Organising a Medical Specialty Training Conference: Experience from the British Association of Stroke Physicians Trainees Educational Meeting

Dr Hedley CA Emsley PhD MRCP (UK)
Department of Neurology
Royal Preston Hospital
Preston, Lancashire, UK

Now that foreshortened clinical training pathways are upon us, there is likely to be an increasing need for focused, intensive, specialty/subspecialty training conferences to try to ensure coverage of key curriculum material. In my recent post as a clinical lecturer I found myself organising a range of courses and study days, including, on two occasions, the annual British Association of Stroke Physicians (BASP) Trainees Educational Meeting. As with many roles in clinical medicine for which there is no formal preparation, there is quite a steep learning curve associated with organising such an event. Perhaps by sharing the experience the learning curve for others organising similar events might not need to be so steep.

This particular conference has been held annually since 2004, but has assumed greater importance in the training calendar since the inception of Stroke Medicine as a subspecialty, with current trainees being required to complete the curriculum in a 12-month period. I was invited to organise the last 1-day meeting in 2007, and then subsequently as chairman of the BASP trainees committee, the task of organising the meeting in 2008 also fell to me, this time with an expanded 2-day format to increase the amount of material covered. The 2008 meeting, in fact held in the heart of Liverpool and its European Capital of Culture events (and unintentionally competing with ‘La Princesse’, a 37-ton, 50-foot mechanical spider) attracted around 50 trainees and junior consultants.

I found that organisation of the event fell broadly into 3 main phases (Table 1) – a ‘planning phase’ which perhaps surprisingly needs to begin 6 to 12 months in advance of the meeting, when the dates, venue, programme, speakers etc, are planned; an ‘intermediate phase’, when attendees are starting to register, yet attention needs to be paid to adequate promotion of the event, availability of speakers, confirmation of arrangements etc; and a ‘delivery phase’, when the meeting itself is held but care is needed attending to speakers, their talks, and ensuring personnel are available to cater for the various needs of the attendees. I would now add a fourth ‘mopping-up phase’ given the surprising number of tasks arising after the event for which one also needs to be prepared.

Planning phase

When, where, how many attendees and how much will it cost? - Early September had been the favoured time of year for this meeting. Earlier in the summer would likely pose problems with annual leave (both for trainees and speakers); any later in the year would place the meeting too close to the UK Stroke Forum, with its own associated training day. Plainly these issues are quite specific, but it is worth thinking about the meeting date carefully because similar considerations will always need to be taken into account. You should also consider on which day(s) of the week the meeting will be held – I opted for Friday and Saturday. A balance needs to be found between the difficulties of obtaining study leave, the recognised need for a 2-day meeting, but the unattractiveness of using an entire weekend. I canvassed opinion from attendees at the 2008 meeting, and 93% of those returning feedback wished to maintain the Friday-Saturday scheduling for future meetings.

Obviously another key decision, at least for a national meeting, is where in the country the meeting will be held. Clearly the location needs to be reasonably geographically accessible to all, but there is a strong case for the meeting being held in the locality of the organiser. For this type of meeting rotation over successive years among different organisers (based in different parts of the country) should ensure its overall accessibility. Next, a specific venue needs to be found. For the 2008 meeting, despite making enquiries with potential venues 7 months in advance, I still encountered difficulties. Whilst 2008 was a particularly busy year for Liverpool, there will always be competing events, so identify and book a venue early. I used a hotel for the 2-day meeting for convenience, given the combination of conference facilities, catering and accommodation.

In the present financial climate, and with intense pressure on study leave budgets, the overall meeting cost needs to be kept low. Don’t be afraid to barter with the venue over costs. It is worth mentioning, for example, if a meeting is for trainees. It is often possible to obtain substantial discounts simply by asking. To minimise finan-
I also negotiated the whole package without any up-front deposit being required, something else that may be useful to consider. You will need to have an idea of how many attendees you expect. This can be surprisingly difficult, especially if it is the first meeting of its kind. A ‘guesstimation’ of sorts will be asked for by whichever venue you book, but you will need to ask for a considerable degree of flexibility on numbers.

