

news

Message from the President

Spring is sprung....

Spring is sprung, the grass is ris'..... It is a time for rebirth, rejuvenation, with the potential for lots of growth, time to expend all the energy we stored through the winter, or if that image is too difficult to conjure for those of us working in the NHS, at least a time of optimism that this year will be better. The BSG is also undergoing a kind of rebirth—have you visited the new website lately? It's fresh, modern and easier to navigate. Underneath all of that, the content is gradually changing and being 'reborn', thanks to the web editorial team and your input, but we need to grow more. Please get in touch with the chair of whichever BSG sections you have most interest in and discuss what you can do to enhance the content.

Around now, many of you also begin to put your educational and professional development meetings and holidays into your diaries, and I know that for most of you, the BSG annual meeting in June (Liverpool this year) will be a major highlight that we all to look forward to. I've said it before, as have all of my predecessors, there is a monumental amount of activity that goes on in the background to produce the event, which seems to get better every year, and to keep up the educational content on the website. The people involved, your peers and your co-workers, are too numerous to name here, but we (you!) should acknowledge them when we see them. They get little reward other than the satisfaction of a job well done but we all appreciate their efforts on our behalf so let's make sure we tell them they are doing a great job and how much we appreciate their efforts.

We have also been listening—many of you have responded to the BSG member survey, and it has been very gratifying that so many of you told us how much you appreciate your Society but made some good suggestions on what needs to change. With the new website development, we intend interacting with you much more



*Professor Martin Lombard,
BSG President*

and in a more bespoke way in the future, and we hope it will help you 'feel' like you are part of the best club in the world. We have this year surpassed n=3000 paid up members, and although I have written before about the extent of work and workload in gastroenterology and hepatology, it is evident on the RCP census for example, that despite 'the pressure', we derive more job satisfaction than many colleagues in other specialties.

At the most recent BSG taster event in December, run by our Trainee Section, I asked many delegates (students, foundation doctors and core trainees) why they were interested in a career in gastroenterology. It wasn't endoscopy (to which most had no exposure anyway) or the kinds of patients we see, but the commonest response was that 'they are such nice people' and 'more than other specialties they seem to work as a team'. Very insightful bunch! The RCP census and my ad hoc trainee survey reinforce the importance of what the BSG offers its members: fraternity (non-gender specific!), learning and training. These are the factors that feed into the respect, competence, opportunity and good relationships that are the essential elements for job satisfaction. The future is bright, the BSG is a shining light, get out your chlorophyll.

Liver matters

The latest 'Liver matters' comes with the news that after 5 years of debate within the courts, the Supreme Court has backed the Scottish government's application for minimum alcohol pricing. A unanimous judgement by the seven supreme court judges said that the legislation did not breach European Union Law. The Scottish government aim to introduce minimum unit alcohol pricing on 1 May 2018. The impact will be keenly observed in the rest of the UK.

In November 2017, the *Lancet* Standing Commission on Liver Disease in the UK launched their fourth report, providing up to date evidence on the harm being done to the nation's health by excess alcohol consumption, obesity and viral hepatitis, raising concern at the continuing lack of effective measures of control. A report of the launch can be accessed here <https://www.bsg.org.uk/resource/the-lancet-commission-into-liver-disease-in-the-uk.html>

In this issue...

- Pg 1 Message from the President
- Pg 1 Liver matters
- Pg 2 Endoscopy matters
- Pg 4 Applications for BSG President (2020–2022) and President Elect (2018–2020)
- Pg 4 Applications for BSG Hepatology Vice President (2018–2020)
- Pg 4 Applications for BSG Treasurer (2018–2023)
- Pg 4 New membership site launched
- Pg 5 BSG annual scientific meeting, Liverpool 4–7 June 2018

- Pg 5 Guidelines on the management of abnormal liver blood tests
- Pg 6 UK Guidelines on oesophageal dilatation in clinical practice
- Pg 6 The BSG quality improvement (QI) programme
- Pg 6 What's a nice girl like you doing in this job?
- Pg 7 UEG rising stars
- Pg 7 Gastroenterology Film Festival at BSG 2018
- Pg 7 New appointments

continued on page 2

www.bsg.org.uk

continued from page 1

On 18 January, interviews were held in London for National Recruitment to the Advanced Hepatology Fellow posts. It is encouraging that this year there was an increase in the number of applicants for the 17 posts. The outcomes will be announced shortly

