



# bsg News

EVENTS | COMMENT | RESEARCH

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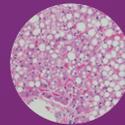
## GET TO KNOW THE SOCIETY STRUCTURE

Andy Veitch writes his first piece for the magazine as BSG President



## MESSAGE FROM THE PRESIDENT ELECT

Colin Rees asks the important questions in gastroenterology



## THE DGH; DEVELOPING GREAT HEPATOLOGY

John Dillon and Coral Hollywood give a Hepatology update



# Message from the BSG President

**It is a great pleasure to be writing my first piece for the BSG Magazine as President. Having been in post now for four months, I have had the opportunity to reflect on what a privilege it is to lead such an organisation.**

I'm also privileged to have taken over leadership when the BSG is in such a good position. Many charities struggled to survive through the pandemic, but the BSG as an organisation is in excellent health financially, and its activities are organised not only by BSG members giving up their time, but by an enthusiastic and very able BSG office team. I owe a great deal to my predecessors for leading the re-organisation, modernisation, and improvements in governance of the Society.

The organisation of the BSG through its committees can, however, be confusing to members, and indeed this confusion has sometimes extended to those working within that committee structure! The BSG staff are there to assist members working within the Society to navigate the system and to work effectively within it. We greatly appreciate the time that our members give as volunteers, working for those committees within the BSG that make the organisation so effective, and indeed so respected nationally and internationally. I personally wish to thank all of you for your essential and excellent contributions at a time when the NHS workforce is under huge pressure.

Our members generally have some knowledge of our sections and higher committees, and may understand that we have a Council to represent the membership, and an Executive to administer the major activities of the organisation. I have been particularly pleased to see the Council highlight the concerns of our members, and to constructively challenge the Executive when required. We also have a Board of Trustees, with which members may be less familiar. As a registered charity, the BSG has to comply with the rules of the Charity Commission. The Board of Trustees, chaired by the President, has to ensure that the Society is compliant with these rules, and fulfils its charitable objectives as a membership organisation for the benefit of patients

with gastrointestinal and liver diseases. While this technical detail of the structure of the organisation may be of only passing interest to most of the membership, I've mentioned it in order to highlight the contribution of the lay trustees on the Board. As someone who has been on the traditional conveyor belt from medical school through career progression in hospital medicine, I have had minimal, if any, experience of business or law and am very grateful to the experience brought to the BSG by our lay trustees. In addition to the 8 trustees from BSG Council, we have 6 lay trustees who are volunteers, and serve for a minimum of 3 years and maximum of 9 years. These lay trustees bring a huge wealth of experience in areas such as law, investment, accountancy, human resources, business practices, and experience from working with other charities. They help guide the governance of the organisation, and the administration and investment of the BSG's finances – a critical role when we are dealing in sums up to millions of pounds! They are also there to guide the President and Executive at times when we are making major business or strategic decisions, and at times when we may face difficult decisions within the organisation itself. In my short time as President, I have relied on the sound advice of all trustees, but wish to extend a special thanks to the lay trustees who bring an extra dimension to the Society.

The "good health" of the organisation is reflected in our latest membership figures – we now have nearly 4000 members, which is the highest number in our history. The BSG has been a great source of support to our members through the pandemic, and I'm sure that this is contributory. Before even applying for the presidency, I was immensely impressed and proud of the leadership and support shown by the BSG from the outset. Beyond this, we have a truly fantastic offering for our membership in all aspects of our activities. We are not



complacent, and constantly look for new and innovative ways to expand our membership offering, and also look to new groups to attract to the benefits and support provided by the BSG. This autumn we have started a new membership category for undergraduates, and we are actively looking to increase membership from Physician Associates and other professionals allied to gastroenterology. Our Web Education programme is an opportunity to increase international membership, and to expand our reach beyond small scale training courses in countries with limited resources.

Our educational offering is a real gem among our wide and varied membership benefits, and I would like to take the opportunity on this occasion to highlight this. The Education Committee is one of our “higher committees”, and the chairs of these committees form part of the Executive Committee. Professor Reena Sidhu chairs the Education Committee, and she has led an enthusiastic and very able team to develop, administer, and deliver a truly impressive and comprehensive educational programme. As mentioned previously, the work of the clinical committee members is backed up by the professional expertise of the BSG office team, without whom none of this would be possible. We have developed a very impressive [web education resource](#) which is a real benefit to members.

