



# BNS

British Neuropathological Society

## **BRITISH NEUROPATHOLOGICAL SOCIETY** ONE HUNDRED and TWENTY THIRD MEETING

**THE BUSINESS MEETING** will be held virtually at **15:45** on **Thursday 17<sup>th</sup> March 2022**

*Please note that the Professional Affairs Meeting will follow this meeting.*

1. Minutes of the Business Meeting of 3<sup>rd</sup> March 2021.
2. Matters arising from the minutes (*not appearing elsewhere on the agenda*)
3. **PRESIDENT Business**
  - a. BNS membership fees
  - b. Bye-law amendments
4. Report from the **TREASURER**
5. Report from the **PROGRAMME SECRETARY**
6. Report from **CHAIR OF ACADEMIC COMMITTEE**
7. Report from the **EDITOR**, Neuropathology and Applied Neurobiology
8. **EuroCNS and ICN**
9. Report on the **BNS website**
10. Report from the **TRAINEE REPRESENTATIVE**
11. **Summary of Society Officers Nominations and vacancies**

Nominations:

	<b><i>Position</i></b>	<b><i>Proposed by</i></b>	<b><i>Seconded by</i></b>
<b>Tammarn Lashley</b>	<b>Vice-President</b>	Tim Dawson	Steve Wharton
<b>Rox Carare</b>	<b>Honorary Secretary</b>	Tammarn Lashley	James Nicoll
<b>Siliva Marino</b>	<b>Programme Secretary</b>	Tim Dawson	Kieren Allinson
<b>Kathreena Kurian</b>	<b>Chair of PAC</b>	Robin Highly	Tim Dawson
<b>Piyali Pal</b>	<b>Secretary of PAC</b>	Kathreena Kurian	Estelle Healy
<b>Matthew Clarke</b>	<b>Trainee Neuropathologist Rep</b>	Rob Goldspring	Tim Dawson
<b>Tom Stone</b>	<b>Trainee Neuroscientist Rep</b>	Tom Jacques	Ashirwad Merve
<b>Aditya Shivane</b>	<b>EURO-CNS Rep and ISN Councillor</b>	David Hilton	Johannes Attems

Interest is invited from the membership to come forward for the following posts in 2022:

**Education and Meetings Committee** (Deputy and Symposium Organiser)

12. **Election of new members:** The following have been elected to membership since March 2021:

	<b><i>Proposed by</i></b>	<b><i>Seconded by</i></b>
<b>Maria Afentakis</b>	Zane Jaunmuktane	Sebastian Brandner
<b>Matthew Sherwood</b>	Rob Ewing	Melissa Andrews
<b>Alice Rockliffe</b>	Zane Jaunmuktane	Sebastian Brandner
<b>Oleg Anichtchik</b>	Aruna Chakrabarty	Azzam Ismail
<b>Fernanda Valerio</b>	Matthew Clarke	Thomas Millner
<b>Eleanna Kara</b>	Rahul Phadke	Matthew Clarke
<b>Connor Gilder</b>	Nitika Rathi	Piyali Pal
<b>Monica Garcia-Segura</b>	Luca Peruzzotti-Jametti	Stefano Pluchino
<b>Simon Deacon</b>	Simon Paine	Jillian Davies
<b>Karl Frontzek</b>	Tammaryn Lashley	Sebastian Brandner
<b>Andras Lakatos</b>	Kieren Allinson	Dominic O'Donovan
<b>Bassma El Sabaa</b>	Azzam Ismail	Aruna Chakrabarty
<b>Laura Smith</b>	Daniel Erskine	Rajesh Kalaria
<b>Thamir Eid</b>	Rina Bandopadhyay	Zane Jaunmuktane
<b>Veronica Roberts</b>	Seth Love	David Barrett

13. Any other business

14. Date and Venue of Next Meeting- To be decided.



# BNS

British Neuropathological Society

## **BRITISH NEUROPATHOLOGICAL SOCIETY** **ONE HUNDRED and TWENTY SECOND MEETING**

**THE BUSINESS MEETING** will be held at **16:30** on **Wednesday 3<sup>rd</sup> March 2021**

### **1. Minutes of the business meeting**

The business meeting was held virtually. There were 50 attendees (94% BNS members) in attendance at the meeting including president Tim Dawson (TD) who presented the reports on behalf of all the committee members. Documents and reports had been circulated to the BNS members prior to the meeting via email (they are also attached as an appendix to these minutes).

### **2. Matters arising from the minutes (*not appearing elsewhere on the agenda*)**

Nothing to report and the minutes were accepted and approved.

### **3. Report from the PRESIDENT**

A report from the president is not usually included in the business meeting. However, TD included in his report reasons why the BNS need a constitution for the society and the bye-laws having been adopted in 1997 needed updating. Therefore TD brought the new constitution to the BNS membership for approval. TD has adapted a model constitution from the Charity Commission Website and amendments have been suggested and highlighted in yellow in the documentation attached to these minutes.

A motion was put to the BNS membership that we adopt this as the BNS constitution. 39 BNS members voted (37 for, 0 against, 2 abstain). Therefore the constitution will be signed by the trustees (President, Vice-president, Treasurer and Secretary) and submitted to the Charity Commission. Once passed by the Charity Commission a copy will be put onto the BNS website.