Finally, arrangements and plans are in place for the liver section of the annual BSG meeting in June 2018. This year the liver sessions are mainly scheduled for Wednesday and Thursday, for those who want to concentrate on hepatology! This year's programme captures the full spectrum of stages of clinical hepatology—for example, the 'community' hepatology session, abnormal LFTs, HCC, autoimmune, alcohol, quality improvement, liver transplantation, etc.

In addition to the free papers, highlights include:

- Recognising the significant burden of alcohol related liver disease, we will be hosting a dedicated symposium on Wednesday 6 June, which includes the Sheila Sherlock award to Professor Mark Thursz.
- In view of the need to improve the quality of services for people with liver conditions, our symposium on Thursday 7 June includes a keynote talk from Dr Elliot Tapper, University of Michigan, on reducing readmissions in people with cirrhosis. This session will also update on progress with the IQLS (formerly Liver QuEST) initiative in the UK.
- Also building on the BSG abnormal liver blood test guidelines that are now available in *Gut* [https://www.bsg.org.uk/resource/guidelines-on-the-](https://www.bsg.org.uk/resource/guidelines-on-the-management-of-abnormal-liver-blood-tests.html)

[management-of-abnormal-liver-blood-tests.html](https://www.bsg.org.uk/resource/guidelines-on-the-management-of-abnormal-liver-blood-tests.html) Dr Tapper will also be speaking on 'Abnormal liver tests—the best strategy' in the clinical services symposium on Tuesday afternoon.

- The highly popular liver digests (all you need to know in 20 minutes) session returns with four state of the art talks on important clinical challenges.
- Finally, we will host an interactive clinical grand round on Thursday afternoon to explore controversies in liver transplantation. With a rising demand for scarce organs, our panel of experts (drawn from all seven UK centres) will debate common clinical scenarios and highlight the difficult decisions to be made.



*Dr Mark Hudson,
BSG Vice President, Hepatology*

Endoscopy matters

Capacity issues within our endoscopic practices remain a huge daily challenge of course, but nevertheless the endoscopy community continues to drive forward exciting innovations in research, training opportunities and delivering service excellence.

Endoscopy research

- Many congratulations to Colin Rees and colleagues for recruiting more than 3000 patients to the BowelScope Adenoma (B-ADENOMA) study, 9 months ahead of target, with results confirming the benefit of endoscopic attachment devices in improving polyp detection in patients undergoing screening flexible sigmoidoscopy.
- Ongoing colonoscopy research, under the auspices of COLO-SPEED—Colorectal Cancer Screening, Prevention, Endoscopy and Early Diagnosis—a UK wide Colorectal Cancer research collaboration, and led by a BSG/BSGE team, will further develop and deliver research in colorectal cancer. The next workshop to develop ideas and collaboration will be held in March 2018 in Edinburgh.
- BSG research champions network has been advertised, and all research active/interested consultants are warmly invited to join.

BSG annual meeting 4–7 June 2018

- If you are involved in endoscopy, the annual meeting in Liverpool will be the best ever! As well as two endoscopy symposia (focused on challenges in colonoscopy practice, and understanding the increasing impact and role of endoscopy in obesity medicine), the endoscopy village will provide 2 days of expert faculty-led hands-on training in a wide range of endoscopic techniques, from colonoscopy to stenting and fistula closure. Feedback last year was fantastic, so demand will be high. Sign up to the annual meeting ASAP. The BSG Live Endoscopy day on 7 June will involve the best endoscopists in the UK demonstrating and discussing how and when to perform both common and complex endoscopic techniques.

Delivering service excellence

- The Endoscopy Quality Improvement Programme (EQIP) is gathering pace, with a number of regional meetings to date focused on ERCP, aimed at discussing and agreeing practice bundles to facilitate effective regional

working and to help all ERCPists achieve the required KPIs. A meeting of regional EQIP leads will be held in Glasgow in February, coordinated by John Morris, with the aim of agreeing a care bundle for acute upper GI bleeding.

