



1 **BASP STRATEGIC PLAN: 2021-2024**

2

3 **Introduction**

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5 Refreshing BASP's strategy every four years gives BASP an opportunity to respond to progress,
6 threats, and opportunities in stroke medicine.

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8 The BASP strategy 2017-2020 included five ambitions:

9 (1) Developing and influencing local and national policy for stroke

10 (2) Providing expert advice on all aspects of stroke care

11 (3) Leading on clinical standards for stroke

12 (4) Promoting and disseminating research in stroke; and

13 (5) Improving and assuring the training of doctors in stroke medicine.

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15 During the spring and summer of 2020, the BASP executive committee chairs and I reviewed
16 BASP's progress and execution of the aims of the BASP strategy during 2017-2020. We found clear
17 evidence of satisfying almost all of the aims of the BASP strategy 2017-2020.

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19 Following this review of the execution of the BASP strategy 2017-2020, the BASP president 2020-
20 2021 drafted this quadrennial update of the BASP strategic plan. Following input from the BASP
21 executive committee and a consultation with the BASP membership from 6-30 October 2020
22 (<https://www.surveymonkey.co.uk/r/BASPstrategicplan2021-24>), the BASP president 2020-2021
23 revised the BASP strategic plan 2021-2024. The BASP annual general meeting in December 2020
24 will approve the final draft of the BASP strategic plan 2021-2024.

25

26 **Background**

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28 In 1999, BASP was formed with a less than full-time administrator and a modest membership fee.
29 Over almost two decades, BASP has made considerable progress. The membership has grown.
30 Scientific meetings have occurred every year. BASP was a founding major coalition partner in the
31 UK Stroke Forum, and the BASP annual scientific meeting has merged into the UK Stroke Forum
32 coalition's annual conference. BASP participated in developing and leading the NIHR stroke
33 research network. BASP members participated in developing and delivering major evidence-based
34 improvements in the care of people with stroke and at risk of stroke. BASP also helped to establish
35 stroke medicine as a sub-speciality. During this time, an elected, un-paid executive committee has
36 directed and conducted BASP's activities. This BASP executive committee currently comprises 17
37 people: president, past president, president elect, service development and quality subcommittee
38 chair, scientific subcommittee chair, trainees subcommittee chair, training and education
39 subcommittee chair, national representatives (one for Wales, Scotland, and Northern Ireland and
40 two for England), honorary secretary, honorary assistant secretary, and honorary treasurer. In
41 2019-2020, the BASP executive committee added a new external engagement lead, and included a
42 one-off, time-limited 'member without portfolio'. The BASP executive committee is supported by
43 22 members of the subcommittees.



44 **Since 2016**, when estimates suggested that ~40% of stroke unit sites had an unfilled consultant
45 stroke physician post,^{*} the stroke workforce has become more depleted than ever: the Sentinel
46 Stroke National Audit Programme (SSNAP) acute organisational audit report found that this
47 proportion had risen to 48% in 2019.[†] Estimates suggest that if 50 trainees complete stroke sub-
48 specialty training per year, it would take between 4.5-9 years to fill all vacant posts (Anthony
49 Pereira, St George's Hospital, London, personal communication). However, data from the Joint
50 Royal Colleges of Physicians Training Board (JRCPTB) indicate that this may worsen given the
51 decline in the number of stroke trainees: compared to 2014-2015 when 31 stroke year
52 assessments were undertaken, only 25 were undertaken in 2018-2019.[‡]

53
54 **By 2019**, evidence from clinical research in the preceding two decades had transformed stroke
55 prevention, hyperacute treatment, and care. However, there were huge shortages in consultant
56 and training grade staff to implement these advances in stroke medicine. By this time, BASP had
57 grown to more than 400 members (still representing only approximately half of the UK's stroke
58 physicians). Therefore, following consultation with the BASP membership, our professional
59 association began the process of transformation in 2019.

60
61 **In 2019-2020**, BASP membership fees increased to enable BASP to afford a secretariat to manage
62 the Association. The new secretariat began to organise and support operations. BASP
63 experimented with one public relations campaign allied to the stroke workforce data in the 2019
64 SSNAP organisational audit, and our response to the SARS-Cov-2 pandemic in partnership with
65 others led to media coverage. Alongside these changes, BASP lost some members. Furthermore,
66 BASP estimates that approximately half of stroke trainees and consultant grade staff are not BASP
67 members. On 14 September 2020, BASP had 390 full members, 222 associate members, and
68 approximately one-third of members were women. At the end of May 2020, BASP's unaudited
69 management accounts included net assets of £292,182, but there was uncertainty about
70 continued revenue from the proceeds of the UK Stroke Forum in 2020 and subsequent years, as
71 well as continued income from membership fees after a transition to direct debit as the required
72 method of payment.