The BNS bye-laws can be changed by the society at any time, whereas as any changes to the constitution have to go back to the Charity Commission. The bye-laws that needed updating are highlighted in the documentation attached to these minutes, which include that least the president or vice-president need to be clinically active and the Chair of the PAC committee will have been an active PAC committee member for at least a year prior to taking over as Chair. All officers will now end their terms after the annual meeting rather than before the meeting. Proposal to include an early career membership if approved. A motion was put to the BNS membership to accept the changes to the bye-laws. 40 BNS members voted (39 for, 1 against). Therefore the recommended changes to the bye-laws were accepted.

Applications to the National Clinical Excellence Awards has been taken over from James Nicoll by Sebastian Brandner. Sebastian brought together a gender balanced committee with one lay member and there were 5 applications. All were reviewed and supported and all submitted to the ACCA.

#### **4. Report from the TREASURER**

A report had been received from the treasurer Daniel du Plessis prior to the meeting and was read out by the president TD (see attached copy of the report). The virtual meeting was cheaper than the normal in-person meeting. The Charitable Organisation Investment Fund (COIF) are funds that are put aside to generate and secure more funds. Overall financial health of the society is good.

The annual membership of £70 including NAN subscription, ISN and Euro-CNS membership. The BNS society actually subsidises its members around £40 annually. Therefore a discussion may be needed regarding increasing the membership fees in the future.

A proposal to include an early career membership at a reduced rate of £30 by taking out the NAN membership, ISN and Euro-CNS affiliations. It does mean that ECRs would be able to apply for grants and would have voting rights and would be able to serve on BNS committees. A proposal was put to the BNS membership to introduce an ECR membership at £30 per annum. 35 BNS members voted (100% for). TD will add to the BNS bye-laws and ECR membership.

EQA subscriptions have been delayed due to the difficulty in payments from the NHS.

A membership software package will be introduced to maintain the membership and membership fees of members and the new ECR membership. Members should be paying from a personal account.

#### **5. Report from the PROGRAMME SECRETARY**

A report was received from the programme secretary Kieren Allinson detailing the number of attendees at this year's annual meeting of 243 registrations (see attached report). Discussions will take place of how next year's meeting will be run, feedback will be sort from the attendees of this annual meeting. Suggestions for the summer school were requested from the membership.

#### **6. Report from CHAIR OF ACADEMIC COMMITTEE**

A report was received from the chair of the academic committee Johannes Attems (see attached).

#### **7. Report from the EDITOR, Neuropathology and Applied Neurobiology**

A report (attached) was received from the editor of NAN Tom Jacques. NAN impact factor is currently 7.5.

#### **8. Report from EURO-CNS REPRESENTATIVE**

No separate report was supplied.

#### **9. Report on the BNS website**

Nitika Rathi is now the BNS webmaster, any requests can be passed to her directly. BNS twitter account has been reactivated and we requested people to help with tweeting from the account, those interested can contact Tammarny Lashley for information and details.

## **10. Report from the TRAINEE REPRESENTATIVE**

A report was received (attached) from the trainee representative Rob Goldspring. Currently 13 trainees.

**Society Officers (See separate document of current officers in post).**

**11. Election of new members:** The following have been elected to membership since March 2019:

	<b><i>Proposed by</i></b>	<b><i>Seconded by</i></b>
Bridget Ashford	Robin Highley	Julie Simpson
Claire Troakes	Safa Al-Sarraj	Andrew King
Karen Duff	Tammaryn Lashley	Maria Thom
Lara Marrone	Julie Simpson	Paul Heath
Mara-Luciana Floare	Julie Simpson	Stephen Wharton
Martha Foiani	Tammaryn Lashley	Sandrine Foti
Prospero Civita	Geoffrey Pilkington	Frederico Roncaroli
Thomas Stone	Thomas Jacques	Izabella Smolicz
Adele Pryce Roberts	Alistair Lammie	Atik Baborie
Andrew Robinson	Federico Roncaroli	David Mann
Christina Toomey	Tammaryn Lashley	Sandrine Foti

## **12. Any other business**

There will be BNS officers standing down 2022, please consider standing on one of the committees.

## **13. Date and Venue of Next Meeting- To be confirmed**

## President's Proposals

There are two proposals I would like the membership to consider and action at the Business meeting.

### 1) **TENURE of MEMBERSHIP following unpaid subscription**

To complete the process of bringing the Bye-Laws in line with the formal Constitution established last year; in respect to subscription and membership the Bye-Laws currently read:

#### **5. TENURE OF MEMBERSHIP**

*Any Ordinary Member whose subscription remains unpaid for **two years** without explanation will be deemed to have resigned.*

*Any Early Career Member whose subscription remains unpaid for three months without explanation will be deemed to have resigned.*

Now we have an efficient method for monitoring membership and issuing reminders, we would propose this is changed to:

#### **5. TENURE OF MEMBERSHIP**

*Any Ordinary Member whose subscription remains unpaid for **six months** without explanation will be deemed to have resigned.*

*Any Early Career Member whose subscription remains unpaid for three months without explanation will be deemed to have resigned.*

### 2) **MEMBERSHIP FEES**

The BNS has to pay fixed costs per annum on behalf of **Ordinary** members as follows:

- i) Personal NAN journal subscription, currently £69.00 (and awaiting an unspecified increase)
- ii) Membership of EuroCNS, €25
- iii) Membership of the International Society for Neuropathology, €15

Which is a total outgoing c. £99 versus a current membership fee of £70, which has remained unchanged for more than 20 years.

