Message from the President

Continuing change at the BSG

Much has happened since the last Newsletter, and the pace of change within the British Society of Gastroenterology (BSG) continues to accelerate! My year as your President will soon be over and this has brought home to me the sense of making the presidency a 2-year job. A year is too short to make a mark, and I look back with humility to my predecessors who made great contributions to the society within a single year. One of the most important things we have done over the past months (thanks to Jon Rhodes) has been to develop a strategy group as a way of ensuring focus on issues that require a long-term consistent approach. Jon Rhodes and Tom Smith will keep the society informed of developments.

Six independent trustees will ensure the governance of our society. We had an impressive field of applicants and have appointed eminent individuals who cover the bases of finance, ethics, law, property, relationships to industry, the Department of Health and the Colleges. The trustees’ role will be separate from that of council and executive. A board of trustees is essential to the running of a modern charitable organisation such as BSG; it is more than a paper exercise. We are confident that the trustees will make significant contributions to BSG, and that their experience and wisdom will be a great source of help to the President, Chief Executive and Council.

I have, in previous newsletters, written of an aspiration to improve out-of-hours emergency services for patients presenting with gastrointestinal emergencies (principally gastrointestinal bleeding). Merve Rees, President of the Association of Upper Gastrointestinal Surgeons (AUGIS), and I recently met with Bill Kirkup, an influential adviser to the Department of Health. We told him about our concerns relating to the documented current inadequacies of service in many parts of the country and of the detrimental effects that this has upon clinical outcome.

We will work together to develop quality standards for managing emergency gastrointestinal bleeding; there is certainly great Department of Health support for continuing audit. Many trusts in England, and the Scottish and Welsh governments and Northern Ireland, are also addressing these issues at local level. There is now momentum for improving emergency services and I hope that this will be maintained. Certainly this is an important issue for our strategy group.

Other troubling issues are the relative paucity of consultant posts in gastroenterology in the UK and the spectre of unemployed CCT holders within the next few years. But the 7% increase in the number of gastroenterology posts over the past year is reassuring. Some of these are replacement posts but many are new posts, a consequence perhaps of the pressures from bowel cancer screening and our demonstration of deficiencies in out-of-hours endoscopy provision. We are certainly not complacent and the final draft of a document produced in conjunction with our recently appointed Public Relations Company, Quintas, and the British Medical Association (BMA) has reiterated the arguments for consultant expansion within gastroenterology. We will tailor this document for strategic health authorities and trusts and circulate it so that when you are making the case for a new consultant, the issues are at your fingertips.

A current hot topic is revalidation and recertification. Ian Barrison, Duncan Loft and I are attending meetings at the Royal College that aspire to develop revalidation and recertification methodology. I am encouraged by the concept that recertification will almost certainly be based on “beefed-up” consultant appraisal—with continuing audit, evidence of continuing professional development (CPD; albeit with evidence of changed or improved practices occurring as a result of exposure to educational events), multisource feedback and patient questionnaire information. Knowledge-based assessment has been placed on the back-burner. A parallel process is the development of a series of methods that aspire to objectively, yet painlessly, continue on page 2
Message from the President

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measure the quality of the service that we provide. A series of quality indicators may eventually become important components of the recertification process. This is a complex exercise; it is difficult, for example, to disentangle measurements that represent the performance of a unit rather than an individual, and there will inevitably be a process of refinement before the right tools can be applied to generalists and subspecialists. This is not a quick process.

In addition, relationships with Core are being developed and improved and those with our sister societies at the UK Digestive Federation continue to evolve. Discussions concerning a new sister journal to Gut, Practical Gastroenterology, are advancing. The improved BSG infrastructure, stimulated by Mike Farthing’s modernisation document, is being taken forward. I hope you are feeling some of the excitement that I have appreciated over the past few months.

BSG Annual Meeting

SECC Glasgow, 23–26 March 2009, Registration now live

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Endoscopy News

During the summer of 2008 your committee consolidated the activities outlined in my last message and in many areas there is little new to report. The newest proposal is the establishment of a working party to look at endoscopy research. This is being led by Andy Veitch, and preliminary enquiries provoked considerable enthusiasm from several senior members and council. The group will discuss the feasibility of establishing an Endoscopy Research Network. A number of exciting possibilities might arise from this.

