

The British Society of Gastroenterology Member Research Presentation



BSG Member Research: A look at the objectives

Understand members' current experiences as professionals in a gastroenterologically-related discipline, their expectations for the profession and their careers. **Measure reasons for joining the BSG, and routes to engagement and retention.** Assess **attitudes to the BSG, the value placed on membership and the member offer** (including benefits and services).

01

Understand the **professional experiences of members** across different roles, workplace types and locations.

02

Establish **reasons for joining and remaining with the BSG** (across different membership grades, locations, and job roles).

03

Explore the **perceived role and image of the BSG** and its relevance to members.

04

Understand **member engagement with the BSG**, including awareness of, and satisfaction with current member benefits and the BSG's activities and services.

05

Understand the **support required by different types of members**, for example across career stage, profession, etc.

06

Understand the **role of the BSG's professional voice**.

07

Assess the competitive landscape and how members perceive the BSG in comparison to competitor organisations.

08

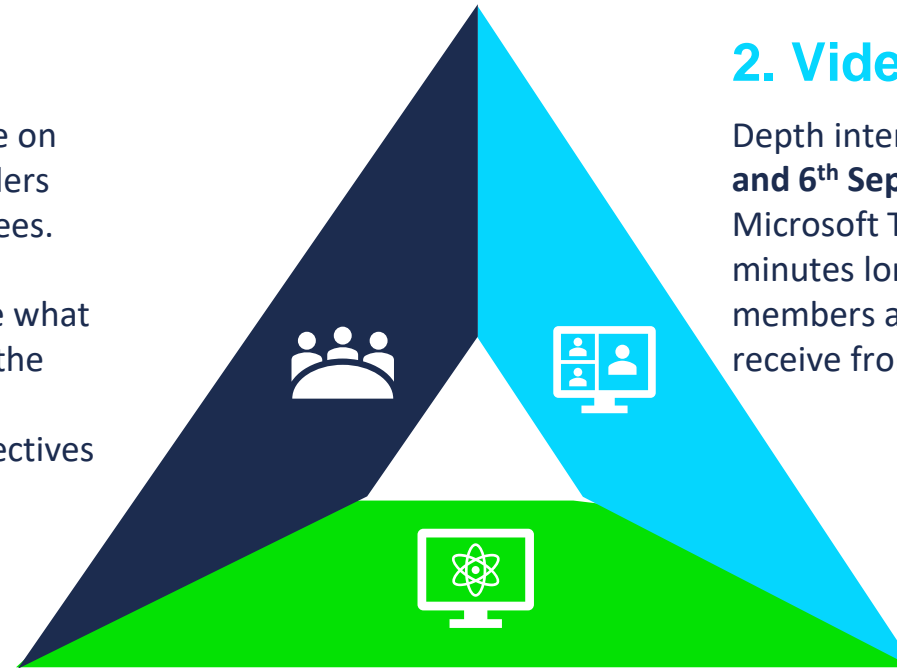
Understand **member perceptions of non-member views** and why they do not join the BSG.

Methodology: Using a three stage approach

1. Workshop

An initial commission workshop took place on **30th May 2022** with key internal stakeholders from the BSG, across a variety of committees.

The workshop was used to further explore what was needed from the research, to inform the online survey and discussion guides for interviews, and to refine the research objectives and identify key themes to be explored.



2. Video depth interviews

Depth interviews took place **between 4th August and 6th September 2022** with 28 BSG members via Microsoft Teams. These interviews were 45 minutes long and sought to reach a broad range of members and fully understand the value they receive from their membership.

3. Online survey

Members of the British Society of Gastroenterology were invited to take part in a 10 to 15 minute online survey. The BSG provided a database for this survey. The survey received 387 responses, providing an overall response rate of 12%.

Interviews with 28 members took place in the later half of 2022, with the findings used to help inform and develop a question set for the online survey.

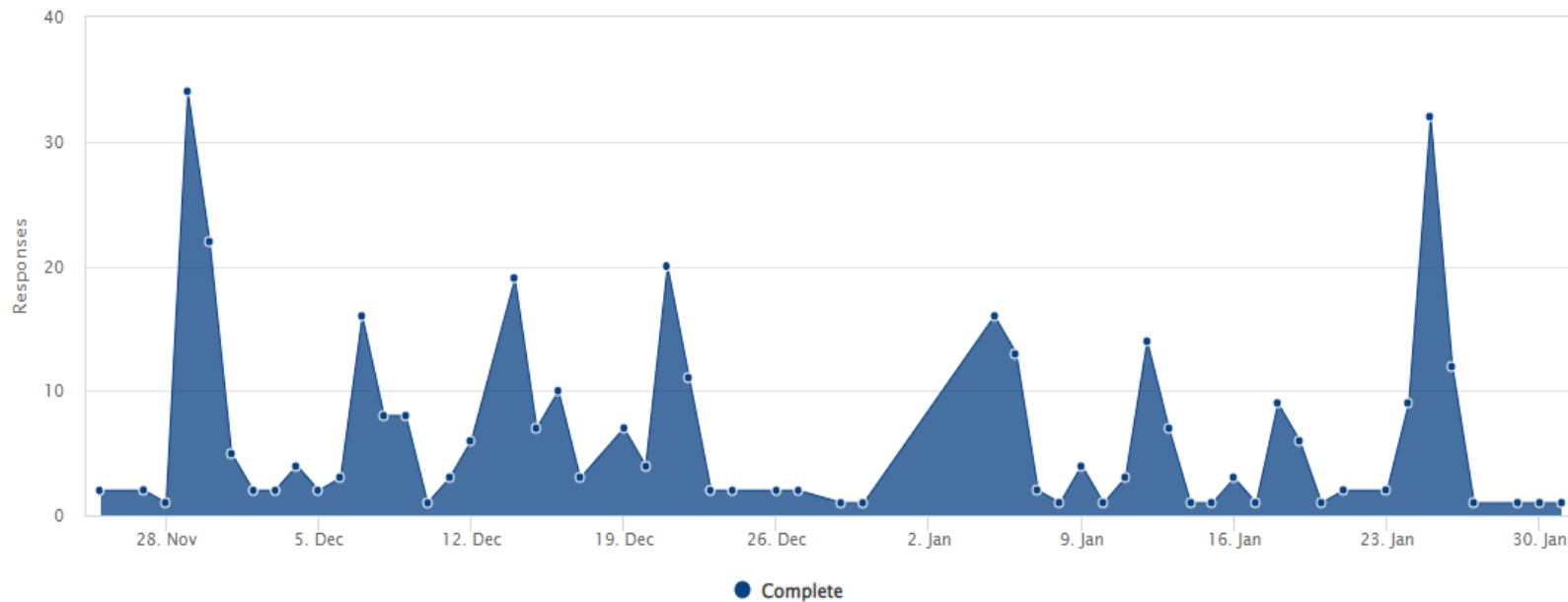
15	Consultants
5	AHP Members
5	Nurses
2	International
1	Trainee

- Interviews were undertaken with 28 BSG members across **5 broad membership categories** via MS Teams.
- Interviews ran between **4th August to 6th September 2022**.
- Each interview ran for approx. **45 minutes** and subjects such as the **challenges facing the profession, perceptions of the BSG**, and the **support they require** were all discussed.

Background to the online quantitative survey.

- The survey was launched on the **25th November 2022** and it was live until the **31st January 2023**.
- A total of 8 emails (one initial invite email and 7 reminders) were sent out to members if they had not completed the survey.

Timeline



- The survey achieved a total of **387 responses** from members (349 full responses and 38 partials).
- The number of members on the BSG database who received an email* from RbD totalled **3,262** providing an **overall response rate of 12%**.
- The data was **weighted on Membership Grade**.