- The success of the bowel cancer screening programme is beyond doubt, and ongoing discussion centres on the future needs and optimal delivery of this outstanding service. Further guideline revision for adenoma surveillance is underway, but all units need to take account of recent interim JAG/BSG advice on surveillance interval, including 'no surveillance' option for low risk patients.
- The National Endoscopy Database (NED) is developing fast, with most reporting systems now compliant and up and running. The deadline for having NED compliant reporting systems in our units in April 2018. This will be an invaluable system for quality assurance and patient centred research, with centralised data collected on more than 2.5 million endoscopies a year!

BSG Endoscopy Live, March 2019

- A year away but building on the success of BSG EndoLive 2017 (the largest live endoscopy meeting ever held in the UK), the 2019 will be better still! Applications have been invited to be one of the two live UK endoscopy sites, to demonstrate the very best in diagnostic and advanced therapeutic endoscopy. This will be the event of 2019 to observe, discuss and debate all approaches to delivering outstanding endoscopic care—watch this space!



*Dr George Webster,
BSG Vice President, Endoscopy*

continued on page 4

continued from page 2

Applications for BSG President (2020–2022) and President Elect (2018–2020)

Applications are now open for the role of BSG President, from June 2020 to June 2022, succeeding Dr Cathryn Edwards. The successful candidate will first serve as President Elect, from June 2018 to June 2020. The President Elect is a member of a number of the BSG's key committees (executive, council and education) and is a member of the BSG's board of trustees. During this period, the President Elect also chairs the Joint Specialty Committee for Gastroenterology of the Royal College of Physicians (RCP) and attends the RCP Medical Specialties Board.

This is the principal leadership role in the BSG with 2 years of close involvement in the Society's activities and decision making before the role commences as President. There is a wide range of responsibilities, including as chair of the board of trustees, council and the executive committee. For informal

discussions and questions about the role, please email r.gardner@bsg.org.uk / President@bsg.org.uk. There is a 4 year total commitment to the role, with fairly frequent attendance required at committee meetings and regular interaction with the CEO and secretariat team.

Please send a brief CV (2 pages maximum) and a statement of application, detailing why you would like to be appointed to the role, to Richard Gardner (r.gardner@bsg.org.uk). Applications will close at 5pm on 2 April 2018. Interviews by a panel of officers, council members and trustees will take place in mid-May 2018 (exact date to be confirmed). Further information and a job description are available on the BSG website (<https://www.bsg.org.uk/job-listing.html>).

Applications for BSG Hepatology Vice President (2018–2020)

Applications are now open for the role of BSG Hepatology Vice President, succeeding Dr Mark Hudson. A 2 year appointment, the Hepatology Vice President is a member of the BSG's key committees (executive and council; liver section) and is a member of the BSG's board of trustees for the second year of their term.

This is the principal leadership role for the hepatology interested community of BSG, and a key support role to the President on key matters and decisions in this important part of our specialty. The role must also lead BSG engagement and interaction with partner societies, such as BASL and EASL. For informal discussions and questions about the role, please email President@bsg.org.uk or

r.gardner@bsg.org.uk. There is a 2 year total commitment to the role with fairly frequent attendance required at committee meetings. By convention, the Vice Presidents for Hepatology and Endoscopy serve as trustees on alternate years.

Please send a brief CV (2 pages maximum) and a statement of application, detailing why you would like to be appointed to the role, to Richard Gardner (r.gardner@bsg.org.uk). Applications will close at 5pm on 2 April 2018. Interviews by a panel of officers, council members and trustees will take place in mid-May 2018 (exact date to be confirmed). Further information and a job description are available on the BSG website (<https://www.bsg.org.uk/job-listing.html>).

Applications for BSG Treasurer (2018–2023)

Applications are now open for the role of BSG Treasurer, from June 2018 to June 2023, succeeding Dr Duncan Loft. The successful candidate will serve in the role for a 5 year term, from June 2018 to June 2023. The Treasurer is a member of the BSG's key committees (executive and council) and is a member of the BSG's board of trustees, chairing the Investment Sub-Committee of Trustees. The Treasurer also sits on the BSG/BMJ Journals Management Committee.