73 74 **Moving forwards**

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76 **In 2020, there are several opportunities for BASP to develop further.** After reviewing and refining
77 the contract with BASP's secretariat following its first year 2019-2020, the secretariat can support
78 the BASP executive committee to develop the Association. The secretariat helped the BASP
79 president and executive committee to respond to the SARS-Cov-2 pandemic by: organising a series
80 of urgent meetings; setting up a COVID-19 online resource hub; conducting regular surveys of

* Simon Hart, Deborah Lowe, David Hargroves and Fergus Doubal on behalf of the British Association of Stroke Physicians BASP/NHS Improvement GIRFT. Meeting the Future Consultant Workforce Challenges: Stroke Medicine. Stroke Medicine Consultant Workforce Requirements 2019 – 2022. July 2019. <https://basp.org/wp-content/uploads/2019/07/BASP-Stroke-Medicine-Workforce-Requirements-Report-FINAL.pdf>

† <https://www.strokeaudit.org/Documents/National/AcuteOrg/2019/2019-AOANationalReport.aspx>

‡ Warren Lynch, Rickane Shah. Quality Management Team, Joint Royal Colleges of Physicians Training Board. May 2020



81 members; organising national surveillance for COVID-19-associated stroke; and disseminating
82 guidance about how stroke services could adapt. Responding extensively and rapidly would have
83 been a challenge for BASP without the dedication of some of its executive members and sufficient
84 capacity within the secretariat. The shift to remote/virtual working during the pandemic
85 accelerated the acceptance and availability of the necessary software and the acquisition of the
86 skills required, which provides BASP with opportunities to implement education, research,
87 accessibility, and inclusivity, and improved environmental sustainability. Finally, the pandemic
88 provoked a need for people in national stroke leadership positions to share information, not just in
89 the four UK nations, but also the Republic of Ireland, where stroke training and stroke services are
90 similar to the four nations of the UK. The “5-nations stroke calls” supported national leaders in the
91 UK and Ireland to share information and campaign together, which would have been much more
92 challenging for these nations to do alone.

93
94 Opportunities to grow the stroke physician workforce have also arisen from recent changes to
95 medical training. Internal Medicine Training for three years (replacing two years of Core Medical
96 Training) is required for entry to a larger number of parent specialties, which will enhance training
97 in internal medicine and will prepare doctors for the management of the acutely unwell patient,
98 with an increased focus on chronic disease management, comorbidity and complexity; this may
99 increase the number of trainees who develop a sub-specialty interest in stroke medicine.
100 Opportunities for trainees in Care of the Elderly and Acute Medicine to train in stroke will
101 continue, with the option of a six month extension to their four-year specialty training
102 programme. Furthermore, in October 2019 the GMC Curriculum Oversight Group approved the
103 embedding of stroke sub-specialty Capabilities in Practice into the neurology curriculum (August
104 2022 onwards) so that all future neurology trainees will undertake a 6-month stroke medicine
105 placement, enabling them to contribute to stroke as consultants.

106
107 Furthermore, the appointment of 10 BASP “Take Up Stroke” Fellows in 2019 throughout the UK
108 should promote Stroke Medicine as a career amongst undergraduate medical students and early
109 year trainees. The SARS-Cov-2 pandemic brought unanticipated opportunities to respond rapidly
110 to the climate emergency by reducing travel as well as delivering digital healthcare (e.g.
111 telemedicine for hyperacute reperfusion, remote consultation for TIA, and brain imaging analysis
112 software).

113
114 **In 2020, some major challenges remain.** There are still shortfalls in numbers of trainees and
115 consultants in the stroke medicine workforce. There are national and regional differences in stroke
116 care (especially mechanical thrombectomy for acute ischaemic stroke), teaching/training, and
117 academic training/research in the UK. The population is ageing, and the prevalence of multi-
118 morbidity is rising. The SARS-Cov-2 pandemic brought unanticipated additional challenges,
119 including a sudden reduction in research charity funding and threats to trainees’ education
120 opportunities including educational events that generate revenue for BASP.