*This number excludes those who unsubscribed from the mailing or whose email address was no longer valid.

Analysis by the BSG Membership Grade.

Due to the small number of respondents from some membership grades within the BSG, the report focuses on **Trainees, Nurses, and Consultants.**

BSG Membership Grade	Unweighted count
Taster Purchased (Sample size too small to report on in isolation)	12
Trainee Purchased	53
Nurse 5 Purchased	7
Nurse 6 Purchased	56
Consultant 6 Purchased	23
Consultant 7 Purchased	195
AHP AGIP PA 6 Purchased (Sample size too small to report on in isolation)	14
Medically Qualified NCCG and General Practitioner Membership (Sample size too small to report on in isolation)	8
International Purchased (Sample size too small to report on in isolation)	11
Senior Purchased (Sample size too small to report on in isolation)	8

BSG Membership Grade	Unweighted count
Trainee	53
Nurse	63
Consultant	218

Making comparisons with the RbD Benchmark Database.

Research by Design over the years has worked with numerous membership organisations within the healthcare sector. These include Royal Colleges and medical societies and institutions. Where we have asked consistent questions, we are able to compare the BSG's performance to that of the wider sector.

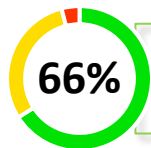
Benchmark Questions	Total Number of Responses
How do you rate the BSG as a membership organisation, using a scale of 1 to 5, where 1 is very poor and 5 is excellent?	18,657
How likely are you to recommend membership of the BSG to colleagues and peers? [NPS Question]	39,327
How do you rate membership of the BSG in terms of value for money?	26,993

Executive summary: Providing strong guidelines, educational resources and ensuring a membership offering that retains a high quality focus on improving the profession will be key to continued favourable perceptions.

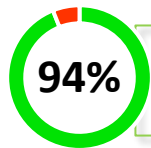
Overall results for the BSG are positive.

The BSG is viewed positively by members, and clearly outperforms all three benchmark data points (overall rating, value for money and likelihood to recommend). Critical to this are the guidelines, educational resources and networking events the BSG provides.

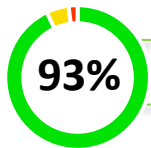
Members are likely to describe the BSG as educational (69%), professional (55%) and respected (50%) and feel the BSG does a good job promoting ED&I within the organisation and wider profession. Being part of the professional body promoting gastroenterology and hepatology is one of the key drivers for joining and remaining with the BSG.



...rate the BSG positively and just 4% negatively



...say the BSG delivers excellent clinical policies and guidelines

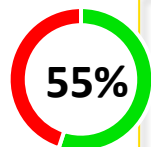


...are likely to renew their membership

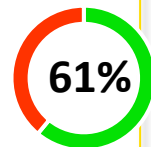
Members are struggling in several key areas.

Members are facing an excessive clinical workload which is not only impacting their work-life balance, but which is also hindering their professional development. More than half (52%) identify struggles in balancing their work and personal life.

Members don't want the BSG to spread itself too thin with a focus on championing and impacting the profession desired, since this will ultimately have a positive impact at individual member level.



...say excessive workload is one of the biggest challenges facing the profession



...feel setting standards through clinical guidelines should be a main priority for the BSG in the future

The BSG can share and pool resources with others. Nurses need to feel fully included.

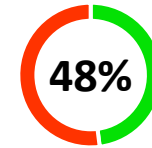
Members value the educational resources and the guidelines, and they feel the BSG does well in these areas. Improving the BSG's lobbying / ability to influence is one area where improvements could be made.

Whilst member engagement is largely positive, nurses are less engaged and feel the BSG needs to invite them to be a part of the Society, raising overall awareness of the BSG and its offer.

Some areas exist firmly within the BSG's remit such as supporting research, networking and providing guidelines / training. In areas like wellbeing support and lobbying, partnering with others such as the BMA, RCP and RCN could provide a stronger offer.



...would typically turn to the BSG for providing clinical guidelines



...of Nurses feel they could get more from the BSG

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02	Perceptions of the BSG
03	Equality, diversity and inclusion
04	Engagement with the BSG
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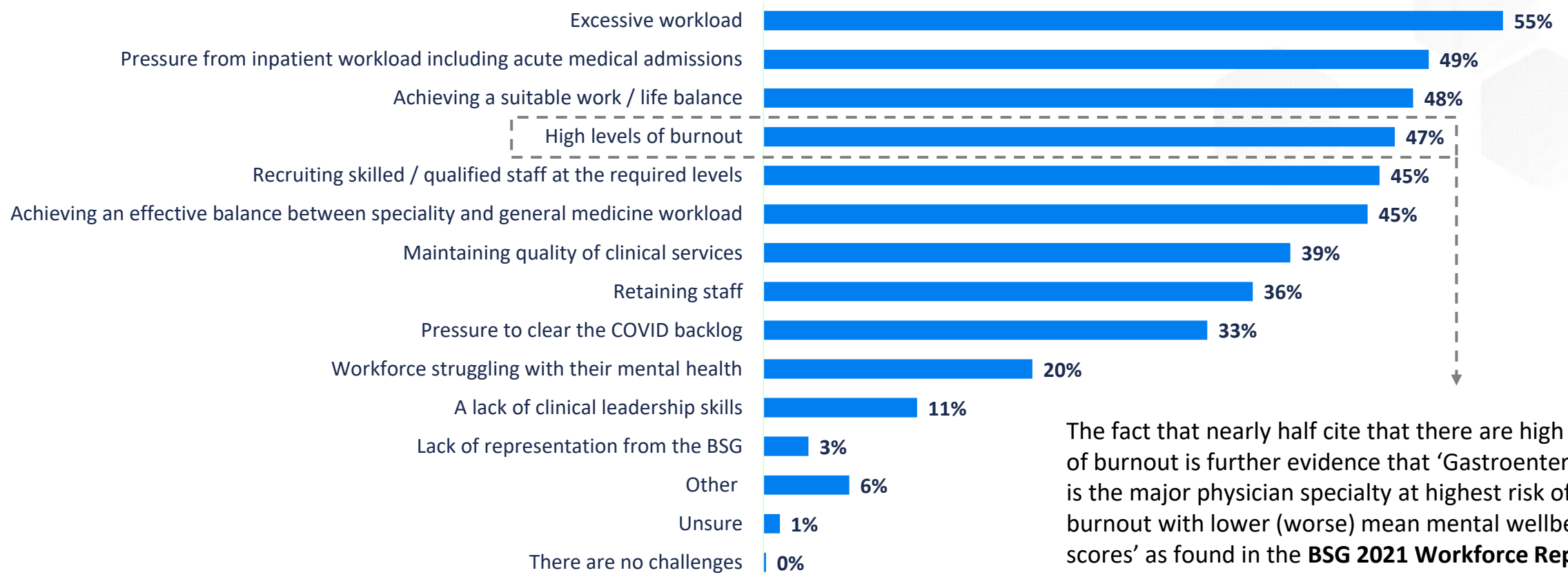
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Challenges facing members



The stresses and consequences of high workload are among the biggest challenges facing the wider profession, in addition to issues around staff recruitment and retention.

Which, if any, of the following are the biggest challenges facing the Gastroenterology and Hepatology profession?





The fact that nearly half cite that there are high levels of burnout is further evidence that ‘Gastroenterology is the major physician specialty at highest risk of burnout with lower (worse) mean mental wellbeing scores’ as found in the **BSG 2021 Workforce Report**.

C10. Which, if any, of the following are the biggest challenges facing the Gastroenterology and Hepatology profession? Base: All (387 respondents).

A greater proportion of Trainees cite inpatient workload, burnout and the demands of specialty vs general medicine as their biggest challenges. Nurses and Consultants meanwhile cite staffing issues.

