



## Association of Surgeons of Great Britain and Ireland

# STRATEGIC PLAN 2010 to 2012

### INTRODUCTION

The Association's previous Strategic Plan was published in the *Newsletter* in December 2006 and was designed to cover the three-year period 2006 to 2009. Many of the strategic objectives specified in that Plan have been achieved. In particular, the Association has radically changed its governance structure and operational organisation. Formerly, ASGBI was a registered charity, subject to the constraints of charity law, which dictated that its actions had to be totally in the public interest. Following agreement at the 2008 AGM, and effective from 1<sup>st</sup> January 2009, the Association now comprises three separate but interdependent parts:

- A not-for-profit membership company.
- A charitable foundation.
- A trading company.

The membership company [**Association of Surgeons of Great Britain and Ireland**] has an Executive Board of Directors, largely drawn from the previous Executive Committee, and is responsible for the day-to-day management and operation of the organisation.

The charitable foundation [**The Surgical Foundation**] retains charitable status and has a Board of Trustees. It is responsible for delivering the long-standing educational activities of the Association (Travelling Fellowships, OSFG, Bursaries, etc) and for evolving new areas of public benefit related to surgery.

The trading company [**ASGBI Trading Ltd**] is a wholly-owned subsidiary of the Foundation, with an independent Board of Directors, and seeks to generate income, from commercial activity, for international bursaries and other educational projects.

## ACHIEVEMENTS SINCE THE PREVIOUS STRATEGIC PLAN

Significant achievements against objectives set in the previous Strategic Plan (2006 to 2009) include:

1. The Presidency is now a two-year term of office.
2. The roles and responsibilities of the ASGBI permanent staff, the President and all Honorary Officers - as well as interactions between them - were subject to an independent External Review in 2009.
3. ASGBI provides office accommodation and administrative support for a number of associations and societies within the umbrella federation. A number of new societies have been taken on in the last three years (BADs, SARS, ASPC, BHS, BOMSS).
4. An on-going upgrade of the website, with the aim of providing an on-line resource for members, regional societies and a 'members only' area. Designing and hosting websites for other associations and societies.
5. Following the transition into a membership company, a range of Academic Partners, Professional Partners and Commercial Partners – offering membership benefits to Fellows – have been brought on board. This has generated significant additional recurrent income.
6. The Association's **Newsletter** has continued to expand and develop.
7. There have been a number of new and innovative interactions with Corporate Patrons. The number of Corporate Patrons has increased, during the period of the Plan, from six to seven. All seven Patrons have been retained for a further period of engagement. This has significantly aided the Association's long-term financial planning.
8. All membership records, direct debits, and physical assets successfully transferred to the new membership company. Staff TUPE transferred to the new legal entity.
9. The evolution of CORESS into a pan-surgical educational programme and an independent charity has continued successfully.
10. The Association's embedded charity "The Surgical Foundation" has been successfully formed and a Shadow Board of Trustees has evolved terms of reference and a business plan for future development.
11. The Association's Annual Scientific Meeting has been transformed into a leading International Surgical Congress drawing a growing number of abstracts, delegates and speakers from around the globe.
12. The concept of 'International Bursaries' for surgical trainees from the developing world to attend the Association's annual Congress was introduced and an increasing number of externally-funded bursaries awarded.



The Association also aims to continue strengthening its relationships with the surgical Royal Colleges and the other Speciality Associations.

**Actions necessary:**

- To pursue continued dialogue with all four surgical Royal Colleges to define roles and responsibilities and areas of mutual interest.
- To support the activities of the FSSA by increased collaboration with the nine SAC-defined Specialty Associations.
- To continue supporting the various specialty interest groups and to facilitate the emergence of new grouping (such as Military Surgery and Emergency Surgery) as appropriate.
- To maintain close collaborative links with the SAC in General Surgery.
- To forge closer links with related, non-surgical, medical associations such as the Association of Anaesthetists of Great Britain and Ireland (AAGBI) and the British Society of Gastroenterology (BSG).
- To keep under review the tasks of the Executive Board and Council to reflect a role which, increasingly, provides strategic leadership within the profession.
- To continue facilitating a successful programme of consensus conferences, on pan-surgical themes, involving the widest constituency across surgery.