[Our webinars](#), having been initially developed to mitigate against the loss of teaching contact time due to pandemic measures, continues to be very popular, with novel and innovative content. These “virtual” offerings fit well with our environmental [sustainability strategy](#), but there is undoubtedly a demand for face-to-face meetings

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**We now have nearly 4000 members, which is the highest number in our history**

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as well – the BSG annual meeting in June had over 2000 registrants, and was a successful and highly appreciated event. Our European colleagues at UEGW delivered an excellent hybrid meeting in October this year with over 10,000 registrants, but 80% opted to attend in person in Vienna. Despite some of the advantages of a virtual offering, there is still a strong desire for human contact, and interaction in person. Hybrid events are currently very expensive to deliver in a truly comprehensive and accessible format. We shall continue to offer both virtual and in-person events, but will evaluate these and try to deliver the appropriate balance for our members. We appreciate the huge workload pressures on our members at present, but ongoing education and professional development is critical, and we shall endeavour to provide a varied and high-quality programme such that all our members can access at least some of this in a way that meets their needs.

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**PROF ANDY VEITCH** BSG President

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### BSG ERCP PROJECT

We are developing a national programme of service quality improvement that will lead to safe, timely, and effective ERCP, compliant with relevant guidance. The survey will go live 8th November and will help us understand current practice.

[Contact us for more information.](#)



### ABSTRACTS OPEN 28TH NOVEMBER

Get your abstracts ready for when the abstract submissions portal opens on 28th November 2022 and close on 31st January 2023.

[Find out more here](#)

# A MESSAGE FROM THE PRESIDENT ELECT

**I am delighted to be taking up the role of BSG President-Elect. It is a hugely challenging but interesting time to be taking on this role. As we come out of the worst of the pandemic, gastroenterology, like the whole of the health service, has massive challenges to address.**



We face backlog pressures, increasing referrals, a cost-of-living crisis, and all of this to be addressed by a workforce that is exhausted from the last few years. However, my 30 years in gastroenterology have taught me that whenever our speciality has needed to address challenges we have done so. Gastroenterologists, GI nurses, and those who work in our teams face challenges and deliver. We have delivered massive changes in how we manage liver disease, GI bleeding, IBD, nutrition, and endoscopy. We have adapted to and welcomed new technologies and ways of working. We have transformed the research landscape, now delivering many of the most significant gastroenterology research studies in the world. The challenges we now face are perhaps tougher than ever, but I have no doubt we are up to them.

I believe that we need to take this opportunity as a speciality to take stock of a lot of what we do and ask the important questions - is it all necessary and benefitting our patients? The pandemic has brought many aspects of GI care into sharp focus and some developments are here to stay, for example remote clinics and a greater emphasis on patient-directed care. I believe we should be challenging the way we deliver care across the board and working smarter, not just running faster. To take the example of my particular field, endoscopy, we need to be delivering endoscopy to those who really need it, not just doing more endoscopy. We should be considering what an individual patient's risk is of a particular diagnosis, using patient factors and biomarkers and determining whether endoscopy is necessary. We should take a similar approach across all disciplines of gastroenterology and hepatology. Some of the evidence is already available but where it is not, we should be supporting research that helps us optimise care in this way.

**“ The challenges we now face are perhaps tougher than ever, but I have no doubt we are up to them ”**

The BSG has played a pivotal role in supporting our members over the years, and I believe that the organisation is now needed more than ever. Having spent more time with the BSG team recently, I have been hugely impressed by the professionalism and dedication of those with member officer roles and those on committees, as well as the brilliant staff team. Supporting our members deliver the best possible patient care is the cornerstone of all the BSG does. Ranging from guidelines to workforce reviews, to research, to education and training, the team are doing superb work in supporting the wider membership. There is now a significant focus on practical support and mentoring, with the [mentoring scheme](#) and webinars covering a diverse range of subjects. We are committed to making the organisation more diverse and, although we are not yet where we want to be, the increased diversity of the BSG is hugely encouraging.

