**Agreed definition of aims of the BAETS registry at last meeting:**

1. Not to exclude any part of the UK in what we collect.
2. Provide institution and consultant level data that gives Trust boards clinical reassurance of what their Trust is doing and to what standard. (This was the point of the quality accounts that the audit was meant to be a part of but no longer is as it doesn’t encompass enough of the performed endocrine activity, so GIRFT is being used.) It should answer any commissioning questions for their service.
3. Provide members with information that is bench marked on their outcomes for them to use as part of their revalidation process and marketing for their Trusts and private practice if they have it. It should answer any commissioning questions for their service.
4. It should offer opportunities for non-funded research such as observational studies that can be single surgeon, single/multicentre, national, or international. This should be straight forward for members to access and retrieve information and all contributors should be citable in any published results.
5. It should have the capacity to compile PROMS as part of observational studies.
6. The audit should be validated in a positive manner and give guarantees as to the quality of it’s data.
7. Membership of any database should be affordable and reward members for their membership.