**2. TO PROVIDE HIGH QUALITY CONTINUED PROFESSIONAL DEVELOPMENT (CPD) FOR OUR MEMBERS**

**Accountable Director:**

**Director of Education**

**Staff support:**

**Chief Executive  
Administrative Assistant**

CPD, its provision and regulation, is set to take on increasingly greater importance in surgical professional life and the ASGBI, in collaboration with the other Specialty Associations, is best placed to take a lead in this area. The Association has traditionally provided CPD, for both consultants and trainees, as part of its core activities.

A variety of methods are used to deliver CPD. Some, such as the annual International Surgical Congress, CORESS and the **Newsletter**, are circumscribed activities and conducted autonomously. Others, such as one-day symposia and qualifications in surgical education, management and leadership, are delivered under the supervision of the Association's Education and Training Board. Funding of CPD is important, and the Association is clear that, although start-up funding may be available, CPD events must quickly become self sustaining.

The regulation of working surgeons' lives is set to increase. It is important that this resides in a professional body such as the Association and that it is co-ordinated with other Specialty Associations. CPD also involves audit and log-books which is in the remit of the Association's Director of Informatics.

**Actions necessary:**

- The Education and Training Board aims to continue developing and expanding the portfolio of appropriate CPD material. Some courses may be provided in collaboration with Higher Education Institutions or other external providers.
- The Education and Training Board aims to address funding issues to support CPD activities.
- The Association aims to develop its own framework for CPD. This should involve a regular programme of events throughout the year of Regional meetings, taught courses and single-topic conferences (previously known as Consensus Conferences).
- The Association aims to publish an occasional series of working guidelines, on topics of generic interest to all our members, under the heading of ***Issues in Professional Practice***.

### **3. TO CONTINUE TO DEVELOP THE INTERNATIONAL SURGICAL CONGRESS**

**Accountable Directors:**                      **Director of the Scientific Programme**

**Staff support:**                                      **Chief Executive  
Communications and Events Manager  
Exhibitions Manager**

The annual International Surgical Congress is delivered in-house to high professional standards. The Congress features a substantial industry exhibition and has a significant financial turnover. In recent years the ASGBI has successfully expanded the content of the programme to encompass professional as well as scientific topics and a range of related CPD activities. However, the Congress is competing for increasingly limited time of its members and increasingly focussed specialty interests. The Congress should, therefore, continue to develop an emphasis on generic issues and appropriate sub-specialty CPD.

**Actions necessary:**

- To liaise closely with the general surgical specialty associations and societies, and other special interest groupings, on the design, content and format of the Congress.
- To involve the four Surgical Royal Colleges and the other SAC-defined Specialty Associations in the Congress as appropriate.

- To continue to enhance the international dimension to the Congress, including continued liaison with international associations and colleges.
- To provide relevant courses for trainees and practising clinicians as an integral part of the Congress.
- To improve feedback and quality control.
- To develop further the ***Congress Daily Newspaper***.
- To introduce and develop the concept of “ASGBI TV”.

#### **4. TO SUPPORT AND DEVELOP AN INTERNATIONAL AGENDA OF SERVICE AND TRAINING**

**Accountable Directors:**                      **Programme Director for International Development**

**Staff support:**                                      **International Development Manager**

The Association’s International Development Committee (formerly the Overseas Surgical Fellowship Group) has been a successful endeavour. It functions well as an autonomous working party, the work of which has been mainly focussed in Africa. The Association supports the work of the International Development Committee with a small annual grant of £10,000, which is matched by an equal grant from the BJS Society and other ad-hoc contributions from industry. The work of the International Development Committee is publicised in the Association’s ***Newsletter*** and at the annual Congress and other fora.

Given its success, there is good argument for expanding the International Development Committee’s geographical areas of interest. Other than start-up costs, ASGBI will look to the International Development Committee to be self sufficient.

#### **Actions necessary:**

- Programme Director for International Development to liaise with the Executive Board and Council through the Education and Training Board on which the Programme Director will sit.
- International Development Committee to consider whether it is feasible, and if so, how its areas of interest may be expanded.
- To forge a closer working relationship between the International Development Committee and The Surgical Foundation. ASGBI to work with the International Development Committee to attract external funding.
- Enhance and support European links, possibly through UEMS.