I am keen to make sure the BSG is fit for purpose and responds to what our members need. I will be involved in developing our workforce and equality, diversity, and inclusion strategy, as well as a resource to support and train members in their clinical and non-clinical leadership roles. If you have suggestions on what we could be doing to support you, please get in touch.

**PROF COLIN REES** BSG President Elect



### FOLLOW @RESEARCHBSG

Make sure you follow [@ResearchBSG](#); the twitter feed of the BSG Research Committee, promoting GI and liver in the UK and keeping you up to date with the latest in research.

### CONTRIBUTE TO MEET OUR MEMBERS

Meet our Members is a series of interviews with members to find out about their work, as well as what they value about their membership. [Read our latest interviews here](#) and [get in touch if you would like to contribute](#).

# THE DGH; DEVELOPING GREAT HEPATOLOGY

**We need to talk about the liver! Across the UK, 25% of patients presenting acutely with chronic liver disease are dead within 60 days.**

For 70% of those people, that presentation is the first time anyone knew they had liver disease. The people affected are young; chronic liver disease is nearly the commonest cause of death under the age of 65. In the last 5 decades, the acute mortality of admission has fallen from 50%, and the number of patients with cirrhosis has increased 5-fold. Hidden within these figures are even more disturbing statistics; mortality rates by hospital varying from 16-40%.

Liver disease is influenced by lifestyle and intertwined with social and health inequalities. Those that are socially disadvantaged are affected for multiple reasons, but not least with less provision of services. The last NCEPOD report highlighted the staffing issues of hepatology. Only 28% of hospitals responding had a dedicated hepatologist, of which half were university teaching hospitals, and only half had a liver nurse practitioner. The report highlighted that the key difference in mortality between hospitals was the presence of a self-defined liver interested gastroenterologist/hepatologist reviewing the patient, be that a DGH or a teaching hospital.

The majority of liver disease is managed in DGHs, which is right for people who want to be close to home

**“ The solution to this problem is not simply more hepatologists, the focus must also be on empowering the DGH to enable hepatology provision in every corner of the UK ”**



and family. Therefore, the majority of liver mortality is seen where there are fewer staff to cover the range of responsibilities, from general medicine, endoscopy, gastroenterology, and hepatology.

Training places in hepatology are limited and have supplied the expansion seen in transplant centers. Whilst hepatology ATPs continue to increase, the lack of attractive positions maybe holding back the acquisition of a hepatologist in every hospital. However, training and our specialty name has changed, we are all now “Gastroenterologists and Hepatologists” and we all have the responsibility to improve the current position.

The solution to this problem is not simply more hepatologists, the focus must also be on empowering the DGH to enable hepatology provision in every corner of the UK, to even out the variations in care and growing tide of liver disease coming our way. A start is to open dialogue across DGHs and liver units, to enable them to identify their gaps, opportunities, and solutions. Also, to encourage trusts to make positions in liver medicine more attractive to newly minted hepatologists. Much can be done to improve hospital outcomes by just having someone ‘with an interest’ in liver disease. Are you the liver champion? If not, then who?



**PROF JOHN DILLON**  
Hepatology President



**DR CORAL HOLLYWOOD**  
Hepatology Vice President



# BSG CAMPUS

FREE FOR DELEGATES  
FROM LOW-MIDDLE-  
INCOME COUNTRIES

21 - 24 November 2022

REGISTER AT  
[CAMPUS.BSG.ORG.UK](https://campus.bsg.org.uk)

Catch up on-demand on BSG Campus, which took place online on 21st - 24th November, and earn up to 20 CPD credits. Featuring state-of-the-art lectures, interactive case presentations, and quick-fire talks, Campus is your one-stop-shop for the latest gastroenterology clinical updates and education. Catch up at work, on the go, or in the comfort of your home.

CATCH UP ON-DEMAND





# BSG EDUCATION UPDATE

The [Web Education](#) portal has had a brand-new facelift with sections and categories aligning with sub-specialities displayed alphabetically. The web team are delighted to now provide educational videos in addition to clinical articles, BSG Bite Size and clinical cases with MCQs.