The BNS is a Charity and arguably using its charitable funds to subsidise tenured members' subscriptions is difficult to justify. This matter has been discussed by the Exec and we would propose a £15 fee increase from January 1<sup>st</sup> 2023, to show good faith to the Charity Commissioners with a 2 yearly review of fees at the Annual Business meeting.

Professor TP Dawson  
BNS President  
March 2022

# BRITISH NEUROPATHOLOGICAL SOCIETY

## Business Meeting Winter Meeting March 2022

### TREASURER'S REPORT (1 November 2020- 19 February 2021)

#### 1. EQA Subs & other income

Overseas participant subs	£200.00
---------------------------	---------

#### 2. EQA Expenses

Univ of Leeds setup/platform fees	£948.00
-----------------------------------	---------

---

#### 3. BNS main account income

Subs	£6,005.00
------	-----------

#### 4. BNS expenses

Website development/maintenance	£1,679.88
---------------------------------	-----------

Wiley (NAN subs)	£8,280.00
------------------	-----------

#### **Grants/sponsorships/prizes:**

Small research grants	£14,802.00
-----------------------	------------

Travel grant	£500.00
--------------	---------

#### **Winter meeting costs:**

Venue (50% deposit)	£19,153.68
---------------------	------------

## ACCOUNTS

BNS MAIN	BNS EQA	COIF MAIN	COIF RESERVE	COIF JOURNAL	DOROTHY RUSSELL	ALFRED MEYER
291,816.47	1,212.94	169,242.37	10,000.00	100,116.54	4,363.69	38,168.07

### CURRENT ASSETS

**Total COIF funds (31.09.2021) =** **£ 321,890.67**

**Total current account funds (30.10.2021) =** **£ 293,029.41**

**Total COIF and current account funds** **£ 614,920.08**

### **BNS assets year on year:**

Jan 2011 = £463,640.61

Jan 2012 = £537,340.63

Mar 2013 = £474,337.75

Mar 2014 = £468,921.24

Mar 2015 = £515,264.93

Mar 2016 = £447,190.69

Mar 2017 = £383,840.89

Mar 2018 = £447,808.61

Mar 2019 = £494,742.81

Mar 2020 = £473,070.81

Mar 2021 = £676,688.93

**Mar 2022 = £614,920.08**

**Daniel du Plessis**  
**Treasurer BNS**

**19 February 2022**



Kieren Allinson

1. The 123<sup>rd</sup> annual scientific meeting of the BNS held on 16<sup>th</sup> and 17<sup>th</sup> March 2022
2. Online event organised through Abbey Conference & Events (Fiona McGillivray)
3. Half day symposium on epigenetics of neurological disease on 16<sup>th</sup> March 2022 organised by Silvia Marino and including Katie Lunnon, Sarah Marzi, Goncalo Castelo-Brown, David Capper and Nada Jabado
4. Dorothy Russel Memorial Prize lecture from Arie Perry
5. The 17<sup>th</sup> March 2022 involves three scientific sessions (2 neurodegenerative; 1 CNS neoplasia and COVID-19) with a total of 16 platform presentations. EQA, business meeting and
6. 18 posters (3 late breaking and not in the abstract booklet)
7. 34 abstract submissions (many thanks to Colin Smith and Stephen Wharton for helping review)
8. Fees as last year (members £50, non-members £100, free for students and PhD students)
9. 140 registered as of 11/3/22 – down from last year (c.200) but more than previous years
10. Face-to-face meeting booked for 2023 – 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> of March 2023. At The View, Royal College of Surgeons 38 - 43 Lincolns Inn Fields Holborn London WC2A 3PE. BNS society dinner there booked for 2<sup>nd</sup> March. Total \$19,153.68 (50% deposit already paid). Also organised by Abbey Conference & Events / Fiona
11. Kieren Allinson handing over Programme Secretary to Silvia Marino from this meeting (Silvia has helped immensely in the organisation of this one).

## Chair of Academic Committee Report

Prof Johannes Attems

There have been 10 applications for small grants were submitted for the March 2022 deadline. Double the number of grants usually received.

They are currently being reviewed by the academic panel members.

## **Webmaster's report for BNS business meeting**

1. Updates made to -
  - a. Journal page
  - b. Grants for 2021
  - c. Membership
  - d. Dorothy Russell and Alfred Meyer lectures
  - e. Office bearers – List is now accessible to members only
  - f. FGPC and PAC meeting minutes
  
2. Suggestions received from trainee representative to develop the trainee webpage.  
Discussions are on-going.

# British Neuropathological Society- Business Meeting (March 2022)

## Trainee Report

---

Outgoing trainee representative: Dr Rob Goldspring

Incoming trainee representative: Dr Matt Clarke

---

### Trainee cohort update:

- Current number of trainees: 12 (2 x NIHR Clinical Lecturers)
  - Number of trainees CCT 2021/22: 6
  - Number of trainees due to CCT in 2022: 3
  - Number of new starters: 4
  - Forthcoming diagnostic neuropath training interviews (March): 3
- 

### 1. Mentoring Scheme Surveys (trainee and consultant)

The BNS is exploring the value of developing a mentoring scheme for both trainees and consultants. Dr Rob Goldspring, Dr Matt Clarke and Professor Kathreena Kurian have designed two surveys (one for trainees and the other for consultants) to explore views and experiences of mentoring from both groups. The trainee survey has already been completed, and the consultant survey has been distributed to the membership for completion. The data will be used to explore whether this will be a worthwhile strategy for our membership.