Biggest challenges facing the Gastroenterology and Hepatology profession?	Trainees	Consultants	Nurses
Excessive workload	57%	59%	44%
Pressure from inpatient workload including acute medical admissions	66%	53%	27%
Achieving a suitable work / life balance	57%	45%	41%
High levels of burnout	60%	45%	33%
Recruiting skilled / qualified staff at the required levels	25%	53%	63%
Achieving an effective balance between speciality and general medicine workload	64%	42%	17%
Maintaining quality of clinical services	34%	45%	44%
Retaining staff	23%	39%	62%

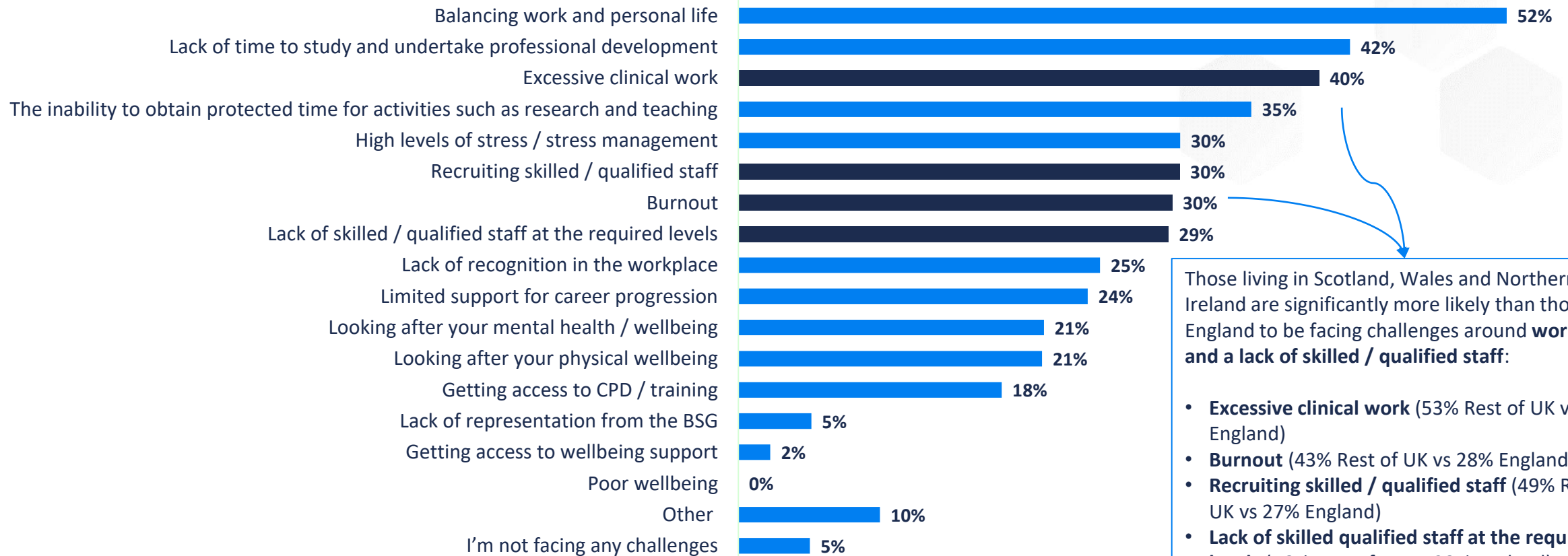
 Significantly less likely to feel one of the biggest challenges facing the profession

 Significantly more likely to feel one of the biggest challenges facing the profession

C10. Which, if any, of the following are the biggest challenges facing the Gastroenterology and Hepatology profession? Base: Trainee (53 respondents); Consultants (218 respondents); Nurses (63 respondents).

The impact of a high workload on members appears to be a struggle to gain a work-life balance along with time for study and development.

Which of the following challenges are you facing specifically?



Those living in Scotland, Wales and Northern Ireland are significantly more likely than those in England to be facing challenges around **workload and a lack of skilled / qualified staff**:

- **Excessive clinical work** (53% Rest of UK vs 37% England)
- **Burnout** (43% Rest of UK vs 28% England)
- **Recruiting skilled / qualified staff** (49% Rest of UK vs 27% England)
- **Lack of skilled qualified staff at the required levels** (46% Rest of UK vs 28% England)

C20. Which of the following challenges are you facing specifically? Please select all that apply. Base: All (387 respondents).

A quick introduction to TURF Analysis

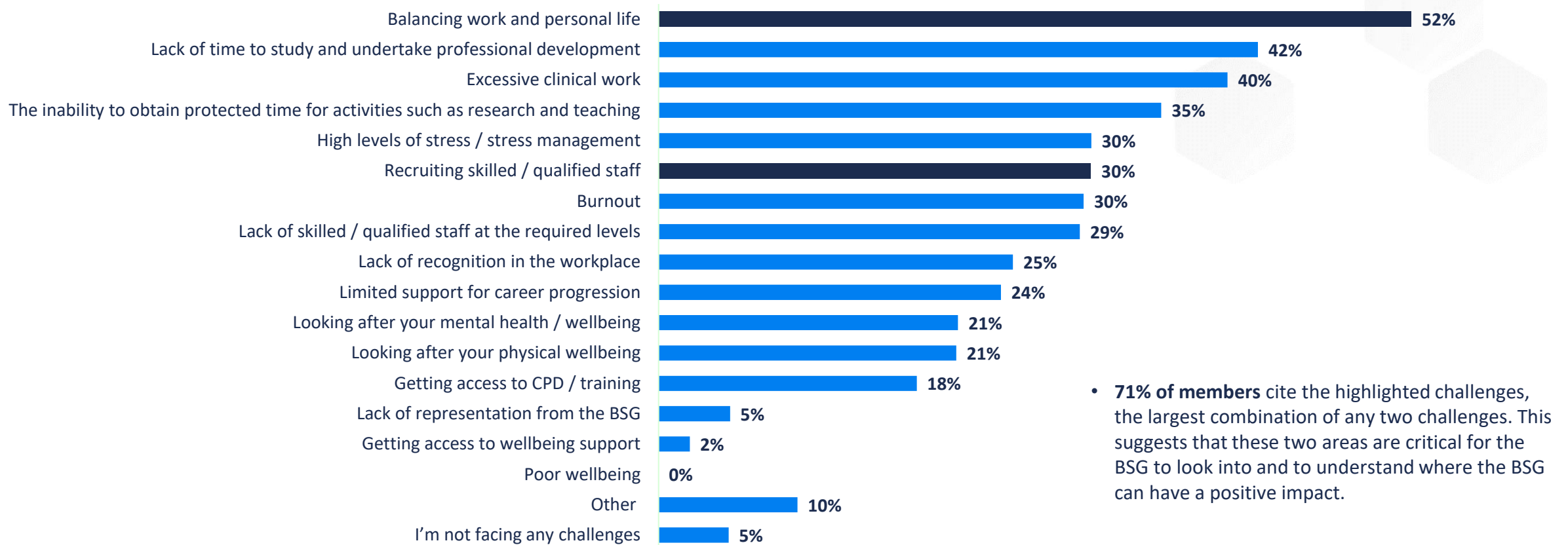
The following slide analyses the previous question using TURF analysis.

TURF (Total Unduplicated Reach and Frequency) analysis is a statistical model that explores the potential impact of a combination of items in order to optimise and maximise reach.

In this case, it has been used to identify which combination of challenges are affecting the greatest majority of members in order for the BSG to most effectively target their resources and satisfy the concerns of the broadest number possible.

TURF Analysis shows that the two challenges with the largest reach across the membership are ‘balancing work and personal life’ and ‘recruiting skilled / qualified staff’.

Which of the following challenges are you facing specifically?



C20. Which of the following challenges are you facing specifically? Base: All (387 respondents).