- To develop symbiotic agendas between ASGBI and the various associations and societies to identify generic surgical issues for discussion and resolution to include leadership, professionalism, mentorship and career development.
- To continue discussions with the other SAC-defined Specialty Associations to identify areas of mutual benefit for potential closer collaboration.

## **6. TO DEVELOP THE ASSOCIATION'S MEMBERSHIP**

**Accountable Directors:**                      **Honorary Membership Secretary**  
**Honorary Secretary**

**Staff support:**                                      **Chief Executive**  
**Membership Manager**

Many Specialty Associations have seen their membership numbers fall in recent years. This probably reflects the increasing competition between societies all vying for the same members. Matters are aggravated by the creation of new societies. ASGBI has, however, successfully maintained its membership numbers. For the period 2005 to 2008 inclusive membership rose from 2,212 to 2,271 and between 2008 and 2009 membership rose from 2,271 to 2,285.

There is increasing evidence to suggest that much surgery within the UK and Ireland is carried out by surgeons who are not consultants. This trend is likely to continue in future years. The Association must adapt to the changing workforce such that it encourages surgeons of all grades to become members. Member recruitment and retention must remain high on the Association's agenda.

### **Actions necessary:**

- A small working group needs to be formed by the Honorary Secretary and Honorary Membership Secretary to ensure that member benefits are real benefits and that the membership database continues to be fit for purpose. This working group should also re-examine the appointment, roles and responsibilities and benefits of being a Link Surgeon.
- Additionally, this group needs to define the roles, responsibilities and geographical boundaries of the Association's Elected Regional Representatives on Council.
- To develop an organisational structure which is able to accommodate a wide variety of interest groups (clinical, professional and social).
- To enable these groups to develop into sections with independent activities.
- To develop a strategy to recruit and retain the future membership of the Association. This will necessitate close liaison with both Regional Representatives and Link Surgeons. This should be the shared responsibility of the Honorary Secretary and the Honorary Membership Secretary.

- To pursue active engagement with Medical School Surgical Societies.
- To continue evolving a package of tangible membership benefits.
- To regularly survey the membership on what they want from their Association.
- To use Council as the advisory and strategy informing body.

## **7. TO PROVIDE PROFESSIONAL SUPPORT FOR SURGEONS WORKING IN A DEMANDING ENVIRONMENT**

**Accountable Directors:**                      **Honorary Membership Secretary**  
**Vice President**

**Staff support:**                                      **Chief Executive**

Mentors and friendships amongst surgeons help counterbalance the many stresses of surgical professional life. Discussions can spawn collaborative projects, stimulate and inspire and result in greater career satisfaction. Friendships, developed through the Association, can - in times of need - be a huge support. The Association and its officers must ensure that, in the planning of activities, this aspect is not neglected.

### **Actions necessary:**

- To actively encourage peer mentoring.
- To continue to promote friendship and mutual support between members, and across all surgical specialties.
- To develop and implement the concept of 'Surgical Expert Ltd'.

## **8. TO DEVELOP THE ASSOCIATION'S FINANCIAL ACTIVITIES**

**Accountable Director:**                      **Honorary Treasurer**

**Staff support:**                                      **Chief Executive**  
**Finance Manager**

In order to actively promote CPD and other initiatives outlined in this Strategic Plan, the Association requires a strong financial base. Income from subscriptions, Corporate Patrons and external sponsorship and partnerships cannot fully fund activities and developments. Now that the ASGBI is unfettered by restrictions of charity law it must pursue other ways in which it can expand its activities in line with its core aims.

### **Actions necessary:**



## Staff support:

Chief Executive  
IT Manager  
Communications and Events Manager

Effective communication within the organisation and between our members is essential. It nurtures an “esprit de corps”, gives the organisation an identity and facilitates the consideration of important issues. ASGBI has been very successful in the past three years in achieving effective communication; this must continue.

### Actions necessary:

- The continued development and evolution of the **Newsletter**.
- Further expansion and development of website.
- Creation of individual portfolios for members and regional surgical societies on the website.
- Evolution of the **Congress Daily Newspaper**.
- Evolution of ‘ASGBI TV’.

