



Association of British Neurologists Strategy Consultation 2013

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Association of British Neurologists Strategy 2013

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Association of British Neurologists Strategy 2013

Introduction

The ABN has grown from being a small organisation with an informal secretariat and a membership that could comfortably fit in a single room to a large organisation with a professional office that needs to use conference facilities to hold the Annual meetings. Inevitably the Association has changed, as has the environment, both political and professional, in which it works. The combination of a growing organisation in an evolving environment makes it timely to articulate the aims of the organisation and consider how the Association can endeavour to address them; this can provide the basis for more detailed work.

Building on a full day meeting of Council dedicated to strategy development a working party, made up of members of Council, has developed the aims and the commentary on the aims. In the Commentary that follows for each of the aims we explore:

- How the ABN currently addresses the aims
- What developments are underway
- Relevant issues
- Proposals for discussion.

Additionally we have included a brief financial summary considering the various funding sources and expenses relating to the Association.

This is being circulated to the membership for consultation, with a view to taking endorsed proposals to the Annual General Meeting.

Association of British Neurologists Strategy 2013

Mission: to promote excellent standards of care and champion high-quality education and world-class research in neurology.

Aims:

1. To improve clinical neurological services by

- encouraging the nationwide availability of excellent, patient-centred services in neurology
- setting and promoting evidence-based standards for neurological care
- supporting members in developing and delivering high quality services.

2. To provide leadership in neurology by

- providing an expert voice to represent neurology to Government and other agencies
- promoting public engagement with and involvement in neurology
- facilitating links with other professional societies involved in neurology
- collaborating with neurological charities in advocacy for neurological services.

3. To champion outstanding training and education in neurology by

- providing and supporting high quality continuing neurology education disseminating neurological research and sharing best practice
- setting and promoting high standards of training
- encouraging the best neurological education and training in medical schools and medical training programmes.

4. To promote world class research in clinical neurosciences by

- supporting trainee and trained neurologists in both undertaking and supporting research
- enabling patients to participate in research
- promoting and co-ordinating research training in neurology
- providing a forum to present, discuss and develop collaborative research
- promoting collaborative neurological research, lobbying for neurological research funding and translation into practice.

5. To represent and promote the aims of the Association internationally by

- establishing links with, and offering support to, comparable associations overseas, both individually and through European or global organisations
- encouraging and supporting international collaborations to develop neurological care, education, and research.

Commentary on the Strategic Aims

1. To improve clinical neurological services by

- encouraging the nationwide availability of excellent, patient-centred services in neurology
- setting and promoting evidence-based standards for neurological care
- supporting members in developing and delivering high quality services.

1.1. How the ABN currently addresses the aims

Improvement of neurological services is primarily considered by the Services and Standards Committee (SSC) of Council.

The SSC provides regional representation allowing structural links with all parts of the country (see Appendix) and provides a forum for discussion between the regional representatives. This allows feedback on regional issues, and attempts to ensure equitable provision of service. Much of the work is in response to specific issues (eg job planning, out patient targets etc).

There have been a number of initiatives to promote standards of neurological care across the country, including most recently a joint report with the Royal College of Physicians on neurology services in the district general hospital and a statement on the involvement of neurologists in Stroke services.

At the moment there are:

- few coordinated national audits
- a small number of evidence-based national guidelines
- no systematically collected benchmarked data
- no evidence-based standards for neurological care.

1.2. What developments are underway

The Specialty Sections have been set up to provide expert representation within the main areas of neurology. The ABN has specialty sections for acute neurology; cognition; epilepsy; headache & pain; movement disorders; MS & inflammation; neuromuscular; neuro-oncology; stroke.

The sections are made up of interested neurologists who applied through an open process. As all 'terms' began at the same time there will need to be some variation on the length of term so that some continuity is established. Sections could encourage representation from all regions to facilitate national work including audits.

1.3. Relevant issues

Standards for commissioning: The requirement for appropriate standards for commissioning is becoming increasingly urgent and the ABN, via the SSC and Sections, needs to develop such indices.

Revalidation: The GMC has started the process of revalidation. Revalidation for neurologists would be facilitated if the ABN were to develop appropriate national standards and facilitate national audits.

ABN members and associate members already conduct many local audits: indeed, participation in audit is essential for service development and revalidation. The ABN could take a national coordinating role for such audits, enhancing their quality and impact on neurological services and patient care. The ABN needs to put a structure in place to meet this need. Given that this will cut across the regional representation of the SSC and the Sections, the ABN could develop an audit committee to work alongside the SSC and Sections, and the Audit Committee could report directly to Council.