The top challenges facing the wider profession as well as BSG members can be placed into four broad categories with excessive workload appearing to impact both personal wellbeing and professional development.

	Biggest challenges facing the profession	Challenges members are facing personally	
#1	Excessive workload – 55%	Balancing work and personal life – 52%	<p>Key</p> <ul style="list-style-type: none"> Workload Issues Recruitment and Retention / Staffing Issues Health & Wellbeing of the Workforce Career Development / Training Issues
#2	Pressure from inpatient workload including acute medical admissions – 49%	Lack of time to study and undertake professional development – 42%	
#3	Achieving a suitable work / life balance – 48%	Excessive clinical work – 40%	
#4	High levels of burnout – 47%	The inability to obtain protected time for activities such as research and teaching – 35%	
#5	Recruiting skilled / qualified staff at the required levels – 45%	High levels of stress / stress management – 30%	

C10. Which, if any, of the following are the biggest challenges facing the Gastroenterology and Hepatology profession? Base: All (387 respondents).

C20. Which of the following challenges are you facing specifically? Base: All (387 respondents).

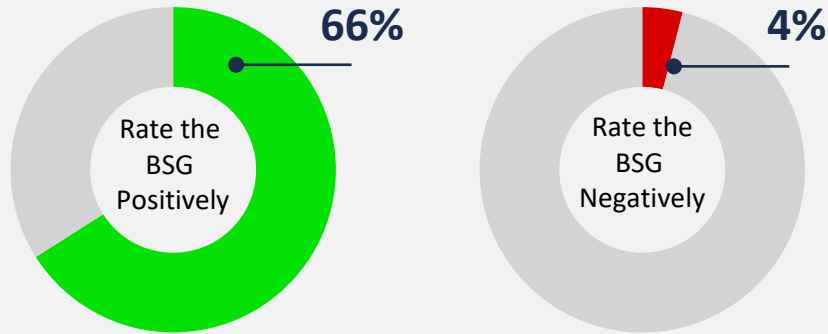
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Perceptions of the BSG

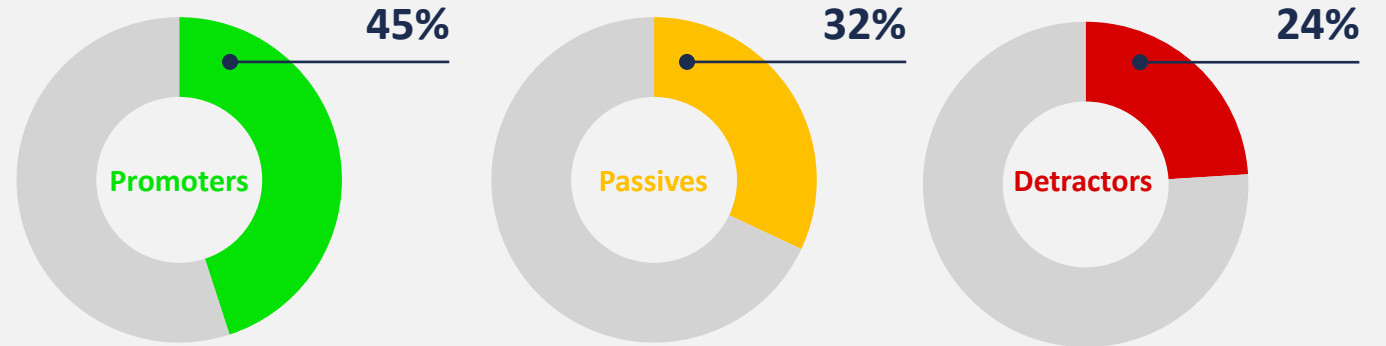


Membership snapshot reveals an overall positive picture at the BSG.

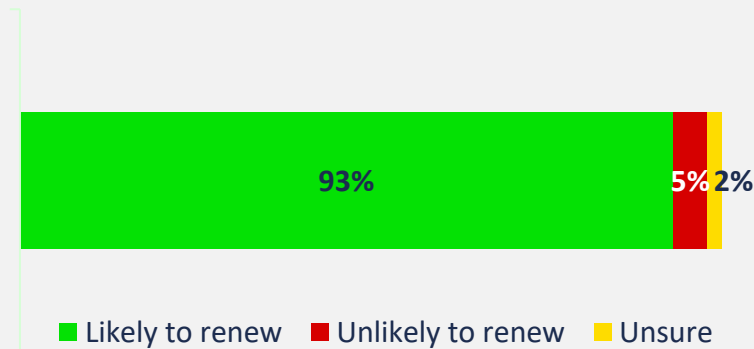
Overall Rating of the BSG



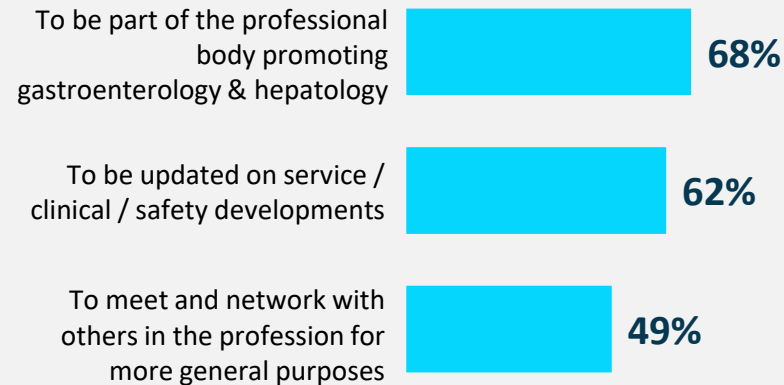
NPS (+21)