This is one of the principal leadership and governance roles in the BSG, with 5 years of close involvement in the Society's activities and decision making, with a particular focus on financial and investment matters. For informal

discussions and questions about the role, please email r.gardner@bsg.org.uk / President@bsg.org.uk. The role requires fairly frequent attendance at committee meetings.

Please send a brief CV (2 pages maximum) and a statement of application, detailing why you would like to be appointed to the role, to Richard Gardner (r.gardner@bsg.org.uk). Applications will close at 5pm on 2 April 2018. Interviews by a panel of officers, council members and trustees will take place in mid-May 2018 (exact date to be confirmed). Further information and a job description are available on the BSG website (<https://www.bsg.org.uk/job-listing.html>).

New membership site launched

On the back of the success of the introduction of the new website in December last year, the BSG rolled out the new members' area at the end of February.

Members still get the benefits they enjoy now, including links to Gut and website content provided by other gastroenterology related journals. The new system, however, is more responsive to individual members' needs.

The improved interface means members can manage their personal details online, including changing login, password and important information relating to their subscriptions using the online direct debit service. They can also publish other data about themselves (eg, clinical specialist interest/research interests to the wider world).

Members can customise content according to their specific sub-specialty interests and membership categories, and over time receive information

tailored to their needs, whether it's a newsletter about their specialty, a meeting taking place in their area or changing a section of which they wish to be a member.

News items and discussion forums are available under specific areas of interest, reflecting sections/committees/membership level and geographical area in which they practice. It is hoped that the improved members directory will encourage discussion and networking among peers.

Members can still put themselves forward for officer roles when the posts become vacant and vote in elections using a single transferable vote system.

Members are encouraged to leave feedback on the new website or members area by visiting the website <https://www.bsg.org.uk/feedback.html>

BSG annual scientific meeting, Liverpool 4–7 June 2018

The BSG annual scientific meeting will be held this year at the Liverpool ACC, 5–7 June, with a GI masterclass on Monday 4 June. This has been a very popular venue previously, with plenty of nearby reasonably priced accommodation. In 2017, 85% of delegates thought the conference was good value for money. For this year we have held registration fees for almost everyone, with only some very slight increases for those who register late.

The conference website, with programme and registration details, is now open and an interactive App will be launched in April. Please visit <http://www.bsg2018.org/> for details. Some key future deadlines:

- End of early bird registration: Friday 2 March
- Abstract notification: Friday 13 April
- End of early bird registration for abstract authors: Monday 23 April

Programme

The programme includes an excellent balance of free paper sessions, state of the art lectures, clinical updates and debates. There will be a mixture of basic science and clinical gastroenterology and hepatology, as well as six symposia with a nurse led focus. There will be a total of 53 symposia, as well as a day of live endoscopy from Aintree University Hospital (Thursday 7 June) with a theme of 'delivering excellence in endoscopy'.

There will be about 70 original abstracts presented orally across the conference and over 100 presented as posters each day. The best 10 posters each day will be presented solely as E-posters.

On Monday 4 June, at the GI masterclass 'What to do when the evidence is unclear', 12 national and international experts will give presentations across a broad range of GI, liver and endoscopy topics. The day will be filmed, with presentations appearing later on the BSG website, and we also aim to produce 3–4 minute summary videos, VLOGs, which will be shown during the conference.

Like last year, we have tried to make it easier for those who can only attend 1 or 2 days. IBD topics will be focused on Tuesday and Wednesday, and liver symposia on Wednesday and Thursday. As before, we have a joint symposium with BAPEN, and this year, for the first time, one with Cancer Research UK. We will have reports from EASL, UEGW and ECCO conferences, and the editors of Gut, Frontline Gastroenterology and BMJ Open Gastroenterology will present their top picks of the year.

The science masterclass day will also be Thursday 7 June, with an outstanding programme: 'diet, digestion, health and disease'. This will be of equal benefit to both scientists and clinicians with an interest in all aspects of nutrition.