## 10.1 Newsletter

The **Newsletter** has been a great success. It has raised the profile of the ASGBI and continues to educate, amuse and inform our members. It already has a circulation of >3,000 with an estimated hard-copy readership of 5,000 and a world-wide electronic readership of >10,000.

### Actions necessary:

- To develop the range and depth of its coverage (inclusion of case reports, Link Surgeon surveys, Regional Representative reports, etc).
- To include, as a regular feature, an update on website activity to ensure that our two primary means of communication (**Newsletter** and website) are coordinated.

## 10.2 Website

The ASGBI website has improved dramatically in recent years. It now receives >250,000 hits per month. However, the website must continue to evolve into the Association’s major interface with members, constituent associations and specialty groupings, Designated Societies, Corporate Patrons and the general public.

### Actions necessary:

- Review the in-house website management (requires a minimum of 1 FTE).

- Work with the constituent specialty groupings and other users to examine the manner in which the website can provide economies of scale and added value (data collection, on-line membership services, etc).
- Investigate and incorporate increased functionality; for example, the provision of educational activities and on-line learning resources.
- Consider establishing a slide/lecture library (possibly in liaison with EIDO).
- Create a web-portal of surgical hyper links, so that the ASGBI website becomes the default site for members.
- Create a 'one stop shop' for user-entered membership services and data updates across all associations within the ASGBI federation.
- Continue to develop the web-based records and archive system which enables committee members to access agendas, minutes and other documentation on-line.
- Create regular 'e-bulletins' (possibly monthly supplements) to compliment the printed **Newsletter**.
- Facilitate individual members' websites.
- Consider evolving a "downloadable" application, compatible with I-phone and similar mobile electronic devices, which would provide a readily available information source for members.

## 11. TO SUPPORT REGIONAL FUNCTIONS OF THE ASSOCIATION

<b>Accountable Directors:</b>	<b>Honorary Secretary</b> <b>Honorary Membership Secretary</b>
<b>Staff support:</b>	<b>Chief Executive</b> <b>Membership Manager</b>

The Association must continue to develop and promote local educational, academic and clinical programmes.

### **Actions necessary:**

- Develop the Regional Chapters Programme through the Elected Regional Representatives on Council. This may be facilitated by collaboration with existing regional surgical societies.
- Support in principle the RCS (Eng) initiative of RSPAs (Regional Speciality Professional Advisers) "supporting surgeons in the workplace" whereby RSPAs are appointed jointly by RCS Eng and ASGBI. It is ASGBI's intention that appointments are made to adhere to SHA boundaries which may

necessitate some alteration to geographic areas of responsibility for existing Council members. This initiative will require regular review.

- Increase liaison between elected Regional Council Representatives and the Link Surgeon network. This must become a shared responsibility of the Honorary Membership Secretary and the Honorary Secretary.
- The Association is a pan UK organisation, one *raison d'être* of which is to encourage contact between surgeons from different regions. The importance of this has long been recognised by the composition of Council and the evolution of the Link Surgeon network. Council, at present, has geographical representation loosely based upon old RHA boundaries. The boundaries do not, in themselves, matter; what does matter is the function of the elected Regional Representatives on Council. The ASGBI needs to debate the function of Council, now that is an advisory body to the Executive Board, and no longer (as was the case until January 2009) trustees of the Association.
- Consideration should be given to the composition and selection of Council members. This debate needs to follow a discussion about the role of the new Council. Issues such as the optimum number of elected Council members, and who and how many should be co-opted, need airing together with consideration of the election process. At present this is regional. It has been suggested that there may be advantages to elections being “national” (England, Ireland, Scotland, Wales) as opposed to being constrained to artificial boundaries (RHA, SHA, Deanery etc).

## 12. PRESIDENTIAL ADDRESS

**Accountable Director:**                      **President**

**Staff support:**                                **Chief Executive**

The Annual Scientific Meeting and the AGM are the natural platforms from which to deliver this.

### **Actions necessary:**

- The President to provide a ‘State of the Union Address’ during the Annual Meeting.
- The President to provide a synopsis of the activities of the ASGBI to the AGM, as a matter of routine.
- The President to provide regular contributions to the ***Newsletter*** and website.