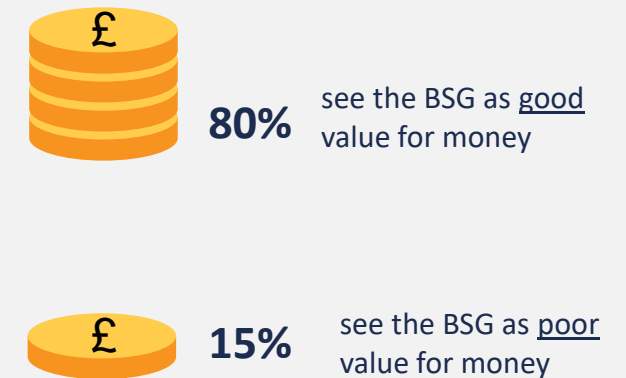
Membership Renewal Intention



Reasons for Remaining



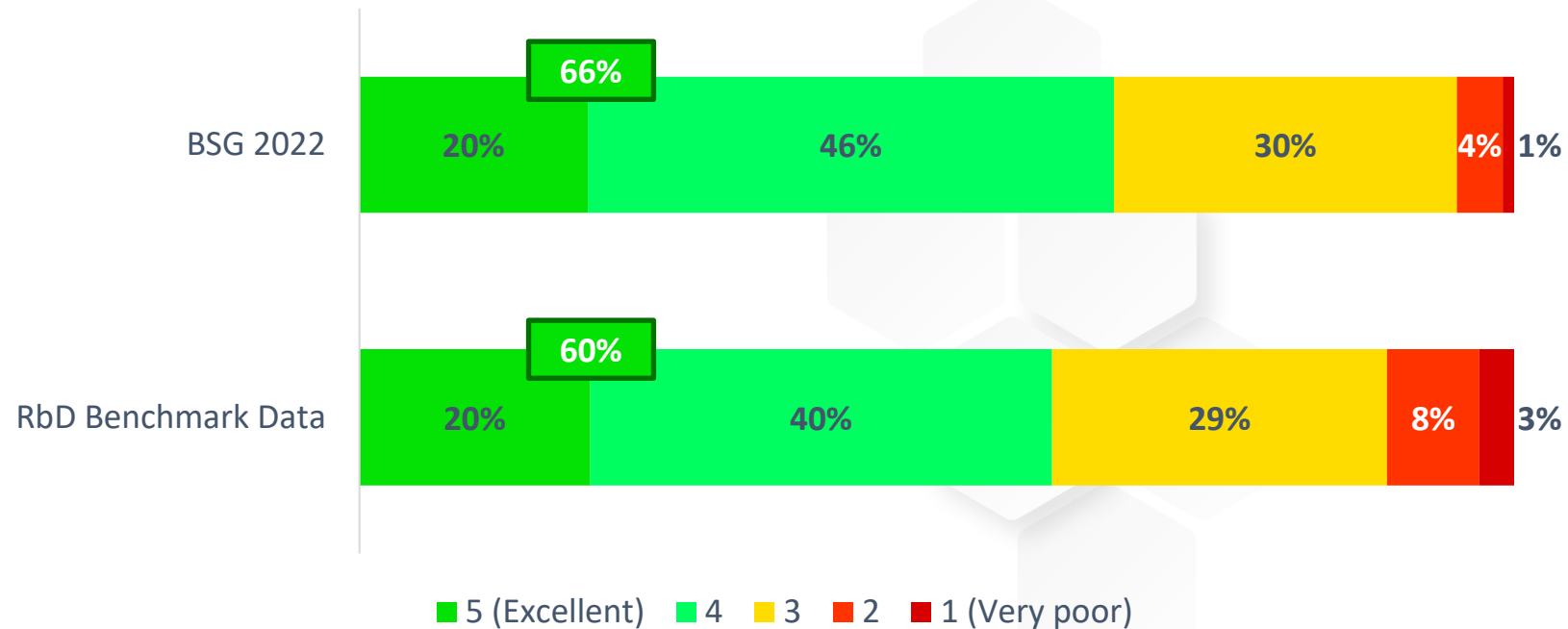
Value for Money



Two-thirds of members rate the BSG positively, with only 5% rating them negatively.

The proportion of members rating the BSG positively (66%) outperforms the RbD benchmark data (60%) further emphasising the positive picture.

How do you rate the BSG as a membership organisation, using a scale of 1 to 5, where 1 is very poor and 5 is excellent?



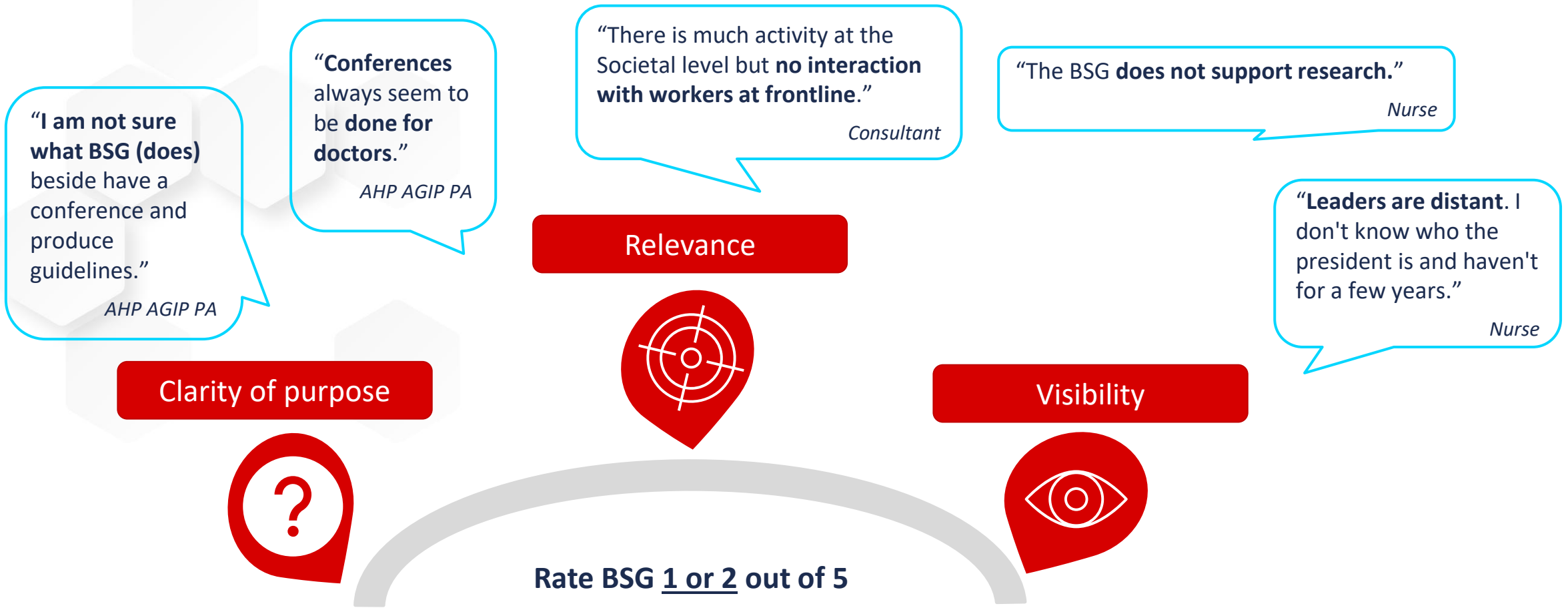
P10. How do you rate the BSG as a membership organisation, using a scale of 1 to 5, where 1 is very poor and 5 is excellent? Base: All BSG 2022 (387 respondents); RbD Benchmark Data (18,657 respondents).

Members rating the BSG positively particularly value the clinical guidelines, educational provision and conferences / events.



P15. Why have you rated the BSG in this way? Base: Those who rated BSG 4 or 5 at P10 and entered a free text comment at P15 (175 comments).

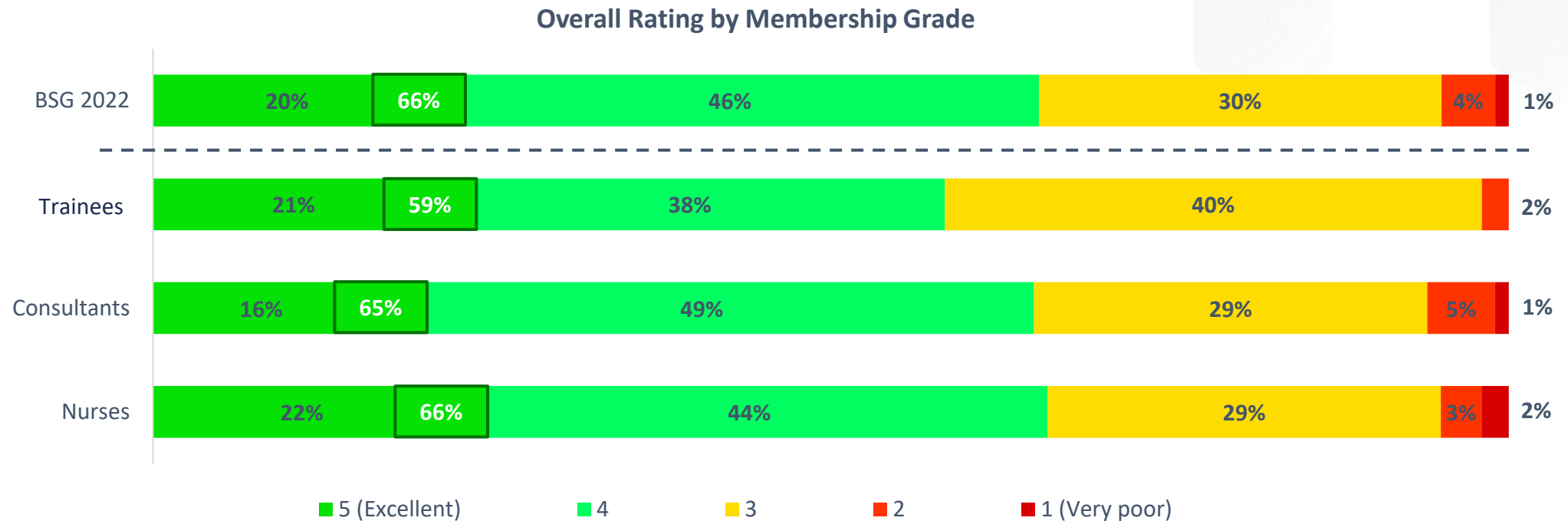
The small proportion of members rating the BSG negatively feel the organisation lacks clarity of purpose, relevance and visibility.