121
122 **In 2020, BASP must continue to move with the times** and adapt to changes in society. Following
123 the Equality Act 2010, attention to equality, diversity and inclusion in the workplace is increasingly



124 prevalent, which BASP has embraced.⁵ Part-time workers are protected from being treated less
125 favourably than equivalent full-time workers just because they are part-time, so part-time working
126 has become more acceptable and possible. The UK parliament declared a climate emergency in
127 2019. The UK will withdraw from the European Union on 1 January 2021.

128
129 Therefore, this review of the BASP strategic plan is timely, and is an opportunity to continue,
130 abandon, or pivot our activities in response to not only recent, but also longstanding challenges.

131 **Looking ahead to 2021-2024**

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134 BASP should continue to advance stroke medicine by leading on clinical standards for stroke,
135 promoting and disseminating research in stroke, and improving the training of medical students
136 and doctors in stroke medicine. The remaining two ambitions of the 2017-2020 strategy
137 (‘developing and influencing local and national policy for stroke’ and ‘providing expert advice on
138 all aspects of stroke care’) were examples of how BASP as a professional association could engage
139 to influence clinical standards, research, and teaching/training. From 2021-2024, BASP should
140 address the leading contemporary drivers of change in stroke clinical standards, research, and
141 teaching/training by engaging actively and extensively with *all* relevant stakeholders.
142

Contemporary drivers of change	Stakeholders
<ul style="list-style-type: none">• Consultant shortages• Trainee shortages• Ageing and multi-morbid population• Economic sustainability• Environmental sustainability• National and regional variations• Advances to support diagnosis and treatment• Equality, diversity, and inclusion• Working patterns	<ul style="list-style-type: none">• Public• Stroke survivors• Carers• Policymakers• Health services (planners/commissioners)• Stroke physicians – BASP members• Stroke physicians – not members of BASP• Professions allied to stroke medicine• Audit and quality improvement• Medical schools• Regulators• Other stroke-related professional societies/associations• Third sector organisations, and other patient advocacy groups• Research funders• Industry**• Media

143
144 Therefore, the BASP strategic plan for 2021-2024 addresses what BASP will do to advance stroke
145 medicine, why, who the key stakeholders are, and how to measure the objectives of the plan.

⁵ <https://www.basp.org/about-us/>

** BASP does not have a position on engagement with the pharmaceutical and medical devices industries, which are also stakeholders in stroke medicine. BASP keeps a register of its executive committee’s competing interests, but as an organisation it has not supported, or been supported by, industry. After a vote on this issue by the BASP membership was too close to call in 2019, the association’s position on working with industry still needs to be determined.

Objectives of the BASP strategic plan 2021-2024

Objective	Metric	Drivers of change	Stakeholder(s)
1. Clinical service standards			
1.1. Promote high standards in the delivery of stroke services.	Number and length of documents setting standards for stroke care produced by BASP, or produced by others (e.g. NICE, professions allied to medicine) and contributed or commented on by BASP per year. Number of committees setting clinical service standards that include BASP representatives.	Consultant shortages, trainee shortages, national and regional variations, technological advances to support diagnosis and treatment.	Public, stroke survivors, carers, health services (planners/commissioners), stroke physicians (BASP members and non-members), professions allied to stroke medicine, audit and quality improvement, other stroke-related professional societies/associations, third sector organisations, and other patient advocacy groups.
1.2. Support stroke physicians to improve stroke services.	Number of service peer reviews and invited service reviews undertaken per year.	Consultant shortages, trainee shortages, national and regional variations, technological advances to support diagnosis and treatment.	Public, stroke survivors, carers, health services (planners/commissioners), stroke physicians (BASP members and non-members), professions allied to stroke medicine, audit and quality improvement.
1.3. Support the growth and diversity of the stroke workforce.	Contributions to local and national workforce planning and to curriculum development with the JRCPTB to quantify, diversify, and increase the stroke workforce. Input to the integration of extended stroke practitioner roles.	Consultant shortages, trainee shortages, equality, diversity and inclusion, working patterns.	Public, stroke survivors, carers, health services (planners/commissioners), stroke physicians (BASP members and non-members), audit and quality improvement, medical schools.
2. Teaching and training			