A “network” would have an economy of scale, producing more ideas, more subjects for study, and the opportunity to become active in technology assessment, with active engagement by members who have insufficient time or support for research. Endoscopy-based research might even merit adoption by the National Institute for Health Research (NIHR); if an endoscopy research network was co-terminus with Comprehensive Local Research Networks (CLRNs) the management processes for widespread involvement and support funding would be in place.

A Northern Research Endoscopy Group (NERG) has already been established under the joint chairmanship of Colin Rees and Matt Rutter, and this could be the model for other similar groups forming the matrix for a nationwide network. This idea seems to be in line with Roland Valori’s vision for the National Endoscopy Programme and it is likely that central support could be relied on. It is incumbent on the membership to engage. I hope that introducing these ideas to the All Party Parliamentary Committee will further enhance our profile.

Stuart Cairns has negotiated further funding from Boston Scientific to support four more travelling fellowships in endoscopy for 2009–10. These will be advertised in the e-newsletter soon.

I have attended councils of both AUGIS and the Association of Coloproctology of Great Britain and Ireland (ACPGBI) and there is appears to be an undoubted rapprochement and a great sense of collaboration. AUGIS has proposed a joint meeting in autumn 2011 in Belfast, in addition to our annual meeting. Previous visits to Ireland have been very memorable! Joint symposia with AUGIS and other partners are being planned for 2010 at our usual event.

Many of our younger members are enthusiastic and ambitious endoscopists, and we need more feedback on our functions and output. We welcome members’ opinions on the endoscopy programme at the annual meetings. We need your engagement more directly and the membership needs to consider who should be elected to the committee. In this way new blood will bring its opinion to bear. We are the biggest representative endoscopy group and we need to make our voice heard—particularly as people now seem to be listening.
British Society of Gastroenterology Goes Public

After several years of arguably wielding less influence on public policy than it should, the BSG has taken the plunge and established the new Public Affairs Committee. Its aim is to improve the lot of patients and providers in gastroenterology and liver disease by achieving greater attention to and appropriate funding for digestive and liver problems. We hope to improve services and communication between the society and its membership.

We have appointed Quintus to help us with public relations and influence, and Merchant Creative to improve our website and communications to members and others.

We want to develop a network of expertise with society members with expertise and to work on a regional (strategic health authority (SHA)-based) footing. Influence will need to be exerted at local level through SHAs and commissioners as well as nationally. At the time of writing, we intend to have a coordinated campaign for 2008 around the key issues, and to be in a position to respond to those that arise in an unanticipated way.

The Public Affairs Committee will work on a limited number of topics at any time and is open to suggestions from the membership. Initially, we will be concentrating on consultant expansion (in part with reference to colorectal screening), provision of a safe out-of-hours service (in cooperation with the National Patient Safety Agency) and improving investment to raise standards of care in inflammatory bowel disease (IBD). Other topics include funding for clinical research, facilitating greater involvement of the membership, and promoting BSG at Gastro 2009.

Gastro 2009

BSG is working with the United European Gastroenterology Federation (UEGF) and World Congress of Gastroenterology (WCOG) on Gastro 2009, a meeting that combines the best of United European Gastroenterology Week (UEGW) and the WCOG to establish a new benchmark. The programme looks fantastic and has a dominant British influence with a particularly strong focus on clinical gastroenterology and hepatology, including live demonstrations of NOTES and cutting edge imaging and procedures.

The postgraduate course will offer a comprehensive update in all the main areas of clinical gastroenterology and hepatology. The Young Clinicians Programme, run by the BSG, will include visits to units before and after the meeting and a high profile within it. This is an opportunity for BSG members to show what we offer and establish links with the rising stars of tomorrow. BSG is also contributing an innovative social programme.

There are three reasons why you should attend: the BSG benefits financially, according to the number of members who attend; there will be thematic links to a revamped BSG meeting in 2010; and those who attend both meetings will be subsidised, and postgraduate deans will support study leave for linked attendance. I hope to see you there.

