



bsg BRITISH SOCIETY OF
GASTROENTEROLOGY

International Strategy

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FOREWORD BY DR ALASTAIR MCKINLAY

President of the British Society of Gastroenterology

The UK has a long tradition of expertise in hepatology, gastroenterology, nutrition and endoscopy. The UK has developed a structured training programme in endoscopy and quality improvement initiatives in many areas including inflammatory bowel disease, gastrointestinal bleeding and liver failure. The British Society of Gastroenterology guidelines are evidence-based, peer reviewed and strictly impartial.

The British Society of Gastroenterology was founded in 1937 by Sir Arthur Hurst and was conceived initially as a club, holding its first meetings in the Athenaeum Club in London. Our view today is very different, and we seek to promote co-operative working on an equal footing with our international partners. Our International Strategy is intended to define how we will develop new links and strengthen our work with existing colleagues and Societies.

As an organisation we have a strong commitment to equality, diversity and inclusion for all our members and that commitment is also extended to our international partners and collaborators.

In addition, the increasing evidence that global warming and climate change will affect all communities in all areas of the world, unites us in a common cause. The BSG has committed to promote carbon neutral and environmentally friendly working practices whenever possible.

A McKinlay

Dr Alastair McKinlay

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Our International Strategy is intended to define how we will develop new links and strengthen our work with existing colleagues and Societies

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FOREWORD BY DR NEIL HAWKES

Chair International Committee

The BSG is delighted to publish this International Strategy 2021 – 2024 which builds on work done over the past five years since the inception of the BSG International Committee. The BSG Executive group has supported the evolution of the International Committee to one of the BSG Higher Committees increasing the profile of international work across the organisation to support the delivery of strategic goals in this field.

This document has been written for the BSG membership, for patients affected by gastrointestinal (GI) disorders, for all UK stakeholders and for international partners participating in work to achieve BSG's strategic international goals. Its aim is to set out the key areas of work, strategic priorities within these and expected outcomes.

Learning from a decade of international project work supported by the BSG we have initiated a zonal development structure into our international work programmes. The new structure will help in the development of effective networks, mapping of zonal project work, alignment with other key stakeholders similarly engaged, increase opportunities for collaboration, and embed systematic learning through evaluation of regionally delivered programmes. This will ensure greater likelihood of the development of meaningful and sustainable international partnerships with shared benefits and learning.

The successful implementation of this strategy will generate increased involvement and collaboration with international groups, provide increased resources and opportunities for BSG members, and generate interest in international colleagues becoming members of the BSG. Shared areas of work in this strategy, including education, research, and service development, in addition to broader policy areas such as post-COVID recovery and the environmental sustainability of clinical services, will encourage effective cross-working across the organisation, with the International Committee aligning its work to the overall strategic priorities of the BSG.

N Hawkes

Dr Neil Hawkes



We aim to develop meaningful and sustainable international partnerships with shared benefits and learning



PART ONE

Background

Whilst for several years the British Society of Gastroenterology had introduced International Grant awards for project groups led by BSG members undertaking work in international settings, it was not until 2017 that the inaugural International Committee was formed under the chairmanship of Prof Krish Ragnath. The Committee developed an International Strategy aligned with the overall BSG strategy and the aim “to provide the best care and achieve the best outcomes for patients with GI and liver diseases in global settings”.

ACHIEVEMENTS SINCE PUBLICATION OF THE LAST STRATEGY

The BSG International Committee (BSG-I) has achieved success in the following areas following the 2017 strategy:

- Updated application and governance processes for the award of BSG International Grants
- Advice and assistance for groups considering international project work
- Establishment of Memoranda of Understanding with Specialist Societies to drive international development projects
- Portfolio of completed international projects worldwide
- Publications in peer-reviewed journals relating to BSG-sponsored project work
- Delivery of high-quality International Symposia at BSG Annual Meetings

Development of the current strategy acknowledges the progress made in these areas and seeks to build upon successful practice and improve quality standards, evaluation, and governance of this work. Where review has identified challenging areas or those slow to develop, we have evaluated the need for proposed change and discussed the potential for different approaches to be incorporated into our strategic planning.

PATIENT AND PUBLIC INVOLVEMENT

Specific international project work is carried out in a variety of settings. Using a structured grant application system, the BSG International Committee ensures that all projects, especially those of research conducted in international settings, meet accepted standards for engagement with patients and the public (see [BSG Research Strategy](#)).