P15. Why have you rated the BSG in this way? Base: Those who rated BSG 1 or 2 at P10 and entered a free text comment at P15 (16 comments).

Overall, there is greater positivity amongst Nurse and Consultant members versus Trainees.

Trainees are significantly more likely to hold a neutral rating of the BSG compared to both Consultants and Nurses.



P10. How do you rate the BSG as a membership organisation, using a scale of 1 to 5, where 1 is very poor and 5 is excellent? Base: All (387 respondents); Trainees (53 respondents); Consultants (218 respondents); Nurses (63 respondents).

What is the Net Promoter Score (NPS)?

How likely are you to recommend membership of the BSG to colleagues and peers?

(0 = Not at all likely, 10 = Extremely likely)

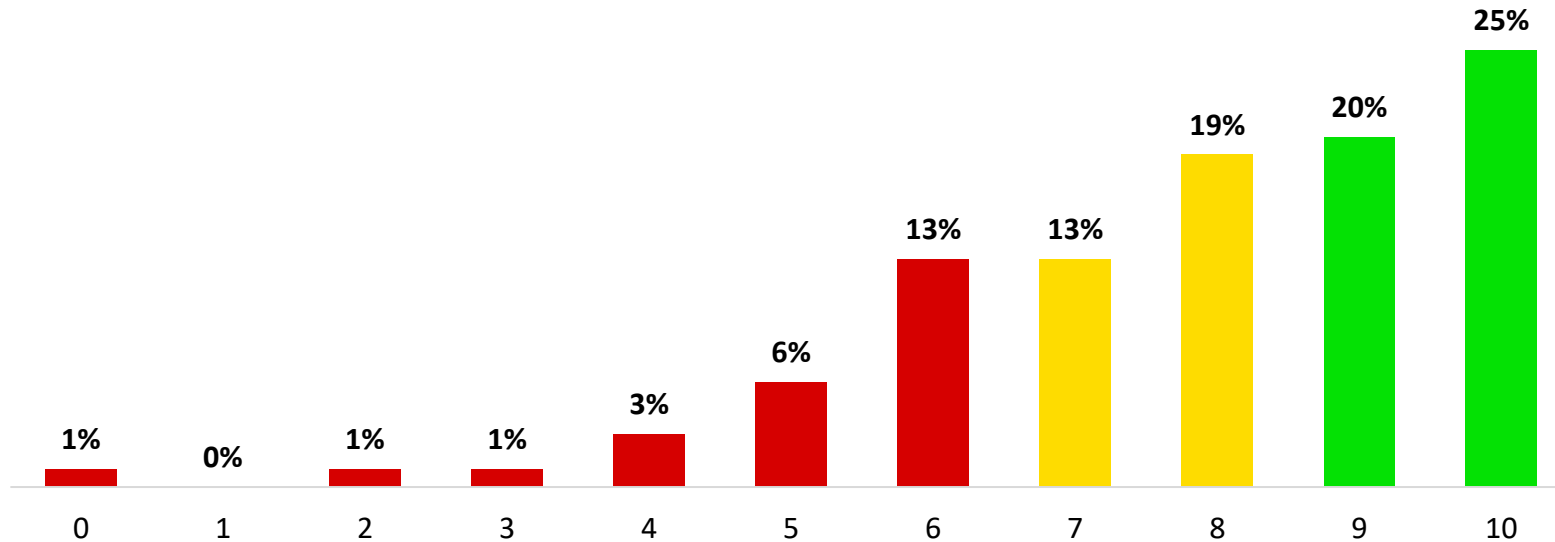


$$\text{NPS} = \% \text{ of Promoters} - \% \text{ of Detractors}$$

45% of members would recommend the BSG, providing a strong NPS of +21.

The BSG's NPS of +21 exceeds the RbD benchmark NPS which stands at -10, providing further proof of the positive experience members are having at the BSG.

How likely are you to recommend membership of the BSG to colleagues and peers?



BSG



RbD
Benchmark
Data



P20. How likely are you to recommend membership of the BSG to colleagues and peers? Base: All (387 respondents); RbD Benchmark Data (14,762 respondents).

Those members who are detractors suggest that the BSG could be trying to do too much considering the size of the organisation.

Detractors feel the BSG is spreading itself too thin, and its focus should be on helping to reduce the workload that members are facing.

As has been highlighted previously, members are full of praise with the guidelines produced by the BSG, and they feel this is and should be a core focus of the BSG's offer moving forwards. A key reason for this is because the guidelines impact the day-to-day working lives of members.

However, detractors are concerned that the BSG is attempting to do too much.

Ultimately, there is a **desire for the BSG to have an impact in the workplace itself**, and there are various ways that this can be achieved.

- Focusing on producing guidelines.
- Focusing on the implementation of the guidelines.
- Education and training.
- Lobbying the government.

“It probably has become too big with too many activities and committees. Wellbeing, burnout, career development, mentorship should be roles of RCP, BMA and other organisations, including NHS trusts/health boards. BSG should encourage these bodies to support individuals. **The BSG could focus on core activities:** education, training, encouraging trainees into the profession, influencing national policy in gastroenterology, and arming consultants with professional standards to enable local implementation of job plans which maintain work/life balance and career progression.”

Nurse, Detractor

“This seems inevitable, [but] the specialty is fragmenting so much the BSG should concentrate upon governance issues and the welfare could be picked up by other groups?”

Nurse, Detractor

“The BSG is poor at representing its core membership and providing the average member with a sense that the BSG is important in their daily professional life.”