A New Era for Clinical Research

The Research Committee is re-examining its remit and roles following the restructuring of the society in 2008. It will continue to have a major presence on the BSG website. Please visit http://www.bsg.org.uk/research to view details of the BSG Case Notification Scheme, the new database of research interests of BSG members and information about forthcoming meetings and available research awards. The Case Notification Scheme allows researchers to collect case series of rare conditions on a national level. We aim to make it easier for individual BSG members to notify a case by introducing a more interactive email-based system. The committee continues to welcome new project proposals from members.

This is an exciting time for clinical research in the NHS: there is now more funding available for clinical trials from the NHS National Institute for Health Research. In addition, the clinical research networks for gastrointestinal and liver diseases should make it easier for us all to join in and contribute to randomised intervention trials in gastroenterology and hepatology by ensuring that resources follow study recruitment activity in trusts across the country. Now is the time for the BSG to generate a national clinical research strategy to facilitate development and funding of top-quality clinical trials and involve all interested BSG members via the existing society Sections. The committee and I will be working with the Sections to produce a draft research strategy document for wide consultation.

We have also identified increased involvement of non-clinical researchers and young academic gastroenterologists/hepatologists in the annual meeting (and the society in general) as other priority areas. We will be working closely with the Programme Committee and the Academic Development Committee to address these issues.
Core Report

Core is concerned that although the society is supportive of our activities and gives us a generous financial subvention, assistance from individual members is limited. BSG members hold the key to progress for us, by financial contributions, support and participation in fundraising events, and by introducing us to patients. I therefore raised the issue at council, which agreed that things should change, and we have had useful conversations with Chris Hawkey. Several ideas have been mooted, and we shall try to bring them into effective action.

One immediate result was that the President assayed the task of climbing Britain’s three tallest mountains in 24 h—and despite short notice he raised about £10 000 in sponsorship for Core. Our own community fundraiser, Chloe Wicks also completed a climb of 4000 m in the High Atlas Mountains of Morocco, and in the process raised £1000 for Core. Shortly she will be jumping from an aeroplane (with a parachute), and you can still donate on http://www.justgiving.com/chloewicks2

Our new website, designed to give stronger encouragement to readers for donations, is now live. Apart from its improved format, it stresses research supported by Core in each disease area. The pages for would-be researchers looking for funding have also been redesigned.

We are putting £75 000 a year for 3 years into “small” grants (as opposed to our commoner 3-year fellowships), and the response has been excellent, with almost 40 applications in the three categories. These will be decided without interview, but the usual detailed and stringent attention of the Research Awards Committee (RAC) will be given to the shortlisted applications. The RAC will score all those applications, together with applications for the other awards we are making, viz. two awards jointly with the Nutritional Research Foundation, the joint award with the Ia (the Ileostomy Association), and the Core/Belmont Trust award of £5000 for expenses of a project in ulcerative colitis. Making final decisions between several strong applications will not be easy.

It will also be Jean Crabtree’s first experience of the responsible and demanding role of “Trustee responsible for Research Awards”. Faruk Barabhuiya, who does all the office coordination of the awards process, will see this round almost through to completion before leaving us for a similar role in a musical charity.

The next major fundraising event will be a dinner at the Royal College of Physicians in spring 2009. A group of singer-physicians known as “Instant Sunshine” will perform in memory of Miles Kington, the humorous writer (in The Times and then the Independent) who played double bass with the group, but died of pancreatic cancer in 2008. His wife, Caroline, will read extracts from his book, and we also hope to have a notable speaker.

Consultants’ Role in the Development of PBC

Practice-based commissioning (PBC) offers the potential for general practitioners (GPs) to work with their secondary care colleagues and with panels of patients to improve local systems of care and develop services. It holds a lot of promise in bringing clinicians together to shape services, to peg clinical pathways to quality standards and to manage patient care more effectively across the interface between primary and secondary care. The problem is that hospital doctors are confused about whether primary care trusts (PCTs) are retaining control of some aspects of commissioning and the range of services that GP commissioners will take on. Unfortunately, GPs and consultants do not speak to or meet each other on a regular basis; this is something that PBC should aim to resolve. A recent case study of developing a service for a long-term condition reached a surprisingly simple conclusion—professionals providing care should know exactly who the commissioners are. GPs taking forward PBC should let local providers know and involve their secondary care colleagues.

