

British Society of Thoracic Imaging Annual General Meeting

Thurs 8th November 2018, Royal College of Physicians, London

1. Website and membership update (Arjun Nair-AN)

The new website was launched in 2017 and is administered via Capability Cloud. The big advantage is that it allows automatic collection of subscription fees via a direct debit system with GoCardless.

AN reminded all members to cancel any pre-existing BACS, Paypal or standing orders for subscription renewal, to avoid paying twice. Only 106 of the 200 members have signed up to GoCardless. **AN requested all members to sign up to the new payment method.**

The new website does not have a Members' forum. Fora are considered the weakest link for hacking and need dedicated administration time, hence the decision was made not to include this in the new website.

Currently there is no advertising of job vacancies

Events require updating manually on the website. As of October 2018, 8 events have been displayed: 3 BSTI events, ESTI and 4 others. There are 8 news articles displayed.

There have been 179 queries via the website email, all of which have to be handled manually by AN.

The committee is working with Capability Cloud to allow members to manage how they may be contacted by the BSTI, in order to comply with GDPR.

The membership present agreed that it was acceptable to forward/cascade BSTI emails from their own personal email addresses to interested parties e.g. Radiology Trainees.

There are 117 Twitter followers

2. Consultations/Engagements (Anand Devaraj-AD)

The BSTI has issued comments to:

- a. the BTS on mesothelioma, bronchiectasis and pleural disease
- b. NICE on lung cancer and its management
- c. RCR on the curriculum rewrite

The British Lung Foundation (BLF) will be meeting the Parliamentary Health Group on 4th December. AD will be attending on behalf of the BSTI. The BLF will be presenting their opinion on the NHS 10 year plan, to include respiratory disease alongside cancer and cardiovascular disease, together with recommendations to adopt lung cancer screening and to increase the diagnostic radiology workforce.

3. Finance (Mike Darby-MD)

The society is running a deficit of £5-6k per annum.

Earnings: Meetings £30k
Membership: £7k
Sponsorship: £2.5k

It is likely we will need to increase meeting and/or membership fees. We need to keep annual membership fees in the same ballpark as other similar societies. It would be reasonable to increase meeting fees to be in line with RCR meetings.

There were approximately 240 registered members in 2017 and 200 registered members in 2018, but this is likely an underestimate as there have been membership issues via the website.

There are 27 trainee members. It was noted that 5 members are now consultants but still registered as trainees. **All members please ensure your membership status is correct.**

The members were asked for suggestions to raise funds:

- a. Consider themes to meetings to attract more sponsorship from product manufacturers
- b. Consider sponsorship from outsourcing companies
- c. Consider increasing the number of meetings (once it is confirmed that meetings make a profit)
 - i. 1 coupled with an RCR meeting, 1 separate
 - ii. Or 1 with a scientific bias and 1 with an educational bias
- d. Consider combining meetings with the BSCI although it was noted that this was unsuccessful at ESTI
- e. Consider incentives to join the BSTI
 - i. e.g. reduced membership fee if attending a meeting
 - iii. A members only education link; only approx. 10% of members are trainees.
- f. Consider training for chest physicians/chest reporting radiographers, similar to the BTS model
- g. Consider a PERFORMS-type assessment for reporting radiographers or for lung cancer screening. RAIQC could potentially be used as a platform for this (see item 7 for more details on RAIQC)
- h. Consider an interventional/CT guided biopsy course although it was noted that Sam Hare already runs a course of a similar nature.

4. Educational meetings (AD)

The BSTI led workshops at the RCR ASM on PE in 2017 and lung cancer in 2018. There is no financial benefit to undertaking this but it provides a platform for exposure and branding.

5. Trainee Survey (AD)

There were 104 respondents, of which 21% want to become a thoracic radiologist.

1 day workshops are the most popular format for training

Reasons NOT interested in thoracic imaging	Reasons interested in thoracic imaging
Confusing	Intellectually stimulating, varied pathology
No training opportunities	Inspiring training
Long MDTs	Importance of MDTs
Need for interventional skills	Ability to do lung biopsies
AI will take over	Availability of jobs
Overlap with cardiac	Overlap with cardiac

There is considerable overlap of responses between pros and cons and so it is difficult to draw any conclusions from these results.

6. Trainee Meetings (AD)

- a. BSTI provide a prize for the best thoracic poster at the SRT meeting.
- b. BSTI trainee study day, June 2018, Leeds Teaching Hospitals, organised by Dr Annette Johnson
43 trainees, mainly ST1-3 attended at a cost of £50
It consisted of a combination of lectures, Mac lab FRCR 2B style cases and US guided chest drain simulation.
The day was a tremendous success with comments such as “the best meeting I have ever attended”
Some attendees have asked to visit Leeds to observe lung biopsies so it was felt the meeting sparked a real interest in thoracic imaging.
There are plans to repeat the course next year but the venue will charge £300 for hire, which may necessitate a rise in attendance fees.
The course needs to be approved by the RCR in order for trainees to be reimbursed for attending
Consider a more complex course for the ST4-5 trainees
- c. Drs Anthony Edey and Jonny Rodrigues plan to run a similar course in Bath by June 2019.

7. Other BSTI activity (AD)

- a. The results from the CT guided lung biopsy audit have now been published. The BTS were approached to update their guidance on lung biopsy, but they stated it was unlikely to happen as they have other guidelines to update, which would be of a higher priority. Guideline development is too time intensive for a small Society such as the BSTI as there is no administrative support for literature searches etc.. It was suggested that the RCR could be approached to provide the infrastructure but apparently there is no funding available from the RCR to support this kind of activity.
- b. The BSTI was approached by Public Health England (PHE) to develop a teaching programme for CXR interpretation of TB screening of new entrants into the UK. AD presented a brief

description of RAIQC (report and imaging quality control), which is being used to develop the training and educational needs PHE requires. RAIQC is an IT platform developed by Fergus Gleeson, which to date contains several training modules: the CXR, NG tubes and pulmonary nodules, appendicular films and 2 training modules aimed at medical students. As an example, the CXR module consists of a set of 120 cases, identified from both primary and secondary care referrals, thus providing the reporter with a wide variety of pathologies and radiographic techniques. The diagnosis of each of case has been verified by either a repeat chest x-ray or a follow up CT report. This fully interactive system asks the reporter to state the likely diagnosis, identify the abnormality by clicking on the image, and state the clinical recommendations. The user is shown what percentage of diagnoses, region of interests, and clinical recommendations were correct. If they choose to resit the module, cases are automatically randomized to ensure the optimum test environment is maintained.

- c. The BSTI has been approached to develop a video entitled “a day in the life of a consultant cardiothoracic radiologist”.

8. Expressions of interest (AD)

Michelle Williams is stepping down as trainee rep. AD asked for expressions of interest for a new trainee committee member.

AD also asked for expressions of interest to participate in the RCR IIA question writing committee for thoracic imaging questions.

9. Constitution update (AD)

The constitution was last updated in 2009.

Changes have been made to reflect an increase in the executive committee membership, new methods of membership payment and how members may be contacted. These changes were passed unanimously.

10. 2019 meetings (AD)

BSTI 2019 will be held in Edinburgh on 7th November 2019, at the Royal College of Surgeons.

11. AOB (AD)

None