The first of the series published in August 2022; '[Diagnosis and management of drug induced liver injury](#)' presented by Professor Guruprasad Aithal, discusses the diagnosis and assessment of causality of DILI and when to investigate patients with liver biopsy or genetic markers and how to treat this condition. The latest to be released is on '[Nutritional support: what the General Gastroenterologist needs to know](#)' by Dr Clare Donnellan, and reviews key risk areas of nutrition.

Do keep a watch for a new addition of 'Journal Highlights' which provides a succinct review of articles chosen by the web team from high impact journals. Podcasts and endoscopy training videos are on the horizon too. CPD is now available for our new additions to the web platform. Thank you to all our current authors and reviewers for their valuable contributions to the portal.

**“ The much anticipated mentoring platform is now live, with mentors having been asked to create their profiles in preparation for the platform being opened to mentees ”**

Our Web Education Team has also expanded with two new Trainee Online Editors, after Dr Naaventhan Palaniyappan completed his term. We were sad to see him go but we welcome Dr John Ong and Dr Srivathsan Ravindran. Dr Francesca Moroni's term as Associate Web Editor also comes to an end in November 2022 and we are currently recruiting for a replacement.

In other good news, between the BSG and Galapagos, we awarded 25 travel bursaries for BSG LIVE'22. We have updated the criteria for bursaries and apart from a presentation of an abstract or being a co-chair, applicants can also contribute to Web Education in order to qualify. [Do check out an example of a Trainee or nurse led article here.](#) Please [contact us](#) to express an interest in submitting an article and applying for a bursary.

The [much anticipated mentoring platform](#) is now live, with mentors having been asked to create their profiles in preparation for the platform being opened to mentees. Once mentees have created their profiles, the matching will begin. We have begun developmental training workshops with mentors, with more training being offered this autumn.



**PROF REENA SIDHU**  
Education Chair

# BSG CLINICAL SERVICES AND STANDARDS UPDATE

**I am Dr Bernard Brett; chair of the Clinical Services and Standards Committee (CSSC), having taken over from Dr Andy Douds in June. I would firstly like to thank Andy for all his hard work and contribution to the CSSC, Dr Rupert Ransford for all he achieved in overseeing the BSG Guidelines work, and Dr Charlotte Rutter the outgoing workforce for all her input over many years.**

The CSSC undertakes a wide range of activity for its members, patients, the NHS across the four Nations, and for gastroenterologists internationally. This includes producing the BSG Guidelines, the production of BSG Guidance, the development of the Quality Standards Framework, overseeing the work of the BSG workforce advisory group, the development of the workforce report and strategy, working with partner organisations for key audits such as the recent [national upper GI bleed audit](#), supporting external reviews such as the RCP Invited Service Review process, engaging in an active two-way dialogue with the BSG membership in the regions, across the four Nations and with our international membership, and working with partner organisations such as the Royal College of Physicians, BASL, BAPEN, and IBD UK.

My colleagues Perminder Phull and Rachel Morris provide updates on the work of their teams in the following articles. This includes some exciting developments such as the launch of the Quality Standards Framework and the ongoing work on guidelines with the planned development of a BSG

**“ The engagement with members through the Regional Representatives has helped highlight the need for a focus on workforce and pressures on the front line ”**

Guidelines app to support members in accessing information during their busy clinical lives. Shairoz Samji has recently taken over as the BSG Workforce Lead and is responsible for producing the workforce report and chairing the BSG advisory group.

The engagement with members through the Regional Representatives has helped highlight the need for a focus on workforce and pressures on the front line. We are commencing a series of regional road shows to improve engagement of members with the BSG senior team and no doubt frontline pressures will be one of the key issues that will be covered. The workforce advisory group is working on a workforce strategy to help tackle the ever-increasing demand and to support members in looking to develop solutions – the BSG takes this issue very seriously.

We will continue to provide key updates for our members during conferences and online. If these articles stimulate your interest, please consider getting involved as we regularly recruit Regional Representatives and deputies. We are recruiting pilot sites for the Quality Standards Framework and exploring the possibility of recruiting a team of recognised clinical experts to support partner organisations with external reviews and case note reviews.



