The British Laryngological Association and Industry

BY DAVID HOWARD

In 2011 British laryngologists Martin Birchall and Guri Sandhu, assisted by ENT SpR Chad Al Yagachi, organised the first highly successful three-day international ‘Cutting-Edge Laryngology for the 21st Century’ conference at the Royal College of Surgeons in London. The Kenes conference organising company assisted them - 300 delegates and 14 industry companies attended. Subsequently Martin and Guri suggested an informal meeting at the Royal Society of Medicine, (RSM) London, to be attended by all ENT consultants and speech therapists interested in forming a new British Laryngological specialist association affiliated to ENT UK, our national association. This article briefly describes the founding of the Association and our relationship with industry and their important support.

Introduction
The main aim of the British Laryngological Association (BLA) is to achieve advancement in laryngology through research, education and training, for the benefit of the public. It holds multi-disciplinary national and international meetings at which all those interested in laryngology can meet and discuss clinical practice and present clinical and basic science research.

We particularly appreciate that industry has a very substantial part to play in advances in laryngology. Our discipline has a long and important relationship with the technological and therapeutic aspects of industry and we wish to promote this relationship on a regular and scientific basis, enabling the development and use of future products. We truly intend to be a proactive and ‘cutting edge’ Association.

How the BLA was set up
The idea of a British society devoted to all aspects of laryngology is not a new one! Morrell McKenzie founded the first British society devoted to laryngology and rhinology, the British Rhino-Laryngological Association, in 1888 and gave the presidential address on ‘Progress in the Laryngology’ at the first meeting of the society on 14 November 1888. The society flourished but was eventually amalgamated with the London Laryngological Society to become the section of laryngology at the RSM. The section evolved into the section of laryngology and rhinology, and colleagues from all over the world have attended its meetings at the RSM on a regular basis for more than 100 years. This extremely busy and productive section of the RSM continues to flourish but incorporates not only rhinology, but also diverse head and neck cancer topics. With the modern diversity of laryngology there is insufficient time at the section to cover the increasing education, training and research needs in this discipline.

Hence the desire to form a new multidisciplinary specialist association involving all colleagues from ENT, speech therapy, respiratory medicine, thoracic surgery, and all the additional allied clinical and scientific areas studying laryngology.

The initial informal meeting at the RSM on 4 March 2011 was attended by more than 30 consultants from all over the UK and a wide ranging debate took place which demonstrated considerable enthusiasm for forming the new association. The possible structure and objectives of the association were discussed and at a second meeting of all interested parties on 9 September 2011 a formal constitutional document was discussed and drafted. After formal proposal and seconding, followed by a vote, I was asked to be the first president of the new association and a ‘shadow council’ was drawn up of members from different parts of the country and with different expertise in terms of administration, education, training and research. The shadow council was to progress formation of the association with a view to having formal elections for council members as soon as possible.

Nowadays, a great deal of work has to be done in the UK to properly set up this type of medical association, particularly if it has charity status (which is very beneficial). A complete list of these details would make a very long and boring article, particularly for colleagues in other countries where the myriad of UK regulations do not have to be worked through!

Briefly, the important key points involved the drawing up of a formal constitutional document which would be part of a proposal to the national Charities Commission. This document set out the aims and objectives of
the association, the details of its committees and activities. It also required input and agreement from the associations new accountants and the Kenes company, who we asked to take on the management and conference organisation for our new association. Additional details with regard to our ‘British’ status, national expertise, officers, registration with Companies House and an appropriate legally advised contract with Kenes were necessary. All this took many weeks, hundreds of emails and phone calls, but resulted in a successful bid for BLA status as a national charity!

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What prompted the decision to employ a professional company to assist in running the association?

The decision to employ a professional organisation to assist with managing the Association and its conferences was discussed at great length, as ENT colleagues who had previously formed the separate British Society of Otology (BSO) and the British Rhinological Society (BRS) had used the secretarial staff at the central ENT UK office in London. However, at the time of our formation, the ENT UK office was experiencing difficulties with staffing. Many of the council members had the recent positive experience with the professional conference organising company Contendam and with our agreed intention to liaise more closely with industry, the decision was made to undertake a two-year contract with Kenes.

Multiple meetings and thorough discussion took place with the UK office of Kenes (whose main base is in Geneva, Switzerland) and excellent relations had been established with the Kenes team who we knew could provide us with a dedicated association secretary, (only assisting with one other small association) and access to both an operations manager and industry liaison/sales manager with tremendous experience related to industry and sponsorship. With additional discussion and input from the council, a BLA website was set up and a membership database to commence receipt of membership applications and fees.

How difficult was it to raise sponsorship?