---

### 2. Education and training

Paediatric neuropathology teaching continues to be delivered on a Thursday morning by the neuropathology team at Great Ormond Street Hospital. Thank you very much to the team for these excellent sessions.

Dr Tom Millner is now organising the training events. So far this year events have been successfully delivered from the following consultants:

- Professor Maria Thom
- Dr Simon Paine
- (Session planned for later in March by Dr Istvan Bodi)

Sessions are now being recorded with a plan to host them on the BNS website so that trainees who may not be able to attend at the time of teaching can view them at a later date.

The BNS is also very kindly providing funding for some trainees to be able to attend the 'European Basics Course in Neuropathology' and the CME Course 'Tumours of the CNS.'

---

### **3. 'Future Planning' website development**

Deciding where you would like to work can be a very challenging process for trainees. There are many factors that need to be considered, including specialist interests, an interest and desire to work in academia, and also personal considerations such as family circumstances. There are also some departments across the UK which struggle to recruit new consultants, whereas others, which may suit a trainee's needs may not have a post available at a particular time.

The 'Future Planning' page of the website would be aimed primarily at senior trainees who are post-part 2 and thinking about next steps, or for other more junior trainees who are thinking ahead to where they might like to work and be based in the future. It would provide trainees with a centralised area where this information can be collated and presented including 'top tips' for the challenge of transitioning to become a consultant, fellowship opportunities, well-being and support resources and others.

With thanks to Dr Monika Hofer and Dr Nikita Rathi for their continued help and expertise with the development of this.

---

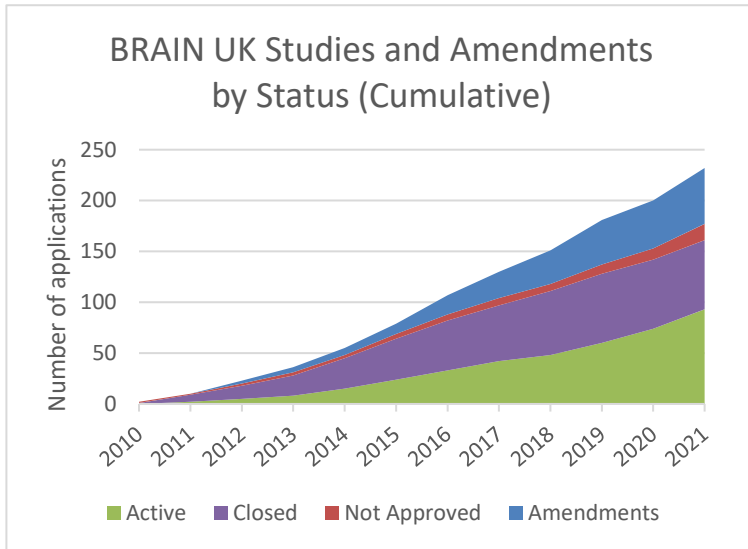
### **4. Public engagement - RCPATH Diamond Jubilee**

It is the 60<sup>th</sup> anniversary of the Royal College of Pathologists this year. In June, the College is hosting an open day as part of the celebrations. Dr Matt Clarke, Dr Fernanda Valerio and Dr Zane Jaunmuktane have submitted a proposed station for the open day. The aim of this station will be to provide the attendees with an introduction to some aspects of diagnostic neuropathology. It will guide them through some of the methodologies and techniques that we use to diagnose CNS pathology. The station will demonstrate this by using two 'fake' patients one of whom will mimic the signs of a neurodegenerative disease with evidence of memory loss (Alzheimer's disease) and the other with movement disorder (Parkinson's disease).

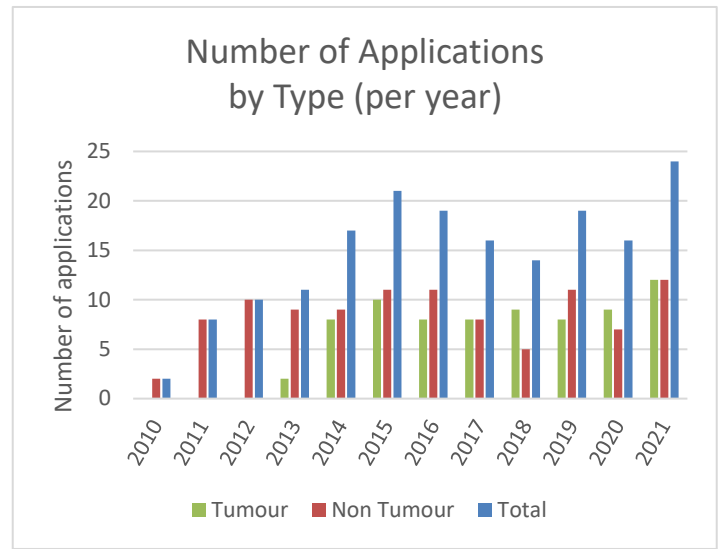
---

- Overall (2010-2021), 177 applications have been received with 161 being supported by the BRAIN UK generic ethical approval. In addition to this, we have supported 55 amendments to applications.
- Tumour applications now account for approximately half of the applications being submitted with some studies utilising both biopsy and post-mortem tissue.