Educational materials, for use with both UK and international audiences, will be produced in conjunction with patients and patient representative groups to increase the validity and quality of the resource and emphasise the 'lived experience' of participants.

BSG International projects may receive funding from charities or from grant-awarding bodies with patient representation on their Boards.



We work in collaboration with project teams to ensure that best practice guidance is followed, with specific governance and project evaluation processes continuing and developing.

WORKING IN COLLABORATION

Collaboration is central to the successful implementation of international project work. As a BSG Higher Committee, our strategic priorities align with those of other BSG Committees, but we translate these into work streams applied in an international setting.

This requires a high level of 'lateral communication' across Committee structures within the BSG, and communication with BSG members who have specific international experience or work stream networks.

The alignment of strategic goals with other UK-based Colleges and global teams allows pragmatic pooling of resources and knowledge, increasing the reach and productivity of shared projects.



When working with international partners, often across cultural and economic divides, the BSG International Strategy adopts the [THET Principles of Partnership](#).

CONTEXT OF INTERNATIONAL WORK

Geopolitical factors have shaped the development of regional blocks of nations who have joint political and economic structures. Language, culture, religion and post-colonial legacy also influence relationships between nations and the way their health care systems have evolved. Review of work conducted by BSG-sponsored groups identified that the most successful work has been conducted in English-speaking Commonwealth nations where project leads have a connection to the nation they are visiting, where they have existing insights into potential cultural barriers and can leverage local support networks more effectively.

There is also an emerging pattern showing that repeat visits foster increasing trust and relationship building, supporting more sustainable project delivery goals. We want to build on that learning and expand our reach and impact. To that end, we have appointed Zonal Development Leads within the International Committee. Their role is to draw together learning across projects, increase organisational intelligence of regional geopolitical landscapes (working alongside other UK Global teams), bring together networks and communities within their zones and act as a point of contact for BSG members linked to or interested in contributing to regional international work. Included in this is a needs assessment of what potential BSG international members might want from the BSG as a Society.

These needs are likely to differ across zones – for example, how we increase networks and BSG international membership in sub-Saharan Africa is quite different from establishing what collaboration is possible with North America or Europe. During the period 2021 to 2024 we aim to complete a more detailed mapping of zonal development and use evidence gathered via needs assessment to prioritise project work in each of the zonal regions and in the strategic growth of BSG international membership.

This BSG International Strategy has been written in the context of the COVID-19 pandemic. The pandemic has had a major impact on health systems across the world causing significant mortality and putting strain on availability of health resources to manage long-term conditions. Whilst the UK has co-ordinated an effective vaccination programme for its population, reports document a huge variation in access to COVID-19 vaccination with very low rates of population coverage in Africa and other Low-to-Middle-Income Countries (LMICs). Throughout the pandemic BSG has acted to support international partners with sharing of evidence and guidance on COVID-19 and recovery strategies and will continue to do so.

ENVIRONMENTAL SUSTAINABILITY

BSG is taking a lead on issues of environmental sustainability and is establishing global partnerships to progress the development of a strategic approach to this. The work will include reviewing the organisation's own carbon footprint, including the contribution of international projects.

The International Committee will play an active part in the development of evidence-based approaches and tools to support the adoption of practices which promote green use of energy resources, reduce harmful emissions, and maximise recycling and reduction of waste.



PART TWO

BSG International Strategic Priorities 2021 – 2024

KEY AREA 1: SUPPORTING EDUCATION AND TRAINING

Since the inception of the BSG International Committee, education and training, delivered either through a virtual platform or face-to-face in an international setting, has been a major part of the work supported by the BSG. Over the past few years, we have developed a portfolio of projects which has provided high quality training using established educational resources across a wide range of settings, from international conferences to individual hands-on training in low-income settings.

