

BAPS EXECUTIVE MEETING
24 April 2010
TRAINEES REPORT

PRESENT

David Drake	President
Gordon MacKinlay	President elect
Ian Sugarman	Honorary Secretary
Richard Stewart	
Robert Carachi	
Nick Madden	BAPU
Graham Haddock	SAC in Paediatric Surgery
Munther Haddad	BAPES
Robert Wheeler	
Max Pachl	Trainee Rep

Kate Billington In attendance

Minutes of the last meeting were accepted.

PRESIDENT'S REPORT

FSSA MEETING

- Unified intercollegiate membership exam: England and Scotland – OSCE
Ireland – Want to keep part 3
- Logbook : still provisional, but will be Edinburgh
- Portfolio: will be England portfolio

CHILDREN'S SURGICAL FORUM

GPS – 50/50 with paed/adult surgeons in England, 75/25 in Scotland

Suggested that as part of credentialing in adult surgery they should be required to do at least 6/12 as registrar in paediatric surgical unit.

Example of adult consultant surgeon on IoW – wanted to do GPS, advised to spend minimum 3/12 at local PSU.

Could advertise adult jobs as having a special interest in GPS

RCPCH – medical juniors have difficulty in assessing whether a patient requires surgery rather than referring the child FOR surgery.

ROA – those anaesthetists who have attended BAPS exec meetings say that there should be no problem anaesthetising children over the age of two. Anaesthetising them is therefore primarily a local comfort issue! Some consultant anaesthetists spend set time per week doing lists in children's hospitals.

HONORARY SECRETARY'S REPORT

RESEARCH FELLOW

Has been appointed and is David Wilkinson, Alder Hey : congratulations Dave

LINK SURGEONS

One consultant per unit set up to link with BAPS there are future plans for linking in associate members i.e. trainees

BAPS-CASS SURVEYS

Generally poor response from trusts, looking at lead SpR per trust for returning documentation

COMMITTEES/ORGANISATIONS

NPSA - request for BAPS thoughts on
Gastrostomy problems: Poor reporting, paediatrician/adult surgical involvement. Request for a BAPS statement: decided to the effect that "BAPS would advise surgeons to undertake Laparoscopic assisted gastrostomy insertion or those with relevant surgical experience could continue to place PEG's"

SPECIALIST COMMITTEE GROUPS

Intestinal Failure –

Adult surgeons have a protocol for dealing with intestinal failure patients, BASPHGAN were wondering if there could be a similar document for paediatrics

Obesity –

Adult surgeons wishing to practice bariatric surgery had to have a minimum number of cases to continue practicing bariatrics. They require a large number of cases to retain their license.

There is therefore unlikely to be the appropriate numbers of cases for paediatric surgeons to undertake bariatrics at each centre. There was mention of a single centre to undertake this in children.

Currently some adult units have provision for adolescent bariatric surgery and some are carrying out bariatric surgery in younger children. ? whether appropriately planned with psychologists, play specialists, paediatricians etc.

ANNUAL CONGRESS

Aberdeen 2010

Programme is currently being finalised

D1 – trainees programme and dinner/BAPES/BAPU/BAPS exec meeting

May be separate a separate urology session.

There will also be a history session and patient safety session

The exec wished to give thanks to Clare Rees for all her hard work in gaining sponsorship for the congress.

FUTURE MEETINGS

2010 – Winter meeting – RCS, London 19/11/2010

- Provisional programme: Surgery in children with liver cancer
- BAPS-CASS
- E-learning
- CORESS

2011 - Belfast 20th – 22nd July

PROFESSIONAL ISSUES

SAC REPORT – GRAHAM HADDOCK

ISCP UTILISATION

Some trainees have still not completed a learning agreement and some are way behind with WBA's. The message that if trainees who are undertaking competency based training fail to complete the requisite number of WBA's by their ARCP then they will fail their ARCP and have to repeat the year. This was reiterated and fully supported by the BAPS executive.

SAC liason members will have access to the trainees portfolios in their liason area

You have been warned!

The next SAC meeting will be a combined meeting with the TPD's on 13/5/10

The results of the EWTR survey have been passed to the chair of the JCST for inclusion in the EWTR review conducted by Sir John Temple and as part of the evidence submission to the MEE.

BMA EWTD MEETING

See report on TRIPS website

E-LEARNING

This continues in the planning and development stage with possibility of part of the site going live in spring next year.

See <http://www.e-lfh.org.uk>

JAG

They are meeting to discuss the formal training of paediatric endoscopists – not surgeons.

There was some discussion about surgical trainees access to endoscopy as in some centres the paediatric gastroenterologists undertake all the upper GI endoscopies.

NATIONAL RECRUITMENT

Currently ~63 applicants for ~10 posts.

Posts coming up in the three months following recruitment may be allocated on a points basis with interviewees from the national selection.

Max will be attending the selection interviews as an impartial observer.

CLINICAL ISSUES

RCPCH/RCR document – concerning the provision of interventional radiologists at children's hospitals. Recommendation that there should be either an onsite paediatric interventional radiologist or adult interventionalist available

TRAINEES REPORT

Enclosed

The BAPS executive gives their full support to the proposed national pilot of the Think First! Handover protocol.

ISCP 6 will soon be upon us, go live date not yet set. It will have the facility of sending automatic reminder emails to both trainers and trainees about WBA's and learning agreements. The content of the site will not change, but should hopefully be more user friendly and intuitive.

Yours

Max Pahl and Clare Rees

National Trainee Representatives