**DR BERNARD BRETT**  
CSSC Chair

## 2023 BSG AWARDS OPEN THIS MONTH

Next year's awards will open on 25th November 2022 and close on 17th February 2023. Celebrate your accomplishments and apply for an award. [here](#).



## CHECK OUT OUR WEB EDUCATION

Keep up to date with state-of-the-art education knowledge with [Web Education](#); featuring expert-written articles, case-based discussions, career-focused top tips, and now also video presentations.



# BSG GUIDELINES UPDATE

It is a great honour to be able to present my first BSG Guidelines update, having taken over the role of Guidelines Lead & Gut Associate Editor in June this year. First and foremost, I would like to thank my predecessor Dr Rupert Ransford for the tremendous work that he has done over the past 4 years for the BSG and CSSC; he will be a hard act to follow! I would also like to thank Rupert for the personal support that he has given me during the handover period.

BSG LIVE'22 was a huge success, and there was a packed hall for the CSSC Guidelines symposium. Three guidelines were presented, all of which will have a significant impact on clinical practice: [Functional Dyspepsia](#), [Management of Eosinophilic Oesophagitis](#), and the [Joint BSG ACPGBI FIT Guidelines](#).

I am pleased to report that '[Green Endoscopy: BSG, JAG and Centre for Sustainable Health joint consensus on practical measures for environmental sustainability in endoscopy](#)' has been accepted for publication in Gut. This is a really

**“ Work is now underway for the development of a BSG Guidelines App which will make the whole library of BSG Guidelines and Guidance readily available**



important piece of work; congratulations to Prof. Shaji Sebastian and his co-authors for producing this guidance which has a potentially national and international impact.

Two other guidelines have been endorsed and submitted for publication: 'BSG Guidelines for the management of Hepatocellular carcinoma in adults', and 'Genomic diagnosis and care co-ordination for monogenic inflammatory bowel disease in children and adults: Consensus guideline on behalf of the BSG and British Society of Paediatric Gastroenterology, Hepatology and Nutrition.

Finally, work is now underway for the development of a BSG Guidelines App which will make the whole library of BSG Guidelines and Guidance readily available wherever and whenever.



**DR PERMINDER PHULL**  
Guidelines Lead

# QUALITY STANDARDS FRAMEWORK

**Demands on clinical gastroenterology are ever increasing as we deal with the backlog from COVID-19 recovery and the competing demand of acute medicine. Perhaps now more than ever, we need to ensure that clinical standards are maintained, and service delivery is safe and efficient.**

The BSG's Quality Standards Framework (QSF) is a simple set of outcome and service standards that have been developed in line with current specialist guidance and best practice by leading senior specialists from around the UK. The objective is to provide a measurement framework and to maximise awareness and understanding of what a high-quality service looks like; importantly, it does not rely on new data collection or additional audits, and can be readily completed by local multidisciplinary gastroenterology teams.

As part of QSF development, other standard frameworks in our specialties have been consulted to ensure that the QSF fits with their plans and ambitions and avoids reiterating existing work. This includes the Endoscopy Global Rating Scale (GRS) and Improving Quality in Liver Services (IQILS).

The QSF was tested in a pre-pilot phase in early 2022 and feedback from that, with subsequent consultation, has informed the current full pilot phase. We are delighted to extend the opportunity to you and your multidisciplinary service to take part as a team.

Participating in the pilot involves completing the set of online QSF survey questions which draw on information that teams should already have to hand. This is best achieved as a discussion exercise between clinical and

**“ The objective is to provide a measurement framework and to maximise awareness and understanding of what a high-quality service looks like’ and make it a bit bigger**

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non-clinical staff, so existing governance meetings would be an ideal forum. The BSG Clinical Service and Standards Committee (CSSC) will host induction webinars offering guidance and the opportunity to clarify initial queries for all participating pilot site teams. To help facilitate the pilot, individual sites will be offered some financial support for administration, and networking events with fellow pilot sites will supplement project team support and online resources.