Objective	Metric	Drivers of change	Stakeholder(s)
2.1. Provide excellent resources to support training and education in stroke medicine.	<p>Creation of an online educational platform for stroke medicine.</p> <p>Annual delivery of UK Stroke Forum training day.</p> <p>Annual BASP trainees meeting.</p>	<p>Consultant shortages, trainee shortages, technological advances to support diagnosis and treatment.</p>	<p>Public, stroke survivors, carers, health services (planners/commissioners), BASP members, professions allied to stroke medicine, audit and quality improvement, medical schools.</p>
2.2. Provide incentives to train in stroke medicine.	<p>Annual award of BASP medical student essay prize.</p> <p>Establish a stroke elective award for medical students.</p> <p>Number of annual awards to attend the NIHR/BASP annual stroke research workshop.</p> <p>Annual appointment of Take Up Stroke fellows.</p>	<p>Consultant shortages, trainee shortages.</p>	<p>Public, stroke survivors, carers, health services (planners/commissioners), BASP members, medical schools.</p>
2.3. Signpost mentorship schemes for clinicians and clinical academics.	<p>Initiate a bi-annual mentor connect event.</p> <p>Numbers of people taking up mentor and mentee roles.</p>	<p>Consultant shortages, trainee shortages, equality, diversity, and inclusion, working patterns.</p>	<p>BASP members, health services (planners / commissioners), research funders.</p>

Objective	Metric	Drivers of change	Stakeholder(s)
3. Research			
3.1. Develop the UK portfolio of clinical stroke research.	<p>Award NIHR/BASP writing groups annually.</p> <p>Lobby research funders to commission research on the top 10 uncertainties identified by the James Lind Alliance Priority Setting Partnership for stroke.</p> <p>Support NHS England Long Term Plan research signalling workshops.</p>	Ageing population, national and regional variation, technological advances to support diagnosis and treatment.	Public, stroke survivors, carers, policymakers, stroke physicians (BASP members and non-members), regulators, third sector organisations, and other patient advocacy groups, research funders, industry.
3.2. Encourage stroke physicians to support stroke research.	<p>Annual BASP sessions at the UK Stroke Forum.</p> <p>Promote access to NIHR Learn free GCP online training package. (Establish opportunities with NIHR CRN funded research PAs to allow stroke physicians to become principal or co-investigators.)</p>	Ageing population, national and regional variation, technological advances to support diagnosis and treatment.	Public, stroke survivors, carers, policymakers, stroke physicians (BASP members and non-members), regulators, third sector organisations, and other patient advocacy groups, research funders, industry.

Objective	Metric	Drivers of change	Stakeholder(s)
<p>3.3. Inspire the next generation of clinical academics in stroke.</p>	<p>Annual NIHR/BASP stroke research workshop.</p> <p>Annual ESO stroke research workshop.</p> <p>Creation of an online educational platform for stroke medicine.</p> <p>Annual award of the Warlow prize at the UK Stroke Forum.</p> <p>Offer and quantify clinical academic mentor/mentee opportunities.</p>	<p>Ageing population, national and regional variation, technological advances to support diagnosis and treatment.</p>	<p>Public, stroke survivors, carers, policymakers, stroke physicians (BASP members and non-members), regulators, third sector organisations, and other patient advocacy groups, research funders, industry.</p>
<p>4. External engagement</p>			
<p>4.1. Ensure BASP executive members are formally included in, or co-opted to, all national and international organisations concerned with stroke services, teaching / training, or research, to ensure effective two-way communication.</p>	<p>Proportion of national organisations concerned with stroke services, teaching/training, or research that include or co-opt a BASP executive committee member.</p>	<p>National and regional variations.</p> <p>Ageing population.</p>	<p>Policymakers, health services, stroke physicians (BASP members and non-members), professions allied to stroke medicine, audit and quality improvement, regulators, other stroke-related professional societies / associations, research funders.</p>
<p>4.2. Consult BASP members about changing the scope of BASP to include members and an executive committee member from the Republic of Ireland, and a change of name for the Association to reflect this.</p>	<p>Majority vote for/against inclusion of the Republic of Ireland.</p>	<p>National and regional variations.</p> <p>Equality, diversity, and inclusion.</p>	<p>Stroke physicians who are not members of BASP.</p>

Objective	Metric	Drivers of change	Stakeholder(s)
4.3. Increase the numbers of ordinary and trainee BASP members.	Numbers of ordinary and trainee members.	Consultant shortages. Trainee shortages. Economic sustainability.	BASP members and non-members.
4.4. Permit nurse consultants, allied health professionals, specialist nurses, and physician associates working in stroke medicine to join BASP.	Numbers of new Affiliate Members.	Consultant shortages, trainee shortages, economic sustainability, national and regional variations, equality, diversity, and inclusion.	Stroke physicians (BASP members and non-members), professions allied to stroke medicine, other stroke-related professional societies / associations.
4.5. Provide equal opportunities for stroke physicians to join the Association, without discriminating against them because of their characteristics, and valuing diversity.	Proportion of BASP committee positions that are advertised with freedom from discrimination. Annual quantification of protected characteristics ^{††} of all BASP members.	Equality, diversity, and inclusion. Working patterns.	All.