**Figure 1. Cumulative Graph showing BRAIN UK studies and amendments by status**



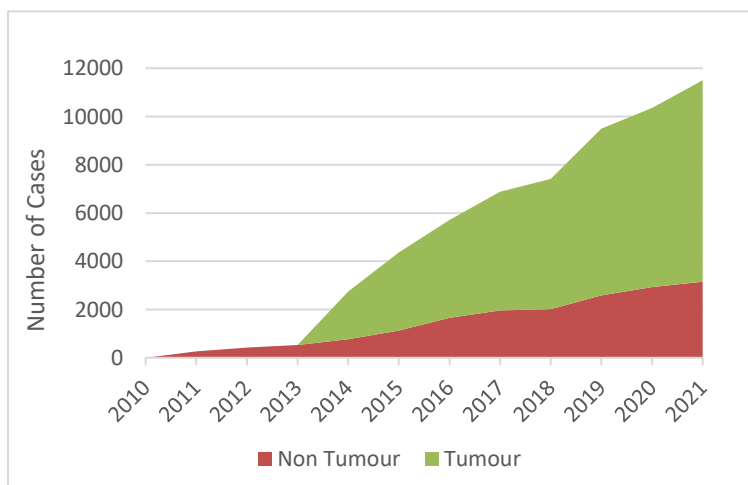
**Figure 2. Graph showing number of applications to BRAIN UK per year by type (Tumour/Non-Tumour)**



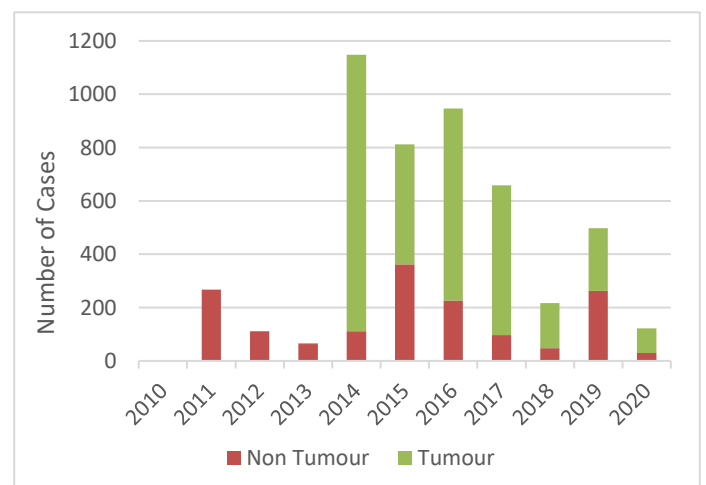
**Figure 3. Table showing the variety of applications supported by BRAIN UK. Please note that some studies appear in more than one category.**

Tumour	72	Developmental	10
Genetic	19	Epilepsy	7
Neurodegenerative (Other)	16	Psychiatric	6
Inflammation	15	Trauma	6
Alzheimer's	13	Demyelination	5
Cerebrovascular	13	Control	2

**Figure 4. Cumulative graph showing cases approved for use in BRAIN UK studies.**

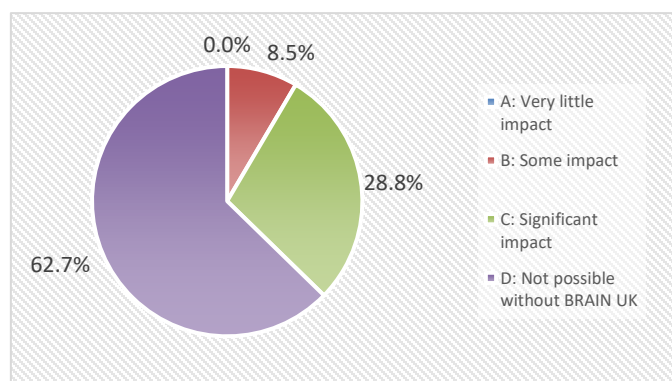


**Figure 5. Number of cases received for use in BRAIN UK studies (2021 data not yet available)**



- We continue to track studies approved by BRAIN UK. This ensures ethical and HTA compliance and maintains a communication link with the researchers. Included is a researcher assessment of the impact of BRAIN UK support on their study. Overall, 91% report that either the study would not have taken place or that, without support, they would have needed to redesign the study and that it would have had a significant effect on time, costs or output. See figure 6 below.
- BRAIN UK supported studies have now reported 493 research outputs (see figure 7). This is an increase of 81 since last year (16%).

**Figure 6. Impact of BRAIN UK support on the research studies supported (2011-2021).**



**Figure 7. Outputs from studies supported by BRAIN UK.**

Of the 161 applications supported, 136 have been surveyed by BRAIN UK, 72 projects have between them so far generated:

Publications	101	
PhD Theses	5	
Grant Applications	50	(generating >£12.5m)
Abstracts	54	
Presentations	191	
Posters	86	
Prizes	2	
Studentships	4	