Consultant, Detractor

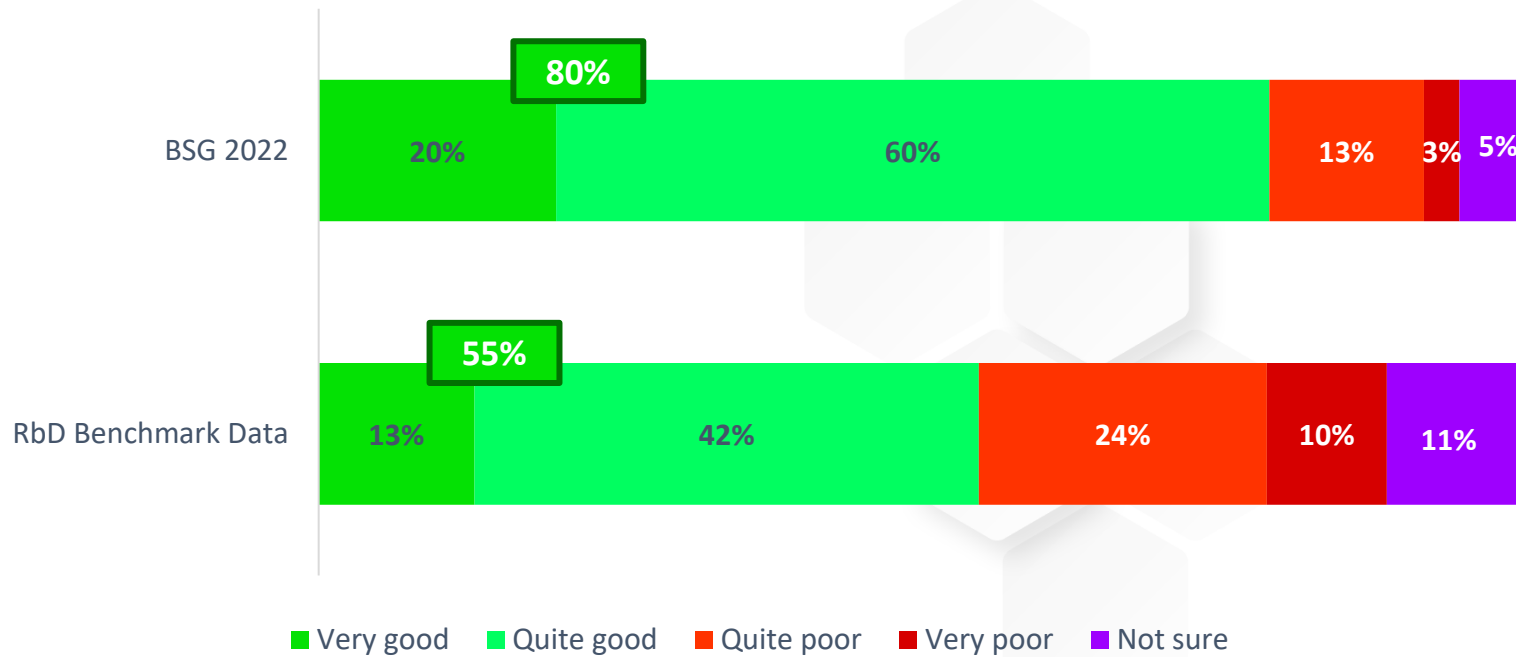
P15. Why have you have rated the BSG in this way? All those who left a free text comment (278 respondents).

P30. How could the BSG improve your overall experience as a member? Base: All those who left a free text comment (248 respondents).

The vast majority of members (80%) believe BSG membership provides good value for money.

The value for money scores achieved by the BSG far outperform the RbD benchmark norm of medical-based membership organisations and Royal Colleges.

How do you rate membership of the BSG in terms of value for money?



P40. How do you rate membership of the BSG in terms of value for money? Base: All – BSG 2022 (387 respondents); RbD Benchmark Data (26,993 respondents).

The vast majority of members (80%) believe BSG membership provides good value for money.

All of the main membership grades within the BSG hold similar value for money perceptions.

How do you rate membership of the BSG in terms of value for money?
[By Membership Grade]

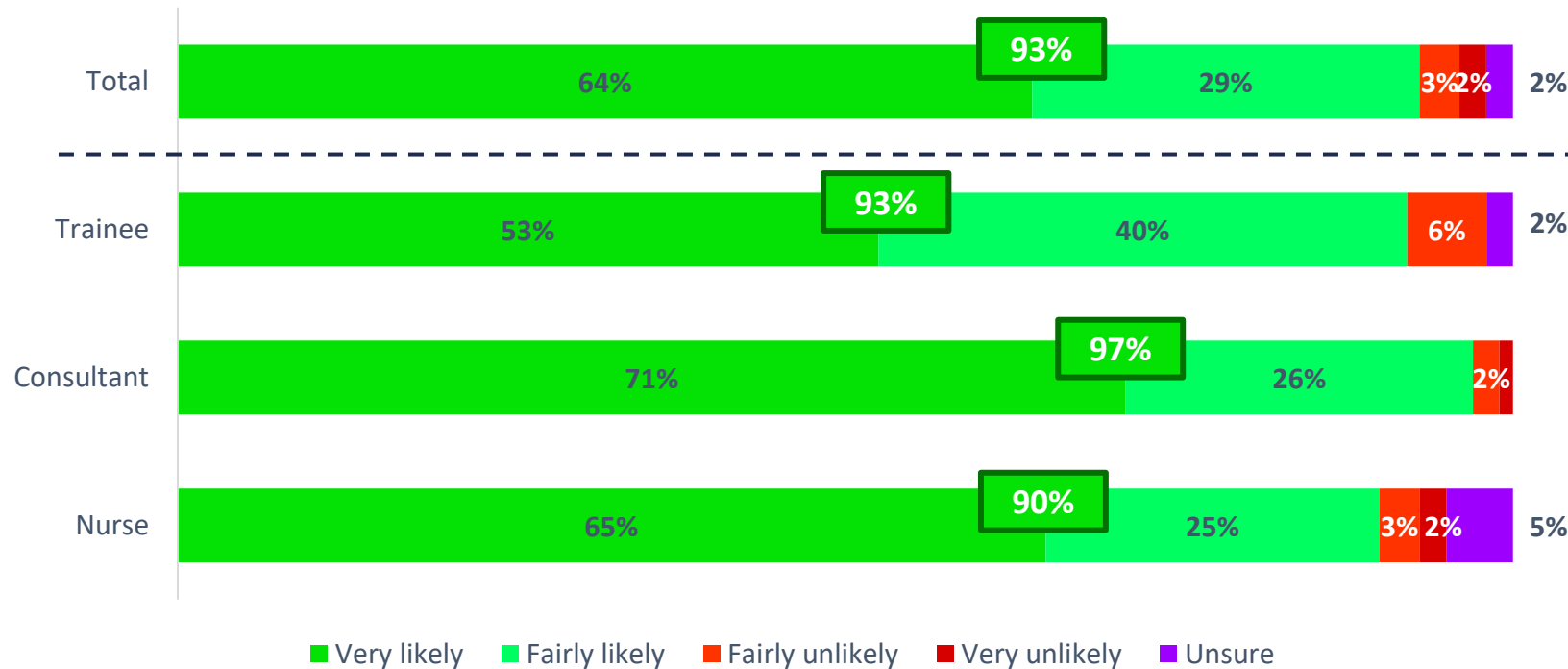


P40. How do you rate membership of the BSG in terms of value for money? Base: All (387 respondents); Trainees (53 respondents); Consultants (218 respondents); Nurses (63 respondents).

The vast majority of BSG members (93%) are likely to renew their membership.

Whilst renewal intentions are considerably strong at the BSG, there are some groups (Trainees and Ethnic Minority members) where intentions are not as strong.

How likely are you to renew your BSG membership when it expires?
[By Membership Grade]



Sub-Group Analysis

Whilst 93% of **Trainees** are likely to renew their membership, their strength of feeling (the proportion who select 'very likely') is less pronounced than other groups.