We have deliberately aligned our strategy with other UK providers of educational resources to promote collaboration and cost-effectiveness. Our specific priorities in the 2021 – 2024 period include:

PRIORITY 1 – To provide high quality education and training content relevant to international settings using digital platforms (working in conjunction with the BSG Education Committee) – including the piloting of translated courses, and to provide this to trainees from LMICs free-of-charge

PRIORITY 2 – To provide ‘Training the Trainer’ learning resource and provision, working in collaboration with other specialist Societies and organisations

PRIORITY 3 – To develop models for international fellowships e.g. pilot collaboration with the Gastroenterological Society of Australia (GESA)

PRIORITY 4 – To collaborate with the Royal College of Physicians (RCP) Global Team to explore the potential for an International Workshop and also gastroenterology-based placements as part of the Medical Training Initiative (MIT)

Evaluation of the impact of educational activity will be integrated into feedback to the International Committee to provide oversight, assessment of cost-effectiveness and to guide development and prioritisation of future activity and resources.

KEY AREA 2: SUPPORTING RESEARCH

The development of research networks in international settings has important mutual benefits for the BSG and international partners. The support of high-quality research into population-based, laboratory-based, or clinical practice in the subject areas of gastroenterology, hepatology, nutrition and endoscopic practice, with publication in peer-reviewed journals, contributes significantly to the understanding of disease and improving patient care.

The BSG will continue to support research through the award of international grants, and as a component part of agreed Memoranda of Understanding. It will support and promote partnership between UK and overseas academic institutions to develop sustainable networks for the development of research programmes ensuring high-quality research methodology and high standards of ethical practice.

Projects will be aligned to the overall BSG Research Strategy and with formal representation of the Research Committee on the International Committee.

Our specific priorities in the 2021 – 2024 period include:

PRIORITY 5 – To provide ongoing support via BSG international grants for specific projects delivering research in international settings, associated with maximising potential for legacy projects (applications will be sought later in 2022 for the 2023/24 grant cycle)

PRIORITY 6 – To increase the output of publications in peer-reviewed journals related to BSG international projects and work with *GJ* journal editors to promote publication of high-quality articles relating to areas of international interest and practice

PRIORITY 7 – To pilot education and mentorship support to develop networks and improve the basic research and quality improvement (QI) skills of GI professionals working in international settings

PRIORITY 8 – To provide horizon scanning services to enable BSG members with interests in international work to maximise available opportunities for grant awards from UK and international organisations



KEY AREA 3: SERVICE IMPROVEMENT

Delivery models for clinical services vary significantly across international settings. Published BSG Guidelines are subject to rigorous quality processes and are highly valued internationally.

Evidence-based recommendations for clinical practice are often transferable in clinical care settings. There is a need for training in clinical leadership, quality and service improvement methodology and in practical issues of resource management and administrative support required to deliver high quality services. Tools to aid service delivery have been developed in the UK and the adaptation of these tools will significantly assist the development of services in international settings.



Our specific goals in the 2021 – 2024 period include:

PRIORITY 9 – To deliver service improvement in international settings via a Memorandum of Understanding (MOU) and specific BSG international grants projects, associated with maximising potential for legacy projects

PRIORITY 10 – To collaborate strategically with other specialist Societies to deliver joint webinars to provide a ‘forum for discussion’ related to international practice, guidelines, and clinical service delivery, aligned to the development of zonal networks

In line with the International Strategy, the International Committee will work in key areas to drive and shape the way we deliver our prioritised strategic goals. To increase accountability and transparency work-expected outcomes for each of the priority areas over the next 3 years will be made explicit.

The detail of the progress of individual workstreams will be set out in annual Action Plans including allocated leads, key milestones for delivery, expected outcomes and resource requirements.



COMMUNICATION

One of the positive developments during the COVID pandemic has been the widespread adoption of digital communication. These platforms can help to bring together health professionals to progress international project work and collaboration.

Smarter use of social media, linked to prioritised international projects, will also raise awareness of BSG international work and encourage wider debate and participation. This work will be led by the Communications Lead on the Committee.

Our biggest asset within the BSG is our members, who have shareable significant collective expertise based on their work across the UK. Supporting our members and understanding the pressures and barriers facing our workforce must remain core business for the BSG. We are also aware of the potential benefits and impact of sharing good practice and innovative solutions with the wider international GI community.

We will work to increase opportunities for BSG members and international participants to share their insights and knowledge, to influence and engage with the work of the International Committee; and to better establish true collaboration in how international workstreams develop.

RESOURCES AND ACCOUNTABILITY

The BSG International Committee will work with the BSG Executive group to review the level of resources available to support international workstreams. The potential for collaborative work is huge, but it is important that we acknowledge the finite resources we have available to deliver successful international projects.