Prizes

There is a plethora of prizes at the conference, with three top prizes for best abstracts in basic science (£350), patient benefit (£250) and clinical science (£200), awarded by our three journals. There are also prizes within all categories for the best oral presentation (£250), and each day in each category there is a best poster award (£100). The trainee section also awards prizes for young gastroenterologist of the year—emerging leader, young gastroenterologist of the year—clinical and translational science, and the Alistair McIntyre Prize for improving gastroenterology training.

Social programme

There will be a welcome reception in the exhibition area on Monday 4 June at 5.30pm, immediately after the trainee section symposium about the future of gastroenterology. This will be followed by a production of Guttled, a one woman show which has been very well reviewed—Liz Richardson will give some insights (often funny) into the realities of living with IBD. The conference party is on the evening of Tuesday 5 June, organised by the trainee section—this never disappoints!

Sponsorship and the endoscopy village

The BSG is very pleased to work with colleagues across industry to help facilitate the annual conference through sponsorship. There will be a series of breakfast, lunchtime and evening industry sponsored symposia, outside of the main programme hours. In addition, we are delighted to continue with the endoscopy village; this will be within the main exhibition area and will allow 1:1 hands-on training in different aspects of endoscopy with expert BSG trainers. Please book through the conference registration site to avoid disappointment!

Dr Nick Thompson, Senior Secretary



Guidelines on the management of abnormal liver blood tests

These updated guidelines on the management of abnormal liver blood tests have been commissioned by the Clinical Services and Standards Committee (CSSC) of the BSG, under the auspices of the liver section of the BSG. The original guidelines, which this document supersedes, were written in 2000 and have undergone extensive revision by members of the Guidelines Development Group (GDG). The GDG comprises representatives from patient/carer groups (British Liver Trust, Liver4life, PBC Foundation and PSC Support), elected members of the BSG liver section (including representatives from Scotland and Wales), BASL, Specialist Advisory Committee in Clinical Biochemistry/Royal College of Pathology and Association for Clinical Biochemistry, British Society of Paediatric Gastroenterology, Hepatology and Nutrition (BSPGHAN), Public Health England (implementation and screening), Royal College of General Practice, British Society of Gastrointestinal and Abdominal Radiologists (BSGAR) and Society of Acute Medicine. The quality of evidence and grading of recommendations was appraised using the Appraisal of Guidelines for Research and

Evaluation (AGREE II) tool. These guidelines deal specifically with the management of abnormal liver blood tests in children and adults in both primary and secondary care under the following subheadings:

- What constitutes an abnormal liver blood test?
- What constitutes a standard liver blood test panel?
- When should liver blood tests be checked?
- Does the extent and duration of abnormal liver blood tests determine subsequent investigation?
- Response to abnormal liver blood tests.

They are not designed to deal with the management of the underlying liver disease (<https://www.bsg.org.uk/resource/guidelines-on-the-management-of-abnormal-liver-blood-tests.html>).

UK guidelines on oesophageal dilatation in clinical practice

These are updated guidelines which supersede the original version published in 2004. This work has been endorsed by the Clinical Services and Standards Committee (CSSC) of the BSG, under the auspices of the oesophageal section of the BSG. The original guidelines have undergone extensive revision by the 16 members of the Guideline Development Group (GDG), with representation from individuals across all relevant disciplines, including the Heartburn Cancer UK charity, a nursing representative and a patient representative. The methodological rigour and transparency of the guideline development processes were appraised using the revised Appraisal of Guidelines for Research and Evaluation (AGREE II) tool.

Dilatation of the oesophagus is a relatively high risk intervention, and there are an increasing range of disease states that require it. Moreover, there is scarcity of evidence in the literature to guide clinicians on how to safely

perform this procedure. These guidelines deal specifically with the dilatation procedure using balloon or bougie devices as a primary treatment strategy for non-malignant narrowing of the oesophagus. The use of stents is outside the remit of this paper but in case of dilatation failure, alternative techniques—including stents—are listed.

