



The Voice of Transplantation in the UK

Council Strategy Meeting Report

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Process

At the first meeting of the BTS executive following on from a very successful Congress in Bournemouth in March 2015, it was decided that a review of the strategy of the Society was timely.

The executive decided to run a Council strategy day in June, with two aims:

- 1) To improve Council engagement in the work of the Society
- 2) To define priorities for the BTS over the next four years

Each council member was invited to submit three slides:

- 1) What are the priorities of the BTS for the next 4 years?
- 2) What good things about the Society would you keep?
- 3) What would you change?

Nineteen council members were invited to respond, 14 submitted slides.

The responses were collated prior to the strategy away day held on 29th June, and fed back to Council. Four workstreams were identified and were discussed in four groups during the afternoon. The discussions were then fed back to Council, and are contained in this report.

The workstreams that were identified were:

- 1) Congress
- 2) Representation
- 3) Communication
- 4) Education and collaboration

PRIORITIES OF BTS:

A challenging question posed at the outset was: what would we miss if the BTS were to fold today?

Priorities that were defined by Council members can be summarised into three broad categories:

- **Representation:** it is paramount that we work to be the professional voice of transplantation in the United Kingdom. As such, we must be representative of the different communities within organ and tissue donation and transplantation, particularly needing to work to appeal to the liver, cardiothoracic and basic science communities. The representation of renal, nursing and H&I is valued enormously, and this must continue.
- **Authority:** the BTS should be the 'go to place' for professionals working in donation and transplantation, and for advice regarding all related aspects eg. From the media. In order to achieve this we must work to be representative and responsive.
- **Education and training:** Annual congress is the showcase of the BTS, and we must strive to sustain and develop its excellence, making it relevant for trainees in all disciplines across donation and transplantation, including surgical, medical, nursing, basic and clinical science.

ASPECTS OF THE SOCIETY TO KEEP:

- The standards and guidelines are highly valued nationally and internationally.
- The democratic and multidisciplinary nature of the society, which is inclusive, and the Council structure.
- Low subscriptions.
- The newsletter

ASPECTS OF THE SOCIETY TO CHANGE:

- Congress
- Representation
- Communication
- Education and collaboration

CONGRESS

Congress is central to the BTS, and the consensus was that it should continue as an annual event, rather than every other year.

Congress must be up-to-date and relevant, focusing on **education** of all professionals working in donation and transplantation. It offers the opportunity for young scientists and clinicians to **showcase** their work, and the medal session is an integral part of this. Careful consideration is required to balance the educational with the opportunity for showcasing.

Congress offers a key opportunity for networking and for **creating community**. It might provide an opportunity to examine and **develop research ideas** that could be taken forward nationally. What are the key questions that need to be asked in the context of basic science and clinical/translational research?

Structure of Congress:

It is proposed that Congress runs in its current format every other year, with a greater focus on education in the alternate year. It is proposed that, for the 'education' year, there will be one day of Congress that is set apart for themed symposia, with a plenary session in the morning, inviting relevant speakers from across all aspects of donation and transplantation eg. Novel technologies in preservation, followed by themed symposia for the remainder of the day eg. Liver, basic science, etc. There was not an appetite for extending Congress so this would be incorporated into the three day programme: the proposal was that this should be held on the Wednesday or Friday. The symposia should be developed as excellent opportunities for trainees, and content would be focused accordingly.

Other aspects of Congress that are valued are: the morning workshops, the chapters, including nursing and liver chapters (the latter in combination with the BLTG), and the ethics symposium. It was agreed that the Hoffenberg lecture may be delivered as a stand alone lecture, perhaps as part of the BTS Annual Ethics Symposium, and need not be part of Congress.

The joint Congress with NTV was highly valued, and it has been suggested that this might be repeated in the Netherlands in 2020. Council responded positively to this.

Care of Congress:

Council members agreed that they should take responsibility for the success of congress, through chairing sessions, including more mini oral sessions, and meeting with the exhibitors on whom our congress depends for funding.

Presentations:

It was agreed that the number of mini oral presentations should be increased, and the moderated poster sessions be disbanded. Posters should be presented in digital format. The Congress microsite was excellent, and should continue to be developed.

REPRESENTATION

Nursing:

There is a desire that BTS should engage with all nurses involved in donation and transplantation, including SN-ODs, recipient co-ordinators, ward and theatre staff. It was agreed that the executive will contact all regional managers to discuss engagement with the Society and to ask them to encourage their team to become members.