There are concerns in secondary care about the implications of current financial incentives on clinical quality and a need for some reassurance from commissioners that new services will be commissioned and audited within a framework that is commensurate with national standards.

The BSG’s Clinical Standards and Services Committee can help commissioning consortia to define pathways and monitor quality. Locally, commissioning groups should involve hospital specialists in reviewing, planning and auditing new services. There needs to be a dialogue between primary and secondary care on the management of specific conditions.

IBD is a condition that cannot be completely managed in primary care, but where care might be delivered in new ways. Better managing chronic conditions will require a review of how patients are managed across the primary and secondary care interface. Gastroenterologists are keen to work with commissioners and to talk to them about running clinics in different settings or offering new community services.

For a real partnership to develop, greater financial flexibility is needed. The blocks of money paid through Payment by Results are managed across the primary and secondary care interface. The financial imperative and incentive to move care out of hospitals and into community settings en masse. The financial incentives risk setting primary and secondary care against one another rather than ensuring a more efficient and effective partnership.

One of the impetuses for reform is need to make healthcare more efficient, yet too often these efforts have been focused on individual entities, requiring an institution to make 2–3% efficiency savings, for example. Too little attention has been paid to increasing efficiencies by improving the connections across the whole pathway of care, examining interconnections within the system of care.

PBC could spawn the kind of collaboration between primary and secondary care that will help to define good outcomes in patients with functional gastrointestinal disease and the best way to manage their care. These metrics should also be meaningful to patients.

PBC has the potential to transform local services, and create a partnership between clinicians and patients in developing services; it will be successful only if it genuinely engages hospital specialists and patient experience.
Message from the Chief Executive

A new logo and website for the BSG

We are continuing to strengthen the infrastructure of the BSG so we can better support our members. Our current website hosts a lot of, but not always easily accessible, information. We have appointed Merchant Marketing to help us develop a new website with more easily identifiable areas for research, education, training, public affairs and clinical services and standards, and a “BSG Learning Zone” will include video and audio material to support the professional development of BSG members.

The new website will also be more interactive, enabling Sections to share papers as well as host discussion forums. Online forums will be developed for the iterative development of guidelines and other materials.

The website project will begin in February and run for 6 months. If you have any ideas for the new website, please email them to me (t.smith@bsg.org.uk) or call 0207 935 3150.

We have also been working with Merchant on a new logo to replace the existing image of the President’s medal. The new logo reflects a more outward-looking society and will help us promote our different activities. Different colours of the same logo will be used to badge our key activities, in education, training, clinical services and research.

The new logo will be launched at the annual meeting in March 2009.

Sir Francis Avery Jones BSG Research Award 2009

Applications are invited by the Education Committee of the British Society of Gastroenterology, which will recommend to council the recipient of the 2009 award. Applications should include:

1. a manuscript (two A4 pages only) describing the work conducted;
2. a bibliography of relevant personal publications;
3. an outline of the proposed content of the lecture, including title;
4. a written statement confirming that all or a substantial part of the work has been personally conducted in the UK or Ireland.

Entrants must be 40 years or less on 31 December 2008 but need not be a member of the society.

The recipient will be required to deliver a 30-min lecture at the annual meeting of the society in Glasgow in March 2009. Applications should be composed electronically in Microsoft Word or rich text format and emailed as an attachment to the BSG office (A.Orgusaar@bsg.org.uk) by 31 December 2008.

Secretary

Applications are invited for the post of BSG Junior Secretary, to commence after the annual BSG meeting in March 2009. The post-holder will join the BSG’s Executive Committee and play a key role in the society’s management. Administratively, the post-holder will be one of the responsible officers for the society. On policy, the post-holder will work with our public affairs firm, to respond to media enquiries and improve the information we provide for patients. They will be a member of the public affairs and education committees and council’s Strategy Group. This is a 2-year post and will progress to BSG Senior Secretary, a further 2-year post.

Please email a two-page CV with a letter of application to Tom Smith (t.smith@bsg.org.uk) by 8 January 2009. Interviews will be held at the end of January.

Workforce Coordinator for the BSG

The role of Workforce Coordinator for the BSG will become vacant in April 2009. This is an important and enjoyable role to help advise on workforce issues within gastroenterology, particularly concerning the medical workforce.