- In addition to approved studies, BRAIN UK continues to receive informal requests on the potential availability of tissue for research. These enquiries cover a broad spectrum and we have this year received 46 enquiries that included availability of H3K27M mutated tumours, Glioblastoma, Ependymoma, Huntington's Disease, Paediatric Dystrophinopathies and CAA Related Inflammation. We also received enquiries for very rare conditions such as Krabbe Disease and Niemann-Pick Disease.
- This year we received new data from three of our Centres and data updates from one. This has added more than 21,000 cases to the database and will allow us to search and identify cases from these Centres rather than asking them to do the search. The BRAIN UK Database now contains almost 37,000 post-mortem and more than 140,000 biopsy cases.
- BRAIN UK review published in *Neuropathology and Applied Neurobiology* in September 2021.  
*Nicoll JAR, Bloom T, Clarke A, Boche D, Hilton D. BRAIN UK: Accessing NHS tissue archives for neuroscience research. Neuropathol Appl Neurobiol. 2021 Sep 15. doi: 10.1111/nan.12766. Epub ahead of print. PMID: 34528715.*
- MRC funding expired in October 2021. Further funding is required to keep BRAIN UK running as we are now. Funding for one of the two BRAIN UK posts is currently on an annual basis by Brain Tumour Research.
- We continue to work closely with the HTA and report annually the numbers of cases that have been approved for use via BRAIN UK. We report any cases selected that are held in an unlicensed off-site storage facility so that the HTA is satisfied that, following retrieval, they are processed through a licensed department. We also submit annual reports to the Ethics committee.
- Future plans which may be of interest to members:
  - Following a very successful start, we are looking to obtain more updates or new listings of anonymised neuropathology archive data from centres this year.
  - We plan to work more closely with our funder, Brain Tumour Research, to try and raise awareness of BRAIN UK.
  - We will look at opportunities of promoting BRAIN UK resources to researchers and consider ways to further improve engagement with Participating Centres.
  - We will investigate further funding.

James Nicoll  
Director

David Hilton  
Co-Director

Delphine Boche  
Co-PI

Tabitha Bloom  
Project Manager

Amelia Clarke  
Data/Governance



# BNS

British Neuropathological Society

Professional Affairs Committee

<https://www.bns.org.uk/>

## Virtual Meeting of British Neuropathological Society's Professional Affairs Committee

Wed 13<sup>th</sup> October 2021 from 11.00am – 1.00pm

### **Membership**

Kathreena Kurian (Chair BNS PAC)

Piyali Pal (Secretary BNS PAC)

Robin Highley (Service Specification)

Antonia Torgersen & Mark Walker (EQA)

Monika Hofer (Training Lead supported by Zane Jaunmuktane & Nitika Rathi)

Ute Pohl & Kathy Urankar (UKAS)

Samar Betmouni (Digital Neuropathology Lead supported by Aruna Chakrabarty)

Rahul Phadke & Simon Paine (Clinical Trials Leads)

Ash Merve & Ute Pohl (Workload/Workforce)

Olimpia Curran (Molecular Pathology Lead supported by Zane Jaunmuktane & Sebastian Brandner)

Rob Goldspring (Trainee Representative), Matthew Clarke (New Trainee Representative)

### ***Ex-officio* members**

Timothy Dawson, President of BNS

Steven Wharton, SAC Chair

Tammaryn Lashley, Hon Secretary of BNS





**AGENDA**

1. Welcome, Introductions and Apologies
2. Minutes of the meeting (KK)
3. Introduction of Matters Arising (KK)
4. Neuropathology Service Specification update (RH)
5. Molecular Pathology (SBr)
6. Digital Neuropathology (SBe, AC)
7. BNS Compendium (PP, KK)
8. Workload and Workforce (AM, UP)
9. Training (MH, RG)
10. UKAS (UP, KU)
11. EQA (AT, MW)
12. Clinical Trials (RP, SP)
13. Networking updates (KK)
14. Any Other Business and date of next meeting.



## MINUTES OF MEETING

### Present via Zoom:

Kathreena Kurian (Chair BNS PAC), Piyali Pal (Secretary BNS PAC), Robin Highley (Service Specification), Antonia Torgersen & Mark Walker (EQA), Monika Hofer (Training Lead), Ute Pohl & Kathy Urankar (UKAS), Samar Betmouni (Digital Neuropathology Lead), Aruna Chakrabarty (Digital Neuropathology), Rahul Phadke & Simon Paine (Clinical Trials Leads), Ash Merve & Ute Pohl (Workload/Workforce), Sebastian Brandner (Molecular Pathology), Rob Goldspring (Trainee Representative), Matthew Clarke (New Trainee Representative), Timothy Dawson, President of BNS, Steven Wharton, SAC Chair

<b>1.0</b>	Welcome and Apologies  The Chair opens the virtual meeting and welcomes everyone.  Brief introductions of members.  Apologies received from Olimpia Curran and Tammaryn Lashley.	
<b>2.0</b>	<b>Minutes of the meeting (Chair)</b>  Meeting Minutes from <b>21st April 2021</b> agreed.	
<b>3.0</b>	<b>Introduction of Matters Arising (Chair)</b>  Introduced the list of actions from previous meeting and outline of discussion. Last half hour assigned for discussion around digital pathology and molecular pathology.	



4.0	Neuropathology Service Specification update (RH, SBr)	Actions
	<p>Neuropathology service specification for adult tumours has been circulated. SBr commented on test timings and issues with TATs. He felt structure of the document requires to be reviewed and requires single agreed standard. May use ideas from neuromuscular document provided by MH. RH commented the neuropathology service specifications covers diverse diagnostic pathways and includes both NHS and non-NHS practices. It was agreed that formats will remain as there are now but in future iterations attempt will be made to come up with a common format. RH is still awaiting documents on Forensic neuropathology and paediatric neuropathology and will arrange meetings with KU and TJ respectively. KU updated service specification is work in progress. Not everyone responded to the survey and she is going to contact them individually.</p>	<p>see below</p>