Standards of care: The SSC and Audit Committee could identify areas where 'Standards of Care' are required, and invite Sections to prepare evidence-based standards of care. These would inform the development of standards for commissioning through the SSC, including accessibility and outcomes. Rare diseases and long-term conditions could be included. Contributions to this work could be inclusive and encouraged from the broad membership of the ABN.

Sections: There is scope for establishing other Sections in other sub-specialties, for example rehabilitation.

Council is currently considering whether each specialist section could include a non-specialist neurologist, perhaps a council member, to provide balance. It is anticipated that sections will interact with their relevant charities and patient organisations though this is still under development.

Website: Patients and doctors are increasingly looking to the internet for information. The ABN website could provide links to those websites that provide useful quality information for GPs and patients. The Sections would be able to recommend and review sites.

1.4. Proposals for discussion

Audit: There is a need for nationally coordinated collaboration on audits which the ABN could facilitate. Such audits would probably be specific to disease areas such that any one audit would relate to a specific Section. An Audit Committee could be established to enable and facilitate a rolling programme of national audits to cover the main disease areas. This would require contributions from the relevant sections and is likely to involve collaboration with subspecialty groups, patient support groups and charitable organisations. The website would need to be able to support this activity.

Revalidation: There is an opportunity for the ABN to coordinate the provision of benchmarking data for revalidation of neurologists.

Resource endorsement: The website could include an area to coordinate ABN endorsed links to allow neurologists, GPs and patients to find quality information on the internet, for example patient information leaflets. We could appoint a Web-Editor from the ABN membership.

2. To provide leadership in neurology by

- providing an expert voice to represent neurology to Government and other agencies
- promoting public engagement with and involvement in neurology
- facilitating links with other professional societies involved in neurology
- collaborating with neurological charities in advocacy for neurological services.

2.1. How the ABN currently addresses the aims

The Executive responds to consultations as requested, seeking appropriate advice from members.

Joint meetings are held occasionally with other Specialist societies (for example the British Society for Clinical Neurophysiology).

The president sits on the Council of Royal College of Physicians of London (RCP).

The Joint Clinical Neurosciences committee of the RCP has representation from the ABN, BSCN, audiovestibular medicine, BASP and Acute Medicine.

The president and secretary sit on the Joint Neurosciences Council.

A member of the British Association of Stroke Physicians (BASP) sits ex-officio on Council.

There are informal links with the Neurological Alliance.

2.2. What developments are underway

Speciality Sections: The introduction of the Specialty Sections allows the executive to obtain prompt expert responses to consultations

Relationships: The relationships with the RCP are strengthening– for example with the joint publication of 'Local Adult Neurology Services for the next decade'

The Association is collaborating more formally with the Neurological Alliance, which now has representation at SSC meetings

The ABN is developing a programme of engagement in the Year of the Brain (Europe) 2014.

2.3. Relevant issues

Advocacy: Advocacy has become an increasingly important role of Specialist Societies and is central to all aspects of this Aim.

However, the ABN is but one voice among the many organisations involved in neurological disorders. There is a wide range of alternative sources of information and comment (see table 1). By their nature most of these alternative sources have a particular affiliation or bias towards a specific disease.

Table 1: Organisations that comment on Neurological issues	
Medical organisations:	
Large	Royal College of Physicians British Medical Association Royal College of Psychiatrists,
Other specialist societies	British Geriatric Society British Society for Clinical Neurophysiology
Subspecialty societies	British Association of Stroke Physicians British Association for the Study of Headache British Peripheral Nerve Society British Section of the International League Against Epilepsy British and Irish Movement Disorders Group British Neuropsychiatry Association British Myology Society
Nursing Organisations:	
	Epilepsy Nurses Association UK Multiple Sclerosis Nurse Association Parkinson's Disease Specialist Nurse Association
Charities:	
	Neurological Alliance (78 member organisations) MS Society Stroke Association Alzheimer's Society Parkinson's UK Epilepsy Action to name but a few.

Other specialist societies have developed alliances and affiliations to allow there to be a single more powerful advocate. For example the British Cardiovascular Society has 16 affiliated societies – including the relevant nursing associations, the British Association of Dermatologists has 14 special interest groups or subspecialty associations.

Relationships: We need to explore how best to develop appropriate relationships with subspecialty societies and special interest groups made up mainly of neurologists, such as the British Peripheral Nerve Society; as well as those organisations with a broader membership, such as the British Association of Stroke Physicians and the International League Against Epilepsy (ILEA).

