**AOB:**

There was some discussion about the DipGUM as to whether the examination was aimed at NCCGs or SpRs. **AC** stated that the examination was geared towards SpRs at the end of their first year, although, in practice, it was often later when they sat it. He said the DipHIV was seen more as an exit examination at the end of their 4-year training. A question was raised as to why NCCGs had never been asked to examine in the DipGUM. A number of Committee members indicated that this might be something they would be interested in doing. **BM** has been asked to raise it with the Education Committee.

Similarly it was felt that there should perhaps be NCCG representation on the Audit Committee, particularly as the group has now carried out two successful audits. David Daniels is Chair of the National Audit Group and **NT** will take this matter up with him. (**HB** registered an interest in such a position as she has recently been made Joint Welsh Audit Lead along with Sarah McAndrew)

**NL** introduced a new form, which he has been using for registering new NCCGs and putting them on the database. He suggested that it might be something others might like to use and has offered to circulate it once it has been modified slightly.

There was some discussion on the maintenance of the database and all the regional reps were urged to contact the various clinics in their areas to get accurate lists of NCCGs working there. Although it is important to add new members, it is equally important to delete the details of those no longer working in the specialty. All database information to go directly to **NT**. E-mail details are particularly important as information, which may be of interest to NCCGs, is sent out to all on the database as the necessity arises and the group has no facilities (time or financial) for sending this information by post – except for the Annual Conference details.

**NL** suggested that the group might form an informal advice network whereby we could contact each other for clinical advice on various topics should we wish. In principle there was agreement but **NT** did advise caution in being too specific with queries and mentioned the possible pitfalls in advising on patients not seen personally. **WE** mentioned that the FP doctors in her area have a similar system, which works well.

**JL** raised the topic of nomenclature again. NCCG considered an unflattering name by many. SAS excludes a large part of our membership as would the new ‘specialty doctor’ proposed by the new contract. Any suggestions welcome at next meeting.

**Next meeting: Wednesday 13<sup>th</sup> June 2007**