This underlines the need to agree strategic priorities, to set out clear project goals and timelines, and to evaluate the effectiveness and value of any project work that is conducted to ensure we are meeting our organisation's key mission "to provide the best care and achieve the best outcomes for patients with GI and liver diseases in settings across the world".



This will enable us to learn as an organisation and to develop evidence-based business cases to support requests for additional resources to underpin future BSG International work.

PART THREE

Case Studies

| KEY AREA | PRIORITY | EXPECTED OUTCOMES |
|-----------|---|--|
| EDUCATION | EDUCATIONAL CONTENT | YEAR 1 – Collaboration with the BSG Education Committee, set out timetable for course delivery, building of course content underway YEAR 2-3 – Courses delivered, including translated content (with tracking of learner access to courses). Increase course numbers |
| | TRAINING THE TRAINER PROVISION | YEAR 1 – Agree course content, set up working group YEAR 2-3 – Courses to available to aid trainers working in international settings |
| | INTERNATIONAL FELLOWSHIPS | YEAR 1 – collaborate with GESA to agree details of fellowship, timetable for implementation and advertising YEAR 2-3 – advertise fellowship, support & evaluation and consider basis for expansion |
| | RCP GLOBAL COLLABORATIONS | YEAR 1 – discuss international workshop and develop support for MIT programme YEAR 2 – delivery phase for workshop and MIT programme placements as agreed, evaluate impact YEAR 3 – establish scope for wider collaboration, including the potential for multi-Society collaborative projects |
| | RESEARCH | BSG INTERNATIONAL GRANTS |
| | PEER-REVIEWED PUBLICATIONS | YEAR 1 – discuss with journal editors potential for high quality articles related to international clinical practice and global issues of interest, support publication of BSG-I project work YEAR 2-3 – track number of peer-reviewed publications and abstracts |
| | IMPROVE BASIC RESEARCH & QI SKILLS | YEAR 1 – project team to develop training toolkit (research and QI methods), pilot mentorship sessions, develop networks as part of Bangladesh Gastroenterology Society (BGS) – Develop Bangladesh Gastroenterology Society MOU YEAR 2-3 – using validated tools and mentorship models roll-out to selected other regional zone networks to assess impact |
| | INCREASE ACCESS TO INTERNATIONAL GRANT AWARDS | YEAR 1 – create a register of all BSG members involved in international work, by zonal region and information area, on international section of the BSG website relating to grant opportunities YEAR 2-3 – proactively link BSG members to potential grant awards and support application through BSG-I networks |
| | DELIVER SERVICE IMPROVEMENT | YEAR 1 – support service development projects as part of the 2021-2 cycle of BSG-I grants YEAR 2-3 – award of 2023-4 BSG-I grants and support successful teams |
| | STRATEGIC DISCUSSION FORA | YEAR 1 – deliver a pilot collaborative joint webinar with a specialist Society partner (led by Zonal Lead), evaluate attendance and impact, consider potential for forward programme and potential partner Societies YEAR 2-3 – deliver agreed programme of timetabled webinars, with ongoing impact assessment (sponsorship model) |

CASE STUDY 1

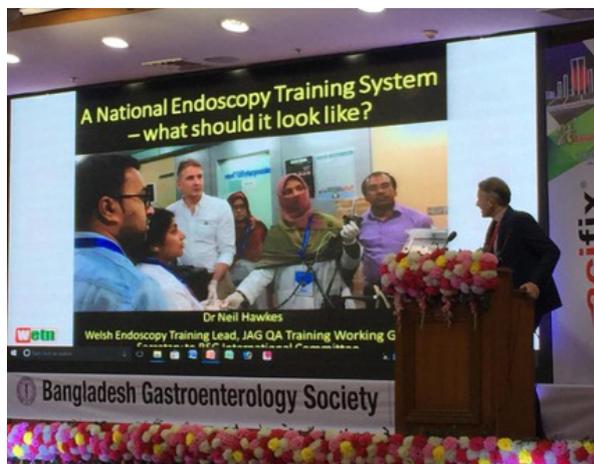
SUPPORTING THE DEVELOPMENT OF A NATIONAL ENDOSCOPY TRAINING PROGRAMME IN BANGLADESH

AIM – To use training methods developed in the UK to provide a structured national training programme in Bangladesh working with the Bangladesh Gastroenterology Society (BGS).