These partnerships would require us to consider whether we could develop additional categories of membership. This has been done by many Specialist

Societies (see table 2) to broaden the remit of their organisations with separate categories of membership for specialists, trainees, non-clinical scientists and non-medical health care professionals.

If the ABN were to choose to broaden its membership the Association would be moving from being an Association of British Neurologists – and as such perceived as an organisation whose existence was simply for one group of professionals – to an Association for British Neurology – recognising the wider remit of our mission and greatly enhance our ability to act as the voice of neurology.

Table 2: Membership categories (other than Full membership) available for other Specialist Societies.					
NB: Voting arrangements vary between societies. For many only Full members vote.					
Society	Trainees	Students	Associate	Non-clinical	Other health professional
British Thoracic Society	Y	Y	Y	Y	Y
British Geriatric Society	Y	Y	Y	Y	Y
Society for Endocrinology	Y	Y	Y	Y	Y
British Society for Rheumatology	Y		Y	Y	Y
British Cardiovascular Society	Y		Y	Y	Y
Renal Association	Y			Y	Y
British Association of Dermatologists	Y	Y	Y		
Association of British Neurologists	Y		Y		
Association of British Clinical Diabetologists	Y				

2.4. Proposals for discussion

Broaden categories of membership to accommodate all those involved in providing neurological care. This would make the Association the home for all of neurology and allow it to become the voice for neurology.

The Association could have the following categories of membership:

- Fellow: established consultant neurologists by individual award.
- Ordinary Member: consultant neurologists, stroke physicians, clinical neurophysiologists, consultants in rehabilitation medicine, audiovestibular medicine and medical ophthalmology and other consultants by award.
- Associate Member: Medical practitioners not in other categories.
- Trainee members: Trainees in neurology and stroke medicine.
- Affiliate members: those non-medically qualified including non-clinical scientists, specialist nurses and physiotherapists primarily involved in neurology.

3. To champion outstanding training and education in neurology by

- providing and supporting high quality continuing neurology education, disseminating neurological research and sharing best practice
- setting and promoting high standards of training
- encouraging the best neurological education and training in medical schools and medical training programmes.

3.1. How the ABN currently addresses the aims

All members: The ABN holds two meetings each year: a 3–4 day Annual meeting in the spring and a shorter second meeting in the autumn, and particularly encourages specialist registrars and research fellows to submit abstracts. The meetings are often held jointly with another national specialist neurological society.

The Meetings Committee plans the annual meetings to provide a significant educational component as well as a forum for presenting research findings.

The journal Practical Neurology is provided free to all members and associate members of the ABN.

Postgraduate trainees: The Training and Education Committee (TEC) meets regularly and advises Council on educational matters. TEC includes junior postgraduate trainee representation and links to the Trainees' committee. TEC members are appointed by Council and there is no specific regional representation.

The ABN has been closely involved with (and is financially committed to) the Royal College of Physicians in the development of the Specialty Certificate Examination in Neurology and co-hosts the exam.

Undergraduates: TEC has issued guidance on teaching neurology in medical schools.

The medical student essay prize aims to foster student interest in neurology and the neurosciences.

3.2. What developments are under way?

All members: The newly formed Sections, the Clinical Research and Academic Committee (CRAC) as well as TEC assist the meetings committee in providing suggestions for the annual meetings, to encourage a balanced and informed choice of topics.

Postgraduate trainees and undergraduates with an interest in neurology. The Annual Meetings now have regular postgraduate trainee and medical student sessions.

Broader potential membership: A trial educational day for GPs has been arranged for the next annual meeting.

3.3. Relevant issues

Broadened membership categories: This would provide opportunities to broaden the remit of ABN meetings to include the education of a wider group of those involved in the care of neurological patients (not currently members of the ABN). This would build on the development of the trainee and medical student sessions, and the GP training day.

3.4. Proposals for discussion

TEC regional representation: TEC members are currently appointed by Council, often with variable geographic representation. TEC needs regional representation, in order that local voices are heard and that the ABN communicates its training and education agenda appropriately at regional level. A move to elected members would further enhance the members' representative role.

Broadened remit for postgraduate training: The ABN needs to ensure where possible that foundation and core medical training doctors have neurology embedded in the educational courses: many junior doctors who will be medical consultants on call in the future currently have no exposure to dedicated neurology teaching in their training.

Increased undergraduate involvement: The ABN needs more active engagement with medical schools. There is extraordinary variation in the exposure to neurology across medical schools. Many students receive very limited neurological teaching. The ABN could host an annual undergraduate 1-day ABN-branded neurology teach-in, using volunteer trainers and a deposit or nominal charge to participants. This might include presentations by students on neurologically-related undergraduate projects. The ABN could provide an umbrella organisation for medical school neurology and neuroscience societies to encourage medical students interested in neurology and neuroscience.

