

**Minutes of the BASHH Board meeting**  
**Friday 5<sup>th</sup> June at the Royal Society of Medicine**  
**11am-3pm**

***In attendance:*** Dr Jan Clarke (JC) Dr Raj Patel (RP) Dr Immy Ahmed (IA) Dr Keith Radcliffe (KwR) Prof Jonathon Ross (JR) Dr Elizabeth Foley (EF) Dr Karen Rogstad (KR) Dr Emille Morgan (EM) Dr Helen Mullan (HM) Mrs Jane Bickford (JB) Dr Richard Lau (RL) Dr Sris Allan (SA) Dr Mike Abbott (MA) Dr Katherine Coyne (KC) Dr Ade Apoola (AA) Dr Simon Barton (SB) Martin Murchie (MM) Claudia Estcourt (CE)

***Minute Taker:*** Rachel Flower (RF)

**1. Apologies – Dr Joseph Arumainayagam**

IA welcomes Martin Murchie to the board meeting as a co-opted member and informed the board that Fiona Boag has resigned from Board.

**2. Conflicts of Interest**

None to report.

**3. Minutes of the last meeting/action points**

Item 13 pg 3 – GUM was the issue not PBR. –  
Proper name for issue discussed within the minutes was Clinical standards in STI.

**Matters Arising – 3A Audit Registration**

The BASHH secretariat had received an enquiry if national BASHH audits were registered with the Department of Health. The current position was they were not. Further discussion of developing the strategy for audit activity in BASHH was suggested for the September Board.

**PPI – 3B**

KwR presents – There has been a brainstorming meeting with Chris Carne. There is a health policy saying patient and users must be involved in every aspect of health service management and delivery. BASHH has already appointed Michael Bell as a lay Trustee member. Revalidation is about patient views of clinician's performance as well as technical competence. It also links with the Darzi review and what people think of service. There is a need for patient surveys nationally. The Royal College of Physicians have developed a generic tool but it is not specific to sexual health. IA comments that this is an important area and should be one of the main topics for discussion at the September board. KwR comment that NICE and RCP have already Developed patient and lay advice processes. SB proposes a patient career network training course. KWR advises that the Department of Health are going to "kite mark" guidelines and it is very important that BASHH are

not rejected from the process. KwR summarises that the main priorities are a patient panel for guideline production and he would like to approach the lay trustee on this issue. Can we summarise this para?

Action: KwR will bring a plan back to the September board.

### **Pharmacist Training – 3C**

RL has been invited to the Educational board meeting next week. A working group on pharmacy training is to be set up, led by RL.

## **4. Business Planning**

JC explains to the board why they have to look over the business plans of all SIGS/Branches. The Board has to authorise payment of activities. Any expenses are the charities responsibility. And the board need to make sure it stays within the remit of the charity. If the business plans get rejected they can re-apply but can not do anything without the approval of BASHH. SA asks if there can be guidance on this process. JC states that there is guidance on the website. RP comments that new/old treasurers need a debriefing of what the process is.

### **Education Committee Summary – 4A**

IA asks if BASHH Board can formally accept the business plans on the recommendation of KR . The Board approves all BPs from the ESC with the exception of the STIF and HIV plans. These require modification because of changing activity profiles and will be re-presented to the September Board. Both groups will be allowed to operate normally until then.

### **CGC business plans**

**All Branch and group BPs were agreed except for the north Thames groups, where a review mid-year was required.**

### **National Audit Group Business Plan - 4J**

This was a very productive group, but a change of strategic direction was needed to fulfil the needs for BASHH to deliver national audits and service reviews of immediate relevance SB suggests that the two chairs should come and give a presentation at the September board meeting. RP also comments that their existing work stream needs to continue to completion. IA asks if MA would give them a steer on revalidation

MA asks about the CGC business plan itself and the Board is happy to approve it along with the plans from the CEG, web team and library.

## **5. Report from the Clinical Governance Committee**

**MA -The short reports from NAG Information Group and the CGC itself were received. Electronic case records work was a major project led by Hugo MacClean that would benefit all clinics,**

## **6. Report from the Education Sub-Committee**

KR presents – The Education Committee undertook a survey of OGM's and 107 people responded. The majority of responses were from staff grades so this was not the best representation of the membership. The survey showed that the OGM was meeting the needs of the membership. 42% of members went to one OGM a year and most people do want 4 OGM's a year. The survey showed that BASHH are doing well in serving the needs of the membership. KWR remarks that the only group not well catered for is nurses and this needs to be addressed at the Education Committee as they need their own forum.

## **8. Curriculum Development**

RP presents – This was a huge piece of work. HIV management and level 2 contraceptive skills were now incorporated in the new modular structure, with the Dip HIV exam to become compulsory. The only objective which was not achieved was the changing the name of the speciality. . The whole focus is moving to competency assessed training. KR asks if the Diploma is necessary as there will be e-learning also available. – needs clarification . . IA congratulates the team for the work.