The guideline is divided into the following subheadings: (1) patient preparation; (2) the dilatation procedure; (3) aftercare; and (4) disease specific considerations. A systematic literature search was performed. The Grading of Recommendations Assessment, Development and Evaluation (GRADE) tool was used to evaluate the quality of evidence and decide on the strength of the recommendations made (<https://www.bsg.org.uk/resource/uk-guidelines-on-oesophageal-dilatation-in-clinical-practice.html>).

The BSG quality improvement (QI) programme

Some of you (and your patients) may have asked the question; “what does a good gastroenterology service look like?” Surprisingly, there is no such quality framework available, even though we are familiar with endoscopy quality frameworks, such as GRS//AG. One of the aims of the BSG quality improvement programme is to come up with a quality framework to answer this question. The standards should be achievable by a small district general hospital unit. This framework will be a starting point to empower gastroenterology services to improve their services for patients.

Healthcare providers that achieve quality standards should feel a well deserved sense of satisfaction that patient care has improved, but it is equally hoped that a culture of constant improvement can be instilled through services nationally. Specifically, it is hoped that the framework will enable services to adhere to professional standards of best practice, identify practice which could be improved and perhaps receive independent validation that they satisfy standards of quality. We are very aware of the need to ensure that the time involved for teams to provide evidence is not too burdensome or an interference with good clinical care.

We had quality improvement drop in sessions on the BSG stand at the BSG meeting in Manchester in June 2017. There was some interest, with colleagues dropping in to meet informally and be updated about the BSG quality improvement programme.

A BSG and Royal College of Physicians (RCP) focus group meeting was held at the College on 5 October 2017. Attendees included BSG regional reps, chairs of

the IBD and nutrition sections, John Dean (QI lead of the RCP), Bev Oates (GI lead of Getting it Right First Time/GIRFT), Improving Quality in Liver Services (IQILS) leads, Crohn's and Colitis UK and interested clinicians.

Action plans that arose from the meeting included the following themes: the focus should be on encouraging a culture of continuing improvement; drivers might include accreditation in the future, cost and commissioning benefit; develop a quality framework that should be simple and for pilot sites to test; the RCP has a supportive role—for example, support leadership development, exploring regional offers for senior doctors in training to support QI projects and report on first wave on IBD collaborative project.

A task and finish group involving key stakeholders will be meeting to agree on a set of quality domains, standards and measures that will define what a good gastroenterology service should look like. The hope is that this framework will be ready for testing by pilot sites throughout the UK this summer. If you are interested in being a pilot site or would like to have more details on the QI programme or have any comments, please get in touch with me (tctham1234@gmail.com). We would love to hear from you.

Dr Tony Tham, BSG Quality Improvement Lead and Deputy Chair, BSG Clinical Services and Standards Committee

What's a nice girl like you doing in this job?

With advancing years, this common question, often from an anxious patient undergoing a rectal examination, has ambiguously changed to “whatever led you into this area?”. I still haven't thought of the right answer. I usually muddle through with vague comments about enjoying practical procedures, lots of young healthy patients and interesting challenges, but the truth is that after 20 years as a consultant I don't really remember. One thing I am sure about is that it was a hugely fortunate choice and I have no regrets, even though I will never be a professor, write a textbook or be awarded a 'national platinum'.

I realised early on that I wanted to combine lots of children with a career in a branch of hospital medicine, and gastroenterology was a very appealing area. Taking a patient from a parlous state through endoscopy and rapid recovery with effective treatment was, and still is, hugely rewarding. Perhaps I have a short attention span, but our patients do often get better quickly, and gastroenterologists are a very friendly bunch, so asking advice is easy.

I have written previously about how the arrival of children, and caring responsibilities, risked derailing my career. But gastroenterology is a shortage specialty and well suited to sessional work, both of which allowed me to change my working pattern several times, both as a trainee and a consultant. Memorably, and embarrassingly, there were times when I had to acknowledge that I simply could not manage the combination of sleepless nights as consultant 'on' for general internal medicine with raising a child with special needs. But by coming up with options and presenting them to our medical director, a workable job plan developed, and by 'treading water' professionally for a few years I quickly returned to taking on new professional challenges.