^{††} Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

Objective	Metric	Drivers of change	Stakeholder(s)
4.6. Respond to climate change.	<p>Membership of the UK Health Alliance on Climate Change and number of actions taken to advocate, plan, adapt, and conduct travel and financial activities to counter the climate emergency.</p> <p>External audit of the Association's carbon footprint.</p> <p>Majority opinion from the BASP membership about the appointment of a new BASP executive sustainability lead.</p>	Economic and environmental sustainability.	Public, stroke survivors, carers, health services, stroke physicians (BASP members and non-members), professions allied to stroke medicine.
4.7. Enhance BASP's media presence.	<p>Send Tweets at least 4 days per week on average.</p> <p>Review the accuracy of BASP's website content at least monthly.</p>	All.	BASP members. Media.
5. Administration of the Association			
5.1. Set key performance indicators for the Association's secretariat.	Annual appraisal of adherence to the key performance indicators by the secretariat and BASP honorary secretary.	Economic and environmental sustainability.	BASP members.
5.2. Ensure that the services provided by the Association's secretariat are tailored to the needs of the BASP executive, BASP members and BASP's financial position.	Agreement on the contract with the providers of the secretariat each year.	Economic sustainability.	BASP members.

Objective	Metric	Drivers of change	Stakeholder(s)
5.3. Review income and expenditure regularly to ensure that annual expenditure is restricted to ~50% of annual income.	Quarterly quantification of the proportion of income that is spent.	Economic sustainability.	BASP members.
5.4. Maintain financial reserves that are sufficient to cover BASP's liability to underwrite the UK Stroke Forum and honour the contract with the secretariat.	Annual quantification of financial reserves and expenditure.	Economic sustainability.	BASP members.
5.5. Establish whether, and which types of commercial support for BASP activities are acceptable to a clear majority of BASP members.	Types of commercial support approved by >60% of BASP members who vote in a survey.	Economic sustainability.	BASP members, policymakers, industry, media

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149 *Last drafted by Rustam Al-Shahi Salman (BASP president 2020-2021) between 18 May and 6*
 150 *October 2020*

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152 *Reviewed by BASP executive committee (see final page) between 17 August to 1 October 2020*

153

154 *Consultation with BASP full, associate, and retired members between 6-30 October 2020*

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156 *Approved at the BASP annual general meeting – insert date*

157 **Record of comments received on this strategic plan from the BASP executive committee**

BASP executive member	When	What
Past president (TR)	17 August	Text edits. Suggested research objectives.
President elect (GM)	2 September	Text edits, comments on objectives
Service development and quality subcommittee chair (MD)	20 August & 4 September	Proposed objectives for clinical standards
Scientific subcommittee chair (WW)	2 & 7 September	Text edits and suggested objectives
Trainees subcommittee chair (NE)	26 August	Added background, stakeholder
Training and education subcommittee chair (LS)	17 August	Proposed aims
National representative for Wales (TH)	17 August	Text edits to training section.
National representative for Scotland (TQ)	17 August	Additional drivers, stakeholders, and suggested objectives.
National representative for Northern Ireland (MM)	25 September	Comments on emphasis
National representative for England (DL)	25 September	Comments on emphasis
National representative for England (IN)	None received	None received
Honorary secretary (DW)	4 September	Text edits, comments on objectives
Honorary assistant secretary (GS)	18 September	Comments on emphasis
Honorary treasurer (LW)	20 August	Financial strategy
Member without portfolio (MJ)	17 August	“British” scope, industry stakeholder, clarification of the concept of the objectives, clear workforce objective.
External engagement lead (YC)	20 August	Communication strategy

158 Tom Robinson (TR); Gillian Mead (GM); Michelle Dharmasiri (MD); Will Whiteley (WW); Nick Evans
 159 (NE); Louise Shaw (LS); Tom Hughes (TH); Terry Quinn (TQ); Michael McCormick (MM); Deborah
 160 Lowe (DL); Indira Natarajan (IN); David Werring (DW); Ganesh Subramanian (GS); Liz Warburton
 161 (LW); Martin James (MJ); Yvonne Chun (YC).

162 **Comments received from the following people during the consultation of the BASP membership**
 163 **about the final draft of this strategic plan:**

164 **Insert**