## 13. GOVERNANCE AND MANAGEMENT OF THE ASSOCIATION



- Executive Board to review the operational relationships with the Specialty Associations and Societies and special interest groups within the federation.
- As a support to the Executive Board and Council, the Chief Executive has useful relationships with the Colleges, Universities, Professional Partners, Commercial Partners, Designated Societies and Corporate Patrons. This is expected to generate circa £180,000pa in 2009 - a very creditable 24% increase on the 2008 figure. This ambassadorial and commercial role should continue to be a key and developing part of the CEO's remit.
- A specific area in the ASGBI offices be set aside with telephone, laptop, etc. for Honorary Officers to use when in London.
- The effectiveness of the annual Staff and Executive Board Summit needs to be reviewed as part of a wider internal communications audit.
- Staffing levels in the office are to be kept under constant review and, when funding permits, the appointment of a junior administrative assistant should be considered to reflect the increased workload resulting from the revised governance and operational structure.
- It is recommended that the matter of conflict of interest and loyalties of Honorary Officers be discussed at Council to agree on a policy.

#### **14. THE SURGICAL FOUNDATION**

**Accountable Director:**

**Honorary Secretary**

**Staff support:**

**Chief Executive  
Administration Manager**

The Surgical Foundation is the Charity of the ASGBI and came into existence on 1<sup>st</sup> January 2009. A Shadow Board of Trustees, under the interim chairmanship of the Honorary Secretary, has been formed and is evolving terms of reference, a business plan and promotional and income-generating activities.

The Foundation is, thus, seeking to establish a defined remit. There is general agreement that its charitable activities should focus on under recognised areas of surgical education and research which are of interest across the speciality spectrum. Examples of this would be the provision of research into emergency surgery and the Foundation's involvement in public education activities around knife and gun-shot crime.

**Actions necessary:**

- Review the composition of the Board of Trustees to ensure that the Foundation has Trustees who are willingly to serve for the minimum of a three-year term of office.
- Review the composition of the Board of Trustees and the co-opted members (President, Honorary Secretary and Chief Executive).
- Confirm the process for the selection and appointment of a appropriate Chairman. This appointment to be for a minimum of three years.
- Request that the Foundation's Board of Trustees provides an annual report to the Association's AGM, and a précis of this report for publication in the ASGBI **Newsletter**.
- Consider the appointment of a part-time professional "fund raiser" experienced in generating income for charities.
- Consider the distribution of 'Gift Aid' fundraising documentation to all ASGBI members as well as to patients and the general public.
- Clarify the aims and objectives of the Foundation in relation to cross-over support of public benefit educational activities undertaken by the Association such as certain aspects of the International Congress, single-issue conferences and statements, travelling fellowships and awards, CORESS, etc.

## **15. TO SUPPORT ASGBI MEMBERS FOR CLINICAL EXCELLENCE AWARDS AND, WHEN APPROPRIATE, FOR NATIONAL HONOURS**

**Accountable Director:**                      **President**

**Staff support:**                                      **Chief Executive**  
**PA to the Chief Executive**

The Association has been well served over recent years by its Nominations Committee. This is chaired by a Past President and comprises Presidents of all the constituent societies within the federation of ASGBI. This committee must continue to independently appraise applications in the ACCEA process and rank appropriately. Additionally, it is the responsibility of this committee to consider suitable ASGBI members for National Honours and other surgeons for the award of Honorary Fellowship of the Association.

### **Actions necessary:**

- Ensure that the Nominations Committee meets on a timely basis such that members are kept well informed as to the ACCEA process early in the annual cycle.
- The Nominations Committee will be Chaired by the immediate Past-President, for a term of office of two years.

- The Association's President will, ex-officio, be a member of the Nominations Committee for the duration of his/her Presidency. The President will deputise for the Past President, as Chairman of the Nominations Committee, if and when necessary.
- The membership of the Nominations Committee will comply with the national requirements of the ACCEA. However, the Committee will be empowered to invite additional members as necessary, possibly on an observer basis, to ensure an equitable distribution of geographical and specialty interests.