Key to our relationship with industry was the work of the council members and the superb and experienced, Alison Shamwana, (industry liaison manager), and her colleague, long-standing friend Dion Bassett, (operations manager). We also called on all other laryngology colleagues with close relations to specific companies. Alison drew up a Draft Industry Strategy Document based on our discussions and the previous experience from the ‘Cutting -Edge’ Laryngology conference. This document was refined and agreed by the shadow council before being sent out to all interested industry contacts. We were mindful of the important necessity, as in all areas of medicine, to be completely open and correct with regard to the guidelines for sponsors and exhibitors at our activities, meetings and conferences. The finalised Industry Prospectus clearly laid out the levels of sponsorship for companies, their commitment to laryngology and the BLA, benefits and acknowledgements, and the details and aims of the scientific programme for our first national meeting on 5 December 2012.

Basically there were four levels of sponsorship - Platinum, Gold, Silver and Bronze with precise details of the benefits, contracts, booking procedures and payment information.

This open approach and discussion between Alison, ourselves and the industry teams produced an excellent response with major and smaller manufacturers / distributors agreeing to sponsor our association and conferences. This has enabled us to keep membership and conference fees at a low level, particularly for trainees, in addition to covering the costs of inviting expert overseas speakers to our subsequent conferences. Currently we have a combined membership of over 200 individuals from different disciplines, both trainees and consultants.

How has the relationship continued with our professional management and corporate sponsors?

Our initial work with the Kenes company was excellent but over the next two years it became obvious that Kenes wished to concentrate on their long-standing conference organising commitments and not to continue to increase their association management activities. Our association secretary and the operations manager Dion Bassett decided to move to other companies and Alison Shamwana, our industry liaison expert, was keen to set up her own company. The BLA therefore asked the well-known Congrex company to take over assisting with our activities. Unfortunately, as many people will know the European component of this large company became bankrupt in 2013. A number of our fellow medical associations in Europe lost considerable amounts of money as a consequence of this company failing. The British arm of Congrex was purchased by individuals working in the London office that we had been dealing with. They continued under the new name of Contendam. As our former operations manager Dion Bassett was now working with Contendam we decided, after considerable discussion, to take out a new contract with this company in January 2014. We insisted on keeping our finances in a ring-fenced bank account.

Unfortunately the service from Contendam notably deteriorated during July and August 2014 and by the end of September it was obvious that this company was also going into liquidation.

It would again be somewhat boring to recount to the readers of this article the details of the somewhat frantic two weeks which involved us regaining control of our finances, membership database, and all related correspondence involving the association from Contendam. Suffice to say that it was a busy and difficult time. It reinforces the point that for those people who wish to take on roles in their national organisations there is a degree of commitment. What has become apparent during our dealings with certain companies is that their ethical considerations may be very different from those that we have in medicine and surgery.

However, as is so often the case in life, our long-standing association with two individuals, notably Dion Bassett and Alison Shamwana has enabled us to survive these difficulties and indeed Dion has now become our full-time association secretary on a
personal basis. Her twenty-five years of experience in conferences, associations and industry is invaluable.

The ENT UK office in the Royal College of Surgeons in London has also recovered from previous difficulties and we have moved our membership database into ENT UK which will provide closer links with our national association, a fact that we are all pleased about.

The BLA continues under the strong leadership of Prof Janet Wilson, president, and the elected Council members who represent wide areas of the UK and different aspects of the discipline of laryngology. A new industry prospectus has been completed and the next round of sponsorship is being negotiated. We are looking forward with enthusiasm to our next national meeting in 2015 and a new international ‘Cutting-Edge Laryngology’ meeting in 2016. Our website is currently being updated and will provide future details.

We continue to work closely with our sponsors and are currently discussing major multi-institutional national research projects with two of them. We have increased their exposure to members’ expertise with specific meetings to discuss product development for the benefit of patients. We know that this will be a positive development for everyone concerned.

### ABOUT THE AUTHOR

First BLA President (2012-2013), Council Member and Chair of the Allied Health Professionals Sub Committee.

David qualified at St George’s Hospital, London in 1972 and following six years’ initial training in general surgery and orthopaedics, he commenced ENT and head and neck surgery in 1978. He became Senior Lecturer in Laryngology at University College London in 1984 and Honorary Consultant at the Royal National Throat, Nose and Ear Hospital. He has a career-long interest in laryngology with multiple honorary consultant appointments in London and the UK. His research and teaching have involved many national and international presentations and projects. He was appointed Professor of Head & Neck Oncology at Imperial College and Imperial NHS Trust Hospitals in 2007. David has retired from full-time NHS and University work but continues with busy commitments to High Altitude and Critical Care medical research with the Centre for Altitude, Space and Extreme Environment at University College, London, and teaching / surgery at Korle Bu Hospital, Accra, Ghana. For more information about the British Laryngological Association visit www.britishlaryngological.org

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Declaration of competing interests
None declared