Clinical gastroenterology is an excellent career choice for those who need their career path to be adaptive to the changes in their circumstances. Practical solutions, such as time off the bleeding rota, a chair to sit on when scoping during pregnancy, a post where the conference circuit is non-essential and within a friendly department all help when you hit the 'pinch points'.

Sometimes the main barrier is a cultural one, where we feel 'wrong footed' and afraid to ask for what we really need. And unfortunately, some doctors settle for their second choice of specialty or leave the profession because this becomes too difficult. Several times in the past 25 years I have been told I am not 'one of the chaps' for working part time or mentioning that I have other commitments outside of medicine. But once those commitments go into secondary school there is far more time, and the skills you have learnt outside of medicine are eminently transferable.

The past 10 years of your career can be hugely productive (I am now the deputy chair of the BMA Consultants Committee and on BMA Council). An enjoyable career in gastroenterology is a marathon, not a sprint. Take your time and enjoy the specialty.



*Dr Helen Fidler,
Consultant Gastroenterologist*

UEG rising stars

Every year the National Societies Committee and the UEG Scientific Committee jointly select 6–8 emerging clinical scientists as 'rising stars', based on a track record of international quality research and developing scientific independence. This initiative provides a durable platform for these young researchers to further evolve their professional career.

Congratulations to BSG members Adam Donald Farmer and James C Lee, and to all of this year's winners: Jesús M Bañales, Spain; Ricard Farré, Belgium; Alexander Kleger, Germany; Rodrigo Liberal, Portugal; Ilse Rومان, Belgium; and Stan van de Graaf, The Netherlands.



Dr Adam Farmer



Dr James Lee

Gastroenterology Film Festival at BSG 2018

**A Call for Film Festival Submissions - Wednesday
6th June 2018**

**The deadline for film festival submissions is
1st May 2018**

Following last year's success, we are proud to announce that we will be hosting Gastroenterology Film Festival 2018 at this year's BSG meeting in Liverpool.

We would like to invite all medical students, nurses, trainees, clinical fellows and consultants to collaborate and submit short educational films on any gastroenterology/hepatology related topic and take part in this exciting competition.

The winning films shall be awarded and showcased at the BSG trainees symposium on 6th June 2018. All films will be shown in the silent auditorium during the BSG meeting. Suitable film submissions will be archived on our website to benefit the ongoing education of gastroenterologists in the UK and worldwide.

A prize of £300 will be awarded for the best film as judged by our panel of experts and £200 for the most popular film judged by the audience on the day.

Please register your interest at gastrofoamed@gmail.com and visit our website www.gastrofoamed.com

Please share this announcement with your colleagues. We sincerely look forward to seeing you in the audience and on the stage in June.

Tyara Banerjee, Gastro FOAMed Team

Notices

New Appointments

Dr C Puli

*Barking, Havering and Redbridge Hospitals
NHS Trust*

Dr RA Hewett

Cardiff and Vale University Health Board

Dr B Warner

Dartford and Gravesham NHS Trust

Dr I Nasr

Guy's and St Thomas' NHS Foundation Trust

Dr SS Zeki

Guy's and St Thomas' NHS Foundation Trust

Dr VE Sayer

King's College Hospital NHS Foundation Trust

Dr R Sood

Leeds Teaching Hospitals NHS Trust

Dr G Major

Nottingham University Hospitals NHS Trust

Dr A Murino

Royal Free London NHS Foundation Trust

Dr MJ Gibbons

South Eastern Health and Social Care Trust

Dr P Hall

South Eastern Health and Social Care Trust

Dr M Usman-Saeed

*Wirral University Teaching Hospital NHS Foundation
Trust*

Dr P Eddowes

Nottingham University Hospitals NHS Trust



BRITISH SOCIETY OF
GASTROENTEROLOGY

3 St Andrews Place,
Regent's Park, London
NW1 4LB

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Executive Editor: Richard Gardner (r.gardner@bsg.org.uk)

Production Editor: Christopher O'Shea (christopher.oshea@bsg.org.uk)

Howard Ellison (h.ellison@bsg.org.uk)

Marcia McKnight (m.mcknight@bsg.org.uk)