It is expected that the results of the QSF would form the basis for Trust quality improvement plans in their gastroenterology services. Ultimately, the BSG, via the CSSC, will help facilitate this by providing gastroenterology units with resources and exemplars that draw on successful service development projects sponsored by the CSSC.

In the longer term, there is an ambition to create a QSF Fellowship which will highlight and champion ongoing QSF development, as well as offering enduring service support across the UK and potentially further afield.

Please do share this information widely. All interested volunteers will be welcomed and considered for inclusion in the pilot cohort, subject to approval by local Medical Directors and/or Trust Boards.

A dedicated [QSF pilot mailbox](#) is available for volunteer teams and we would be delighted to hear from you.



**DR RACHEL MORRIS**

Quality Standards Framework Lead

# THE BEGINNING OF A JOURNEY

**“When you reach out to those in need, do not be surprised if the essential meaning of something occurs.” — Stephen Richards**

Part of my journey towards becoming the BSG International Secretary involved planning a trip to Uganda to set up an endoscopy service. My motivation was to help in whatever way I could, but also to learn from the experience of travelling with other team members to a country I had never visited. This, my first international visit, opened my eyes to the levels of need beyond which I had seen before, to the resilience of those working in low-middle income countries (LMICs), and how this held a mirror to my experience of being a gastroenterologist in the UK. It emphasised the many shared benefits of true international collaboration.

The BSG International Grants Awards continue to support teams who wish to support education, service improvement, or research within gastroenterology – the main pillars of the [BSG International Strategy](#). The call for 2023-2024 awards has now closed, with the scope of projects being broader than previous years, and projects showing a sustainable partnership or defined improvement goal will be selected shortly.

Listening to the voices of global partners and understanding their needs is key. It was only when I actually stood in the building that was to become the Endoscopy Theatre in Mbale Hospital that I could fully appreciate the context of their practice. Since the

**“ BSG International Committee uses such real-world perspectives to inform how we approach issues of education, sustainability, environmental responsibility, and ethical approaches to global partnerships. ”**

COVID-19 pandemic, virtual teaching platforms have proven increasingly important to the development of virtual global health partnership initiatives. Global partners are keen for us to understand what works for them, how valuable access to high quality educational materials and clinical guidance is to their practice, but they also highlight the disparity in their [‘LMIC network connectivity.’](#)

The BSG International Committee uses such real-world perspectives to inform how we approach issues of education, sustainability, environmental responsibility, and ethical approaches to global partnerships. The BSG has a lot to give. In addition to rigorously developed BSG Guidance documents, structured training programmes, and quality improvement methodology that supports high quality clinical services, our strength as a Society rests in the expertise of our members. We want to keep BSG members informed and inspire them to become more involved in our international work.

Plans are underway to host an International ‘Grand Rounds’ series with international speakers providing talks on content related to the [Specialty Certificate Examinations](#), including recorded panel discussions, set to be launched in early 2023. Meanwhile, we continue to work in collaboration with the Royal College of Physicians to look at how their global network can assist in helping the BSG advance GI and Hepatology specialty training, and to highlight grant and funding opportunities for BSG members for international work. We hope you will continue to follow our journey.



**DR NEIL HAWKES**  
International Chair



# BSG LIVE'23

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19 - 22 JUNE  
ACC, LIVERPOOL

# SAVE THE DATE





**A BSG International funded project undertaken by Prof Mark McAlindon and Dr Priya Oka to establish links between Endo-Kapszula Maganorvosi Centrum in Szekesferhervar, Hungary and Sheffield Teaching Hospitals NHS Trust.**



## **BRITISH SOCIETY OF GASTROENTEROLOGY**

The BSG is an organisation focused on the promotion of gastroenterology and hepatology within the United Kingdom. It has over three thousand members drawn from the ranks of physicians, surgeons, pathologists, radiologists, scientists, nurses, dietitians, and others interested in the field.

### **CONTACT**

✉ [membership@bsg.org.uk](mailto:membership@bsg.org.uk)

☎ +44 (0) 207 935 3150

🌐 [www.bsg.org.uk](http://www.bsg.org.uk)

3 St Andrews Place, London NW1 4LB

Company No. 8124892 Charity No. 1149074