New format of specialty name.

JC notes that there needs to be clarification in our name.

Board discusses this issue and suggest that the description

**Genitourinary Medicine (Sexual health and HIV)** should be encouraged.

## **9. Clamelle and the internet**

RL – There is continuing good communication with Actavis. A meeting of senior BASHH representatives and the RPSGB was very positive and suggests that if Clamelle is bought on the internet then a joint response would be made. The testing kits are available on the internet .

## **10. President's Report – Meeting with Department of Health**

IA present – There has been a meeting with the Department of Health national support team.. The new target is a welcome shift but had very little input from us. There is a concern about NST assessing units when the NST team did not contain a GU physician. IA wants to recruit at least 6 people to nominate to the DH who might help with NST visits.

Action: EM will coordinate register of senior members available for visits.

### **FRSH Meeting**

Although initial impressions of the latest meeting were encouraging, there are still some areas of concerns with regard to e-learning and the new material replacing the DFSRH.

#### **THT meeting**

There has not been a further meeting since the last board. The media group is working with THT on projected campaigns such as promoting HIV testing in non-specialist settings.

Cathy Harman

IA also informs the board that Cathy Harman has passed away and he thinks that it would be appropriate to honour her contribution to the modernisation of clinics. The board discuss how BASHH could acknowledge her contribution in the most effective way. It is agreed that a team style prize for multi-disciplinary teams would be the most appropriate. RP comments that a proposal should be put to the board in September but the process of doing this award should be started as soon as possible. It is recommended that Jane Bickford take this on and that the suggestion is put to the Trustees today.

#### **4G. Media Group presentation - Mark Pakinathan**

Need for BASHH to establish itself as a voice for sexual health. Munro and Forster were hired to look after public relations. Historically the media group has not had guidance from the board and it needs to be clear how we want to use Munro and Forster There needs to be a detailed financial activity breakdown.

Media Briefing emails would be sent to the entire Board so they can assess the utility of this service. RP- It should be the media group who are in charge of the contract with Munro and Forster and they should guide us on what things within the contract are value for money. SB remarks that comments in the media were always from THT, fpa and Brook and this is now changing. MP comments that Munro and Forster have offered to organise a fully funded strategy day for the board, so BASHH can plan their strategic angle for the year ahead. Board agrees that this is a good idea and that Keith and Jan will definitely attend this.

Action: MP to present September Board with terms of reference for media group. Munro & Forster to provide a full year financial breakdown of activity on behalf of BASHH.

**Comment [jc1]:** Do you want this actioned?

#### **14. Alcohol and sex project**

SB introduces and Prof Stephenson presents to the board. UCL are requesting a further £18,000 funding for the alcohol and sex project. SB asks if the final report would be a BASHH report or a UCL, FHL report. Prof Stephenson clarifies that it will be a BASHH report. CE supports this project and sees it as a very valuable piece of work. It will highlight that BASHH can think outside the box and the project will be conducted by a well equipped team. SB comments that the RCP working group has already started reviewing this data.. RP comments that they have not received regular updates from the college. The objectives appear to be from the original work so there

seems to be double costing. JC comments that it will be useful to have reports back so we can see what has been done and financial reports should be available to the Trustees. AA remarks that this is looking at two MRC trials. IA comments that there is a question over BASHH taking responsibility for primary research as the association would face constitutional difficulties. There needs to be guidance from the Trustees on this as BASHH have already committed £10,000. KwR comments that UCL will also benefit from this and we should look at offering a contribution instead of the whole sum. RP suggests that a contribution of £7,500 might be appropriate. The board agree to consider supporting an educational grant of £5-8,000 pounds depending on the response from the RCP and UCL. JS was also requested to review her estimate of costs in the light of the discussions  
Action point: report for board and trustees from Group in September.

#### **11. Report from the General Secretary**

STIF competency course required a licence for use of crown copyright materials .

VAT exemption – If groups are booking venues from charitable institutions, the template letter placed on the website can be used to prove our status as a charity and gain exemption from VAT

#### **12. Report from the Treasurer**

RP – Initial analysis suggested £30,000 possible shortfall on last year but overall the situation is encouraging.

#### **15. Take Care Now and Suffolk Sexual health**

HW presents her presentation to the board. The PCT decided on an integrated sexual health clinic, but since this decision there has been lots of uncertainty. IA voices his concern regarding the current situation of Suffolk sexual health and a close watch needs to be kept on the development of this. SB asks if there has been a judicial review. HW comments that she has asked for this but the Trust has not.

#### **16. Resignations and applications for membership**

JC comments that this is now ratification of membership.

#### **19. Any other business**

There is no other business

#### **20. Date of next meeting is Friday 25th September 2009.**