You will need to set an appropriate registration fee, without expecting to make a profit, but do give this considerable thought to ensure the meeting pays for itself. A significant financial loss for the meeting will not be warmly received. For example, I set the registration fee for non-BASP registered trainees £50 higher. There is much debate about the place of pharmaceutical industry sponsorship in medical education, but we were very open about this matter, and the additional £2K provided valuable support and kept registration costs low. Apart from the cost of the venue, funds need to be available to pay for speaker’s travel expenses, and any other unforeseen costs. You will require access to an account such as a trust account in an NHS organisation, or perhaps by seeking

<table>
<thead>
<tr>
<th>Table 1. Calendar of organisational phases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PLANNING PHASE</strong></td>
</tr>
<tr>
<td>[Starts 6-12 months before meeting]</td>
</tr>
<tr>
<td>Identify location</td>
</tr>
<tr>
<td>Choose date</td>
</tr>
<tr>
<td>“Guesstimate” attendee numbers</td>
</tr>
<tr>
<td>Plan outline budget</td>
</tr>
<tr>
<td>Book a venue</td>
</tr>
<tr>
<td>Set registration fees</td>
</tr>
<tr>
<td>Invite speakers</td>
</tr>
<tr>
<td>Invite sponsors if appropriate</td>
</tr>
<tr>
<td>Identify administrative support</td>
</tr>
<tr>
<td>Identify account for funds associated with meeting</td>
</tr>
</tbody>
</table>
assistance from the treasurer of a specialty society, where funds relating to the meeting can be held.

**Content, format and speakers** - The primary purpose of the BASP Trainees Educational Meeting is to provide meaningful coverage of key topics in the stroke medicine subspecialty curriculum, so the content really needs to reflect the material contained therein. The same would presumably apply to other similar meetings. Although a programme of purely didactic talks is arguably not the ideal teaching/learning method, the 2-day duration does somewhat limit the use of alternative teaching methodologies, given the volume of material needing to be covered. Some trainees had previously expressed an interest in bringing interesting clinical cases to the meeting. Whilst this would likely be very interesting and educational, I was concerned that time spent on perhaps less focused discussion of rare cases may have detracted from the time available for core topics. Similar considerations would need to be taken into account for comparable meetings. It would be sensible to seek the opinion of senior colleagues, and potentially even the opinion of those responsible for specialty/subspecialty curriculum. I purposefully divided the programme on both days into sessions allocated to acute stroke, stroke prevention and stroke rehabilitation, reflecting the three core topic areas of the curriculum, and by way of varying the content of the meeting and to maintain interest for all trainees over both days given the different backgrounds (geriatrics, neurology, rehabilitation medicine etc) from which they are drawn.

How easy or difficult it is to choose appropriate speakers will probably depend on your knowledge of relevant ‘experts’. I have been fortunate with the Liverpool meetings to have had some quite prominent & well recognised external speakers. Inevitably there will need to be a balance between ‘local’ speakers and those coming from other centres – trainees will probably not wish to come from all over the UK to attend a national meeting with a programme comprising only speakers from that centre. Again, it is crucial to invite all the speakers at the earliest opportunity. So, the draft programme of speakers also needs to be one of the earliest tasks, probably also 6-12 months in advance of the meeting itself.

**Intermediate phase**

**Promotion/advertising** - Once the draft programme and venue are arranged, details of the meeting really need to be disseminated as early as possible. Don’t be afraid of disseminating a draft programme containing the titles of talks but stating ‘speakers to be confirmed’. Securing confirmation from speakers at an early stage is very helpful, but it is better to spread the word about the event at an early stage than to wait for a completely confirmed programme of speakers and risk reducing the attendance by not allowing sufficient notice for potential attendees to arrange study leave, or simply because they are otherwise committed. It is relatively easy to email a draft programme to prospective attendees, for example via the relevant specialty society or societies, royal college and deaneries, and ask for the event to be posted on the websites of these organisations. It is worth asking for details to be sent out again at various intervals, and this gives you opportunity to provide an updated programme as it becomes finalised. Using this method of publicising the event avoids the need to pay for advertising. You may find that repeated contact and polite persuasion is required to ensure that your requests for email circulars and website postings are acted upon. Ultimately, interested trainees will usually find out about the event.

**Administration** - Attendees will register for the meeting during this intermediate phase. Don’t underestimate the associated administrative burden – it is likely to entail more work than you would expect. I was fortunate in that I had willing help from an administrative member of university staff with extensive experience of previous educational meetings. Identify an appropriate individual to take on this role at an early stage, again perhaps within a specialty society if possible. An accurate database of those who have registered, whether they have paid, are attending part or all of the meeting, require accommodation, dinner etc, all needs to be meticulously maintained. You will even find potential attendees’ circumstances change, perhaps when study leave is refused or they are unable to attend for other reasons. It can be difficult to avoid being drawn into some of the administration, for example I found myself communicating with the hotel about progress in projected numbers of attendees, bedrooms needed, dietary requirements, supplying directions for the venue, finding out about parking arrangements etc. My advice would be to try to restrict your involvement in the administrative aspects to a minimum by ensuring that whoever has responsibility for such tasks is clearly defined at the outset.