4. To promote world class research in clinical neurosciences by

- supporting trainee and trained neurologists in both undertaking and supporting research
- enabling patients to participate in research
- promoting and co-ordinating research training in neurology
- providing a forum to present, discuss and develop collaborative research
- promoting collaborative neurological research, lobbying for neurological research funding and translation into practice.

4.1. How the ABN currently addresses the aims

The Clinical Research and Academic Committee aims to support neurological and neuroscience research in both NHS and University settings.

The ABN is equally committed to supporting clinical and academic neurology and neurologists.

The ABN Meetings provide a forum for the presentation and discussion of research in neurology and we particularly encourage specialist registrars and research fellows to submit abstracts.

The ABN provides BSc Awards for medical students to undertake projects within neurology and the neurosciences to encourage an academic interest in neurology at the undergraduate level.

Research Fellowships: the ABN coordinates the allocation of research fellowships in collaboration with a number of neurological organisations and charities.

The British Neurological Surveillance Unit (BNSU) provides a mechanism for case finding for rare diseases, through a monthly online notification system which assists researchers with registered research projects.

4.2. What developments are underway

We are developing closer links between NIHR research networks and CRAC.

We are increasing the number of diseases notified in the BNSU and have moved to an email/online reporting system. We are improving the reporting process for BNSU registered research areas.

4.3. Relevant issues

BNSU: The delay between case notification and the receipt of research information hampers the usefulness of the BNSU system. A new web-based system is being explored which will speed up the receipt of the relevant research material

We seek to improve the engagement of the ABN membership with the BNSU by providing formal written updates on the progress of BNSU projects and through the presentation of BNSU updates at ABN meetings

Formal links with national research networks: This would entail the ABN requesting a formal ABN representative in each existing national research network to provide a link between both specialist and non-specialist ABN members and research development (e.g. National Stroke Network, DeNDRoN Clinical Study Groups). The role of ABN representatives would be to represent the views of the ABN and to feedback progress in the development of research infrastructure and projects to the wider ABN membership.

4.4. Proposals for discussion

CRAC regional representation: CRAC members are currently appointed by Council with variable geographic representation. Regional representation would allow more equitable support of neurology research and researchers across the country. A move to elected members within these geographic areas would further enhance the members' representative role.

Research Fund: In order to enhance the development of research training in Neurology we could seek to develop an ABN fund, which would contribute to the successful research fellowship scheme which has been developed in collaboration with charities and other national funding agencies.

Research Training: We could develop a national research training network for trainees in research which would hold national meeting with coaching and mentorship on generic research skills such as grant writing, project design, ethics and research governance, presentation skills and research group management.

Acquire or launch a Journal: Most specialist societies have a journal associated with the organisation. The ABN could develop or, if affordable, acquire a journal to facilitate the dissemination of neurological research, guidelines, audit and quality improvement.

5. To represent and promote the aims of the Association internationally by

- establishing links with, and offering support to, comparable associations overseas, both individually and through European or global organisations
- encouraging and supporting international collaborations to develop neurological care, education, and research.

5.1. How the ABN currently addresses the aims

Meetings with other national societies: Regular meetings with the Sri Lankan neurological society – annual till 2011, since then alternate years. Intermittent meetings with others, most recently the American Neurological Association (2012) and the Cuban Society of Neurology and Neurosurgery (2011). There has been an exchange with the Association of Brazilian Neurologists.

ABN Travel Bursaries: allow neurologists from the UK to travel, usually to countries in transition in order to teach.

EFNS: Membership of the European Federation for Neurological Societies.

5.2. What developments are underway

This year the first ABN Australasian fellows have been appointed to work in neurology centres in Australia and New Zealand.

5.3. Relevant issues

The European Academy of Neurology is being formed, a merger of the European Federation of Neurological Societies and the European Neurological Society. Many members of the ABN have taken a prominent part in the specialist sections of the EFNS and ENS. The format of the merged organisation is in development.

Many members of the ABN have prominent and often leadership roles in specialised international organisations and in this way have fruitful clinical and research collaborations in place. In the future the ABN will keep a list of people in these roles which will be available on the ABN website. This will allow the membership to appreciate both the breadth and depth of international links and influence of ABN members and also provide easily accessible contacts for trainees interested in specific subspecialisations.

5.4. Proposals for discussion

Mentorship: Provide mentorship for trainees from non-UK countries coming to the UK for training and experience.