METHODS – We have set up a joint Memorandum of Understanding with the BGS which sets up a project plan to provide the ongoing support and training, by experienced UK teaching faculty, to establish a national endoscopy course programme, at the Sheikh Russel National Gastroenterology Institute and Hospital in Dhaka, run by a local training faculty who have all attended Training the Endoscopic Trainer courses. A national register of trainers and trainees has been established and we have also introduced direct observation of procedural training (DOPS) forms into the training process and are exploring ways to digitally support documentation of the training process. Prior to this project, endoscopy training in Bangladesh was unstructured and patchy, with no clear regulation of training and no agreed standards of certification of endoscopists.

PROGRESS – The programme has achieved high level political support, the past BSG President, Cathryn Edwards met with the Bangladesh Prime Minister (see image top p13), Sheikh Hasina, who praised the MOU initiative, and we have been supported in its implementation by their Health Minister. The COVID pandemic has prevented follow-up visits to Dhaka, but plans are underway to resume actions to deliver the next phase of the project which is to pilot ongoing DOPS on training lists and delivery of local training courses.

ADDITIONAL BENEFITS – In addition to delivering high quality endoscopy training, there has been an opportunity to work with the BGS to support training in hepatology, and a joint MOU between the University of Swansea and the Medical School at Dhaka has been agreed, including the delivery of a research training day delivered jointly by BSG members and Swansea University. This has led to ongoing collaborative research projects. In parallel to the medical training, we have also delivered a programme of nurse training to improve skills in the nurse assistant role and to discuss management of an Endoscopy Unit.



Left: BSG Faculty deliver talks at the BGS Annual Conference

Right: BSG Training Faculty deliver a skills demonstration session at the Sheikh Russel National Gastroenterology Institute and Hospital, Dhaka

CASE STUDY 2

SUPPORTING ENDOSCOPY AND HEPATOLOGY SERVICES IN MALAWI

AIM – Support for the endoscopy and hepatology services in Malawi.

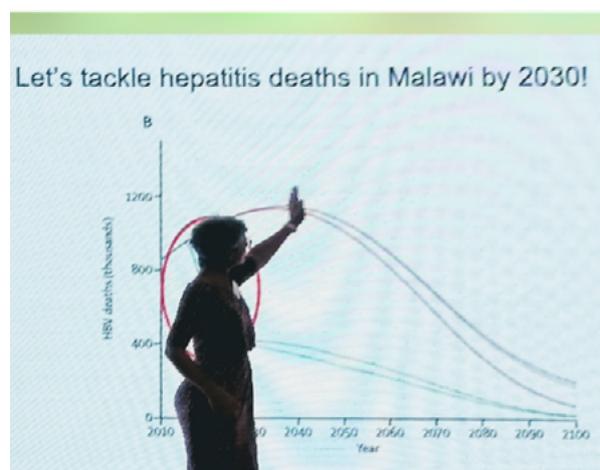
METHODS – An inaugural Malawi Liver Conference had been run in Blantyre and funding was provided by a BSG International Grant to support a repeat visit of a team from the Malawi-Liverpool Wellcome Trust. Held in Lilongwe, the second conference on liver disease was led by a faculty from the UK, Malawi, Zambia and South Africa.

PROGRESS – The conference focused on viral hepatitis (linked to the WHO aim of clearing viral hepatitis from Africa by 2030) and the national strategy for the management of liver disease, including variceal bleeding and hepatocellular cancer (HCC) and was attended by the local Hospital Director and representatives from the Malawi Ministry of Health. The programme was advertised to Malawian clinicians, researchers and government officials with 95 delegates attending. There were keynote lectures, presentation of local and national data, and panel discussions on how to improve the management of hepatitis B (HBV), cirrhosis, GI bleeding and HCC.

ADDITIONAL BENEFITS – The conference informed the development of the National HBV strategy published by the Malawian government. The aim is to provide further conferences to maintain the momentum of improving management of liver disease across Malawi. The visit also allowed discussions around the sustainability of endoscopy services in Mzuzu Central Hospital and providing supervised endoscopy training for local endoscopists.



Left: Attendees at the 2nd Malawi Liver Conference (see also images on p8, p12 and p13)



Right: Working together to inform a national strategy to reduce deaths from viral hepatitis in Malawi