In terms of the relevance of Congress to nursing members, it is key that we develop sessions that are relevant to the multidisciplinary team, so that nurses attend the main congress in addition to the nursing chapter.

Funding remains an issue for many, and consideration will be given to increase bursaries to attend Congress, acknowledging that attempts have been made to keep registration fees down.

Cardiothoracic:

It is acknowledged that it is difficult to engage the cardiothoracic community in the Society. It was suggested that we request a BTS session at the meeting of the UK Society of Cardiothoracic surgery, and possibly the British Thoracic Society, and develop a relevant session within those meetings as an initial step.

Liver:

The British Liver transplant group will work in conjunction with the BTS, and this is a very positive step. Prof. Mirza, as Chair of BLTG, has been invited to attend BTS Council meetings. Krish Menon is the liver transplant surgery representative on Council and is key to developments in this area. It was decided that a transplant hepatologist would add value to Council, and it is planned to invite such an individual.

Peer review:

The contribution of the BTS to peer review of units was discussed, following on from a pilot undertaken by cardiothoracic transplanters. The role played by the Society remains under discussion.

COMMUNICATION

How should we best communicate with our members?

The **newsletter** is valued as a means of informing the membership about news, including Council and executive activities, what's new in UK transplantation, rather than a list of upcoming events. This does not have to be written only by the President, but Council members are also invited to add contributions to it. They will be sent an invitation to contribute with a specified deadline from the secretariat.

The **website** should be the 'go to' place for information about the BTS, but it is woefully out of date and difficult to navigate. It was agreed that it requires an investment of time and money to bring it up to date. We want it to have a modern feel, and plan to outline our requirements and to discuss these with the current providers. If they are not able to respond, we will put this out to tender. A working group was set up to look into website development (LB, RB, RJ, MHF, DM)

Social media was discussed, and it is acknowledged by the majority of council members that we should engage with this. A BTS twitter account will be set up in the near future, in parallel with website development. The management of this will be key.

Media responses need to be timely, and this is challenging for busy clinicians. We agreed that Council members may be approached if no members of the Executive are available.

The possible appointment of a **communications officer** was discussed, as a paid post, to manage the social media, access to the most relevant individual to respond to media requests, and to keep the website updated. Suggestion at the meeting was that this might be held by an individual who has recently retired from transplantation. An alternative is to ask a small (n=3) group of trainee scientists/clinicians to work on this, with the incentive of waiving registration fees at BTS Congress. Clearly this would require careful management, and it is not proposed that such individuals would be responsible for the content of such communications, but the management and delivery thereof.

Support for members was discussed, following on from recent requests for support by members who are in difficulty. There was broad agreement that pastoral support is appropriate, but further support was challenging. This requires further discussion and development, and training if we take this forward.

Relationship with other bodies: ESOT provides excellent educational resources, and we must not attempt to duplicate them.

NHSBT: the role of BTS and NHSBT are complementary, and it is important that we identify areas of work that should be taken forward by the society rather

than NHSBT, such as patient work up and consent. The President has become engaged with NHSBT since taking up office, and this is appreciated.

EDUCATION AND COLLABORATION

Education:

We are keen to work with ESOT to develop and deliver their programmes, to give a strong UK voice. As Mr Papalios is on BTS Council and about to take up post as secretary of ESOT, this is timely.

BTS bursaries are available to support individuals to attend ESOT educational events, and this will be better publicised on the website.

Congress:

There is a desire to make congress relevant across different organs, so that the majority of sessions are not organ---focused.

The **themed symposia** in Congress were discussed further, with a desire that they are run very cheaply for trainees, and that they become recognised as relevant for all trainees working in the field. Broad themes for the plenary aspect of the symposia are encouraged eg ethics, innovation.

Collaboration:

The idea of a research directory was raised and developed with enthusiasm. This would be represented as a map of the UK, and drop down menus used to illustrate what and where clinical trials and research projects are being undertaken in donation and transplantation. This should be developed to enhance collaborative working, and the possibility of the BTS taking a role in developing trials, and seeking grant funding on behalf of several centres.

Support for overseas transplant units

There is an appetite for supporting overseas units especially in developing countries through live streaming of congress sessions, and bursaries to attend BTS.

SUMMARY:

Four significant areas of work have been identified as priorities for the Society. Some of these are novel, some revisit old challenges. This is presented as the start of a four year development process of the Society, through the presidencies of Derek Manas and Lorna Marson.

THE WAY FORWARD

Following on from this, the executive will review the document and decide on priorities. These will be fed back to Council, and specific work will be allocated with timelines.