The coordinator should hold a substantive post within gastroenterology. Previous experience and knowledge of training is helpful.

The post-holder liaises closely with Chris Romaya within the BSG concerning the annual workforce census, and writes an annual report based on this census, which is then widely disseminated. They sit on the Training, Devolution and Clinical Services and Standards Committees of the BSG and the Joint Speciality Committee for Gastroenterology and Hepatology. This report is shared with TiG, and the Workforce Coordinator may be asked to update trainees on trends within workforce planning. The post-holder meets annually with the Workforce Review Team of the Department of Health on behalf of the BSG and other physician specialty coordinators at the Royal College of Physicians and contributes to the gastroenterology chapter of the Consultant physicians working with patients.

Please submit applications to Chris Romaya, Executive Secretary, c.romaya@bsg.org.uk, by 8 January 2009.
Applications are invited for the post of Vice-Chair, Clinical Services and Standards Committee BSG, to commence after the BSG annual meeting in March 2009. The job description is available from the BSG office. A major role of the post is the commissioning and editing of BSG guidelines. The post-holder will liaise with Gut in the role of Associate Editor Gut (guidelines). Other duties include the Clinical Services and Standards Committee meetings and deputising for the Chair, Clinical Services and Standards Committee. This is a rewarding and particularly important post in the BSG and previous experience on BSG committees would be an advantage.

This is a 3-year post, and it will usually progress to Chair, Clinical Services and Standards Committee for a further 3 years by mutual agreement with the BSG executive committee.

Please submit applications to Chris Romaya, Executive Secretary, c.romaya@bsg.org.uk, by 8 January 2009.

Obituary

Professor Sir Robert Shields, former President of the BSG, passes away, aged 77

Former president of the BSG, Professor Sir Robert Shields, passed away on 3 October 2008. Sir Bob enjoyed a distinguished career in surgery, academia and health service administration. He held a chair in surgery at the University of Liverpool from 1969 to 1996. He served, successively, as president of the Surgical Research Society, ASGBI, before becoming president of the BSG in 1990. He subsequently became chairman of the British Liver Foundation, a member of the Medical Research Council and the General Medical Council, and in 1991 became the first Glasgow man to be elected as president of the Royal College of Surgeons in Edinburgh.

Kel Palmer, the current BSG president, has sent a message of condolence to Lady Shields. "He was seen by all of us as a very wise man who was caring, had the interests of medical and surgical gastroenterology at heart and was a great supporter of young trainees. I personally remember him as a man who had great diplomatic skills, who was an extremely effective and charming chairman and a very, very nice man."

Notices

12–14 January
Annual Course in Paediatric Gastroenterology and Endoscopy
The Atrium, Royal Free Hospital, London, UK
Tel: 020 7830 2779
Email: r.persoff@medsch.ucl.ac.uk

25–27 January
Hepatology 2009
Royal Free and University College London Medical School, Hampstead, London, UK
Website: http://www.bsg.org.uk/pdf_word_docs/rr_hepatology_09.doc

29 January
A State of the Art Multidisciplinary Approach to Cholangiocarcinoma
In association with The Royal Marsden NHS Foundation Trust
Royal Society of Medicine, London, UK
Visit the BSG website’s meetings calendar to download the booking form.

30 May to 4 June
Digestive Diseases Week 2009
McCormick Place, Chicago, Illinois, USA
Website: www.ddw.org

22–24 June
27th GEEW (Gastroenterology and Endotherapy European Workshop)
Brussels Exhibition Centre, Brussels, Belgium
Website: http://www.live-endoscopy.com

New Appointments

Matthew Brookes
New Cross Hospital, Wolverhampton

Simon Cowlam
Sunderland Royal Hospital, Sunderland

Daniel Gaya
Glasgow Royal Infirmary, Glasgow

Sanjay Gupta
Queen’s Hospital, Romford

Aliia Hart
St Mark’s Hospital, Watford

Iqbal Khan
Northampton General Hospital, Northampton

Laurence Maiden
Maidstone Hospital, Kent

Inder Mainie
Belfast City Hospital, Belfast

Mark McLoughlin
Mater Hospital, Northern Ireland

Ian Rees
Prince Philip Hospital, Wales

Achuth Shenoy
Colchester General Hospital, Colchester