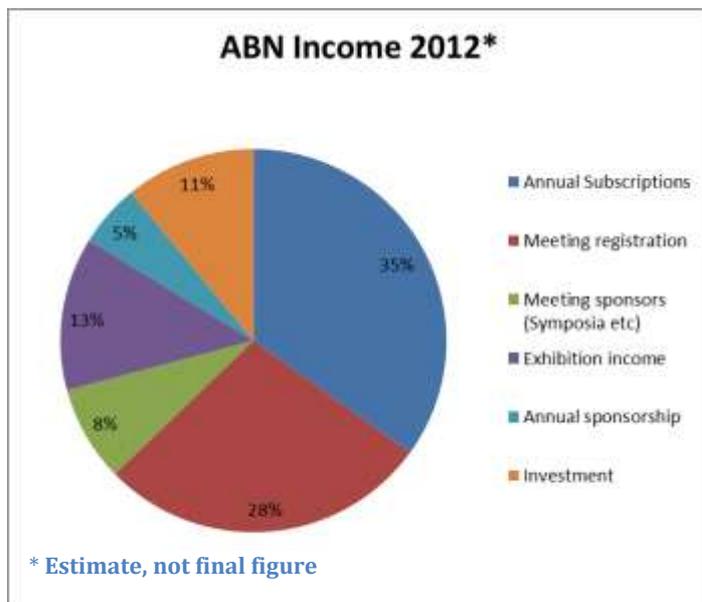
Strategic alliances: The joint meetings with international neurological societies have been developed opportunistically. The ABN could develop a strategy to underpin how these decisions are made.

Financial issues

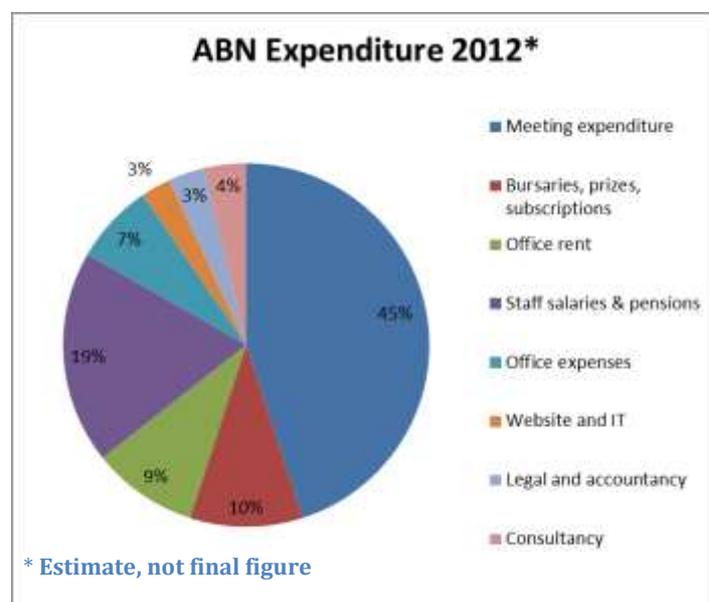
The ABN has an annual turnover of between £500 thousand and £600 thousand. Its reserves currently exceed £700 thousand. For 2012, income and expenditure approximately balanced (pending audit).

Income: A little over a third of the Association's income comes from members subscriptions. About half of the Association's income comes to the Annual meetings, of which a quarter comes from the Pharmaceutical exhibitions and a sixth from Pharmaceutical symposia.

The remainder of the income comes from investment (about 11% though quite variable) and annual sponsorship from Pharmaceutical companies (about 5%).



Expenditure: The Annual Meetings make up the largest single expenditure (45%). The office staff, rent and expenses account for a little over a third and bursaries, prizes and subscriptions and the IT account for the remainder.



Proposals for discussion

There have been discussions over the years about the relationship between the Association and Pharmaceutical companies. In the distant past there were few drugs available for patients with neurological diseases and the role of the pharmaceutical industry was limited. Fortunately there are now an increasing number of drugs available with commensurate pharmaceutical industry interest.

The Association derives income from the pharmaceutical companies in three ways:

- annual sponsorship (5% of income)
- exhibition at annual meetings (13%)
- payment for symposia at meetings (8%).

There are several ways this could be changed:

- stop annual sponsorship
- hypothecate the annual sponsorship – for example to the ABN research training fund
- stop having sponsored symposia.

Any reduction in income would necessitate economies elsewhere or an identified alternative income.

Questionnaire

We would appreciate your thoughts on this document and have prepared a short, web based questionnaire to facilitate collection of feedback, your thoughts and ideas. [Click here to access.](#)



Martin Rossor and Geraint Fuller

on behalf of the ABN Council