6.0	<b>Digital Neuropathology (SBe, AC)</b>	<b>Actions</b>
	<p>SBe presented results of the recent survey on digital pathology.</p> <p>There were 23 respondents, 18 NHS Trusts, 1 US-based institution. 70% are part of General Histopathology departments. 57% have access to digital pathology resources. Two units do not have digital pathology. Remaining units have digital pathology from weeks to 10years. Majority want digital pathology for networking, research, AI, training, second opinion, MDTs and intra-operatives. Most have access to scanners, work stations and archive. Positive impact of digital pathology will be collaboration, research and training. Most of the neuropathologists are using microscopes, 40% have hybrid method. Networking – most are not but most want it. Covid did not have huge impact. 30-40% has been given remote access. Future expectations are network to support diagnostic provision and better training and research.</p> <p>KK thanked for collating this important survey. AC commented that survey reflects what people had mentioned during informal discussions. There is a lack of infrastructure. What is out there? How do we set up the network? And so on. TD raised the concern of potentially a big waste of public money. It should be a peer to peer system rather than hub-based system. Also getting people to engage with the technology. He cited the example of sharing</p>	<p>See below</p>



	<p>antibodies with local centres and viewing results on digital platforms. MH thanked SBe for running the survey in such a short time. She talked about vendor neutrality and inter-operability and needs to be discussed at the national level. Possibly BNS letter highlighting the issues. SBe mentioned inter-operability is a huge issue. Companies at conferences she has attended have been asked to use interface compatible systems. Smaller vendor-neutral platforms are coming up. SBr mentioned in London they have three different LIMS system, bar codes etc and it is a nightmare integrating the information into one platform. RP suggested local centres to be more creative and mentioned they have become 100% digital. UP suggested Leeds can lead for digitisation. AC said at Leeds it started as a regional pathology network, now become a national pathology network (entire west Yorkshire is networked). Paediatric pathology and soft tissue pathology are now nationally networked. May be we should follow how paediatric pathology has joined as one network. KK mentioned Darren Treanor is the Leeds contact person. MW said RCPATH and NHSI are the best way to contact, get funding and avoid wasting public money. MC mentioned that he is part of trainee advisory committee of RCPATH. The lack of digital provision particularly during the Covid period has affected training in some parts. This is also included in the Pathology portal on</p>	
--	--	--



	<p>RCPATH and HEE sites. SW commented this is good survey and may be this can be put up on the BNS website and information can be fed into the SAC meeting. KK suggested SBe, AC and MC can work together and form a digital pathology sub-committee.</p>	
<b>7.0</b>	<p><b>Compendium (PP &amp; KK)</b></p> <p>This year in June PP sent out a survey to all clinically active BNS members and followed it up by emails to individual UK neuropathology units. There are 24 neuropathology units – 1 in Wales, 1 in Northern Ireland, 2 in Scotland and rest are in England. The document captures departmental email contacts, webpages (if any) and includes additional information such as use of Digital pathology and molecular pathology. PP enquired if this Compendium needs to capture other UK neuropathologists who are currently practicing non-NHS PM work. SW advised to limit this compendium to NHS-based neuropathologists only. PP will finalise the document and submit it to be published on the BNS website.</p>	<p><b>Actions</b></p> <p>see below</p>



8.0	<b>Workload and Workforce (AM, UP)</b>	<b>Actions</b>
	<p>AM attending meeting for the first time. He has no updates as he is awaiting formal handover from UP in Nov. UP suggested if the survey format needs changing? If anyone is using NESMET to provide feedback on their experience. SBr suggested comparable data should be captured across workforce. RH agrees with SBr that better LIMS required. Molecular work is not fully captured. UP also commented that time spent on molecular work is overwhelming and managers need to understand the need for more staffs. General histopathology at B'ham has recently started a point-based system for molecular requests. SW agreed with SBr and commented it is an excellent tool but not simple. Slide counts are easy and comparable. RH suggested to ask volunteers to submit data over 1week that they worked with molecular requests, marking out slides, interpreting results and then come up with how many cases, how long and calculate against workload. KK said AM to take over from and UP is happy to help. AM to present at the next meeting. AM to liaise with UP and also SBr, RH and others who is happy to contribute. KK thanked UP for all her hard work.</p>	see below



9.0	Training (MH, RG & MC)	Actions
	<p>MH thanked RG and welcomed MC.</p> <p>New DN curriculum 2021 has been published and signed off in late summer. 2022 recruitment will be in line with this curriculum. Next round of recruitment is in Feb 2022. PART1 will be required by start date but not application or interview date for new curriculum moving forward. This is in alignment with other specialities. Application process to start in Nov 2021. MH will contact centres to check vacancies. Central recruitment is likely to be online. At autumn round 2021 3 posts were taken up plus one benchmarking post. MH discussed with TD regarding anxiety amongst trainees who have passed exams and shortages of consultant posts. MH suggested centres can put up any potential posts in the members only area on the BNS website which trainees can contact to have informal communications. TD &amp; KK supportive of the idea. TD commented trainees should also agree to the process. Many departments are under-staffed. He also talked about equity of trainee appointments around the country. Currently it is South-East heavy. RG also liked the idea but was concerned about disconnect between expectations. Current trainees are likely to get jobs around their training centres. However TD commented trainers outside do not get the experience of training. KU mentioned compendium will give an</p>	<p>see below</p>





# BNS

British Neuropathological Society

## Professional Affairs Committee

	<p>idea about the distribution of posts. MH mentioned in the 22-23 round 2 trainees will be ready for consultant posts. She also suggested looking out for promising local candidates to neuropathology training although there is the issue of GMC approval for the centres for number of trainees. KU enquired whether BNS can support local centres. MH suggested local centres to engage. MC said it is difficult to understand where and how many posts are available. BNS website information will be useful with contact details for individual centres. MH explained the reason behind ambiguity about post numbers – centres get opportunity to arrange for funds etc before declaring a post (0-1). There is a spreadsheet of trainees (restricted access) which has information but does not always match. UP wrote about the possibility of half posts with geographically close centres to make it a full post.</p>	
--	--	--