**Speakers** - During this phase it is sensible to maintain contact with speakers, if necessary gently and politely reminding them of their promise to speak as well as providing further details about the arrangements for the meeting, directions etc. It is also possible to iron out any potential problems relating to presentations, for example whether these are going to be available in advance of the meeting or arriving only on the day with the speaker perhaps on a memory stick.
Delivery phase

The meeting itself - Be available early, prior to registration. Despite repeated contact with the hotel, I still found various issues requiring attention – for example tables not being set up for sponsors/exhibitors, room layout needing to be adjusted for lectures etc. You will probably need some time to familiarise yourself with the audio-visual arrangements/powerpoint set up as they all tend to vary. I found it helpful to have a dedicated table for registration and I ensured that I had willing volunteers available on the day to help. The registration desk needs manning for much of the day because a surprising number of unexpected minor queries arise either in relation to the attendees or the speakers. Don’t forget housekeeping basics at the start of the meeting such as what to do in the event of the fire alarm ringing, reminding attendees to show their appreciation to speakers, encouraging attendees to talk to the sponsors if appropriate, arrangements for collection of attendance certificates etc.

It should go without saying that it is sensible to be alert to the expected time of arrival of speakers, welcome them and ensure they are looked after. Allow plenty of time to load up talks if there has not been opportunity to do this ahead of the meeting. Ensure that any appropriate equipment such as a laser pointer and/or slide advancer is available. I chaired all the sessions at the meeting I organised, but you might like to consider whether responsibility for this should be divided, perhaps to reflect individual’s particular interests if possible. Within reason, encourage speakers to keep to their allotted times. Not doing so can risk losing the good will of not only the attendees but also other speakers, especially if they need to catch a particular train or have other timetabled commitments on the same day. It also makes sense to ask the speakers at this stage whether they are happy for talks to be distributed as handouts/ posted on BASP website. It is wise to prepare some material in case speakers are unable to attend on the day. I had some cases prepared for presentation and discussion in this eventuality. It is important to have prepared feedback forms, not only because this is accepted good practice, but because the information collated from these is likely to be useful for future meetings, but getting an adequate number completed doesn’t happen automatically. Remind attendees of the importance of a good response rate, and collect the forms yourself if necessary.

‘Mopping-up’ phase

Matters arising - The fact that further work is required even after the meeting is perhaps surprising. Obviously arrangements will need to be made to pay any outstanding invoices from the venue, or to reimburse speakers for travelling expenses. Allow time to collate feedback and disseminate if necessary. Speakers may ask for individualised feedback for their own records/appraisal portfolios. Any individuals who registered but were ultimately not able to attend may ask for reimbursement, assuming there is a reasonable explanation and arrangements with the venue and/or funds allow. It may be helpful (and potentially avoid difficulty later) to consider stating explicitly how such eventualities will be dealt with on the registration form. Many attendees, and even some speakers, asked for copies of presentations after the meeting. If presentations are to be made available, then not only will permission need to be sought from speakers, but it is also sensible to check the material (eg no breach of confidentiality in the case of clinical material such as images, no breach of copyright). Speakers may also ask for their name and institution to be carried on each slide, and it is also worth stating explicitly that material should not be used or distributed without permission.

Conclusion

Organising a medical specialty training conference is more complicated than it might appear at first glance. It is hoped that by sharing my experience of organising these meetings and by trying to set out in a systematic manner the informal ‘phases’ of the process, that the learning curve for others who find themselves organising similar meetings will be less steep.

Acknowledgements

I would like to thank Dr Peter Humphrey for his guidance during the organisation of the 2007 and 2008 BASP Trainees Educational Meetings, Mrs Pamela Bessant for her help with the administration and organisation of the meetings, and Miss Catherine Deed who also helped to make the 2008 meeting run smoothly. I am also grateful to all the speakers at the meetings and to the attendees for supporting the events and for their encouraging feedback. I would also like to acknowledge the sponsors of the meeting in 2007 (Pfizer and Bristol-Myers Squibb) and 2008 (Merck Sharp & Dohme and UCB).

I have accepted sponsorship from the pharmaceutical industry to support research and teaching activities. I was funded by the University of Liverpool at the time of organising these meetings.
Correspondence

Dr Hedley CA Emsley PhD MRCP(UK)
Department of Neurology
Royal Preston Hospital
Preston
Lancashire
PR2 9HT
UK
h.emsley@liv.ac.uk