<b>10.0</b>	<b>UKAS (UP, KU)</b>  KU is approved as technical assessor and will be going for in-person assessment. Initially UP will be with her. KU mentioned however no further assessment took place in the summer. UP commented remote assessment were much easier to fit in with her diary and hopes this option will be available later on. UKAS had some review/update meeting which KU attended and said not much discussed around neuropathology. UP asked if anyone have suggestions to improve. TD commented he also preferred the online meeting, requested updates on research antibodies and country-wide consistency with UKAS assessments. UP will discuss with KU regarding consistency of assessment. There have been no updates on research only antibodies. KU agreed.	
<b>11.0</b>	<b>EQA (AT, MW)</b>  AT mentioned about the results of the recent survey. H&E slide, IHCs and relevant molecular information was largely agreed. SOPs have been reviewed and waiting to be signed off by the College. Plan remains for May/June and Oct circulations. This year due to security issues with Leeds site there has been some disruptions. Hopefully next year there will be May/June and Oct cycles as planned. Next cycle this year will be available end of this year. KK thanked AT and MW and enquired about billing issues that were discussed last time. AT has asked DDP but has not heard back.	



12.0	Clinical Trials (RP, SP)	Actions
	<p>SP has shared the Neuro-oncology database. RP has taken over the neuromuscular database. He has been speaking to charities etc and gathering data which will be presented in the next meeting. SP enquired group's expectations from these databases. KK mentioned these will be repositories which can direct people in the right direction. People talked about historically who introduced this idea. Neuropathology input into clinical trials has been haphazard and RH's understanding is this will have the information of what is out there and contact information for input into those trials. As such BNOS has more information in clinical trials. KK asked whether this database should be shared and if anyone has approached RP or SP for more information. RP said he has not been approached. He thinks clinical trials are local activities and how much should we expand – tumours, muscles, nerves and so on. SP felt this exercise won't improve pathologists input into trials. SW commented neuropathologists contributing to clinical trials will provide College with helpful information to convince recruitment into the speciality. SP will go ahead to make an active database.</p>	<p>See below</p>



13.0	Networking through REMARX (KK, RG)	Actions
	<p>KK presented this idea of a mentoring system in the last meeting and since RG has done a trainee survey. RG presented the data. There was 60% response rate and brought up 10 questions. Majority said they have not used a mentoring system and most people were interested in joining a group. Trainees who contacted a mentor were not successful with a project. They had to start from scratch. There is no formal pathway. All said will be keen to be involved in collaborative projects, preferred non lab-based over lab-based, preferred publication over audits, preferred presentation in conferences. They preferred placements in forensic, paediatrics and ophthalmic pathology plus management experience. They would like informal networking, virtual journal clubs and teaching/conference associated with social activities.</p> <p>KK thanked RG for all the work done. SW highlighted the possibility of destabilising their relationship with their local consultants. SBr commented only 6/10 responded and to encourage the non-responders to which RG answered that he has sent many reminders. KK enquired should a survey be sent round to consultant body. UP mentioned</p>	<p>See below</p>



	<p>standardisation/facilitation of the speciality placements and MH informed the group that there is a GMC pathway which requires filling out forms and it becomes administrative framework for speciality placements. To which KU mentioned this process is only needed for longer placements and not required for 2weeks placements.</p>	
<b>14.0</b>	<p><b>Any Other Business</b></p> <p>Some of the items such as Molecular Pathology could not be discussed due to time constraints and will be added for discussion at the next meeting.</p> <p><b>Date of the Next Meeting</b></p> <p>Please note date of the next meeting: <b>Wednesday 27<sup>th</sup> April, 2021 at 11.00am.</b></p>	



## LIST OF ACTIONS

	Action	Member(s) Responsible	Comment	Date Action Complete
	<b>4.0 Neuropathology Service Specification Update</b> i) RH to arrange meeting with KU regarding progress on forensic neuropathology service specification document. ii) RH to arrange meeting with TJ regarding paediatric neuropathology service specification document.	RH & KU  RH & TJ		
	<b>7.0 Compendium</b> i) PP to collate final version and submit to BNS-website.	PP		
	<b>8.0 Workload &amp; Workforce</b> i) UP to formally handover to AM in Nov ii) AM to prepare workload & workforce data and present at the next meeting.	AM & UP		
	<b>9.0 Training</b> i) MH to add a section in the members only section of the BNS website where centres can put potential posts to allow interested trainees to have informal communications.	MH		
	<b>12.0 Clinical Trials</b> i) RP to present neuromuscular database at the next meeting. ii) SP to create an active database of neuro-oncology trials.	RP  SP		
	<b>6.0 Digital Pathology</b> i) SBe, AC & MC (Digital Neuropathology sub-committee) to update. ii) Contact Darren Treanor from Leeds iii) Learn from soft tissue and paediatric pathologists who are networked	SBe, AC & MC		
	<b>5.0 Molecular Pathology</b> i) To be discussed at the next meeting with updates from OC & SBr. ii) UP would like to discuss the possibility of a BNS/BNOS collaboration	OC, SBr  UP & KK		
	<b>13.00 Networking</b> i) A survey to be sent to the consultants to see who would help : and organise networking session at BNS	MC, KK		