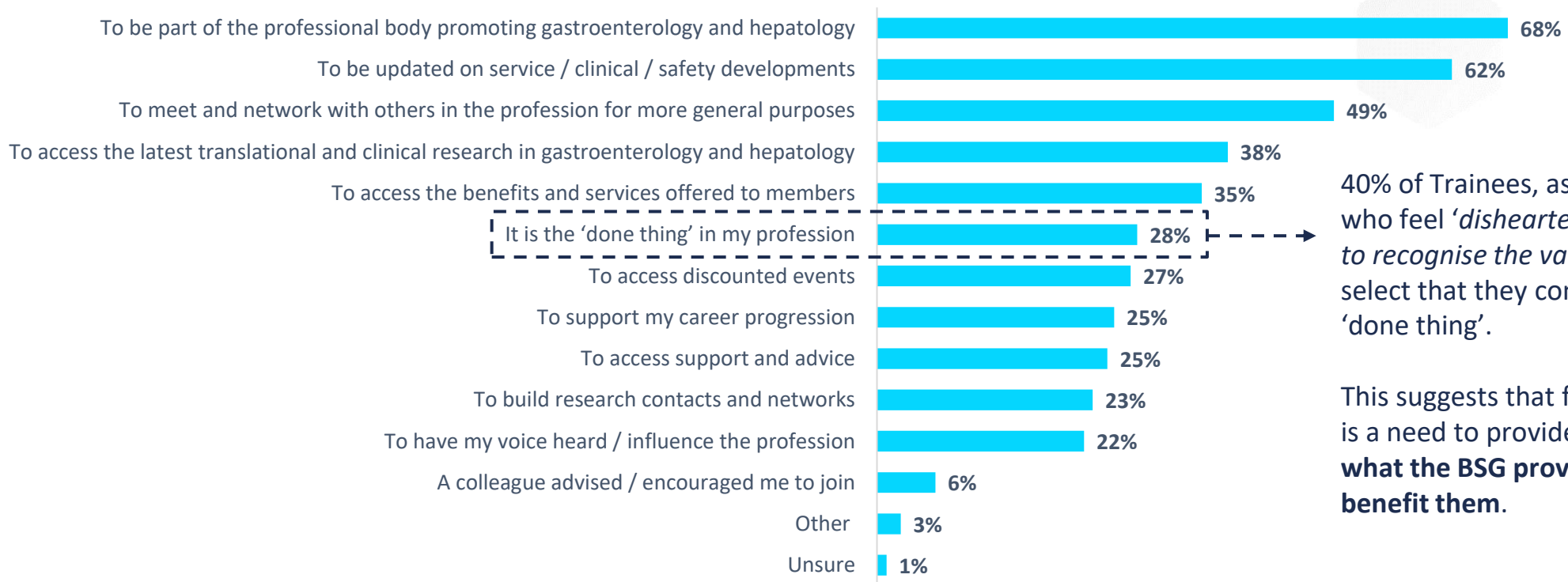
The same trend is also evident amongst **Ethnic Minority** members where 57% select 'very likely', compared to 72% of members who are white.

B50. How likely are you to renew your BSG membership when it expires? Base: All (387 respondents); Trainees (53 respondents); Consultants (217 respondents); Nurses (63 respondents).

Being part of the professional body and wanting to be updated on service / clinical / safety developments are the primary reasons for members continuing their membership.

Members on average select 4 reasons for why they continue their BSG membership.

Which of the following describes the reasons you would be likely to continue your membership with the BSG?



40% of Trainees, as well as 46% of members who feel 'disheartened' and are 'struggling to recognise the value of their membership' select that they continue because it is the 'done thing'.

This suggests that for some members, there is a need to provide greater clarity as to **what the BSG provides, and how it can benefit them.**

B30. Which of the following describes the reasons you would be likely to continue your membership with the BSG? Please select all that apply. Base: Members who have been at the BSG for 2 or more years (345 respondents).

Trainees have a greater focus on how the BSG can help them in their career, whilst Consultants and Nurses continue their membership because the BSG helps them to remain up to date within the profession.

Top 5 reasons for continuing their membership

	Trainees	Consultants	Nurses
#1	To be part of the professional body promoting gastroenterology and hepatology (62%)	To be part of the professional body promoting gastroenterology and hepatology (76%)	To be updated on service / clinical / safety developments (74%)
#2	To access discounted events (55%)	To be updated on service / clinical / safety developments (62%)	To be part of the professional body promoting gastroenterology and hepatology (60%)
#3	To be updated on service / clinical / safety developments (53%)	To meet and network with others in the profession for more general purposes (51%)	To access support and advice (48%)
#4	To support my career progression (49%)	To access the latest translational and clinical research in gastroenterology and hepatology (33%)	To meet and network with others in the profession for more general purposes (44%)
#5	To meet and network with others in the profession for more general purposes (45%)	To access the benefits and services offered to members (33%)	To access the latest translational and clinical research in gastroenterology and hepatology (42%)

B30. Which of the following describes the reasons you would be likely to continue your membership with the BSG? Please select all that apply. Base: Trainees who have been at the BSG for 2 or more years (47 respondents); Consultants who have been at the BSG for 2 or more years (210 respondents); Nurses who have been at the BSG for 2 or more years (50 respondents).

Members largely use positive words to describe the BSG.

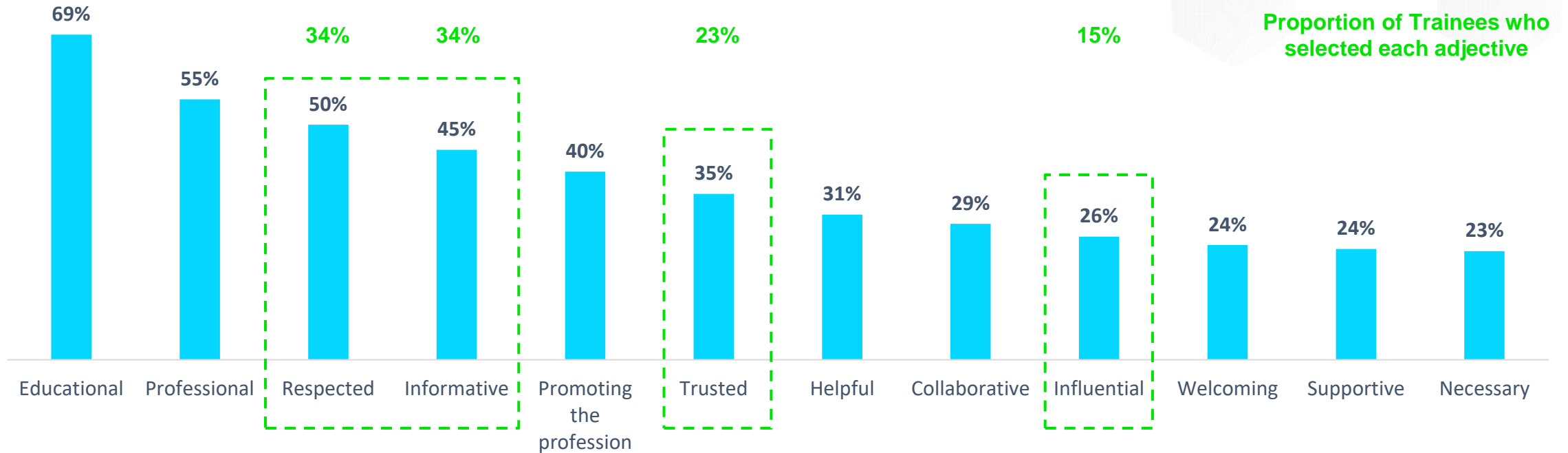
Top 15 selected adjectives	%	Bottom 15 selected adjectives	%
Educational	69%	Prestigious	19%
Professional	55%	London-centric	17%
Respected	50%	Cliquy	17%
Informative	45%	Innovative	14%
Promoting the profession	40%	Authoritative	11%
Trusted	35%	Old-fashioned	10%
Helpful	31%	Socially conscious	10%
Collaborative	29%	Unrepresentative	8%
Influential	26%	Transparent	8%
Welcoming	24%	Nurturing	6%
Supportive	24%	Invisible	4%
Necessary	23%	Inaccessible	3%
Reliable	22%	Ineffective	3%
Inclusive	20%	Irrelevant	1%
Forward-thinking	20%	None of the above	2%

P50. Which of the following words or phrases would you use to describe the BSG? Please select as many or as few as apply. Base: All (387 respondents).

The majority of members, across all membership grades, see the BSG as educational.

However, on average, **Trainees** select 5.4 adjectives compared to **Consultants** and **Nurses** who selected 6.8 and 7 adjectives respectively. The adjectives boxed below highlight those words significantly less likely to be chosen by Trainees, highlighting a need to raise awareness of everything the BSG is doing to this group.

Which of the following words or phrases would you use to describe the BSG?
[Top 12 most selected adjectives]



P50. Which of the following words or phrases would you use to describe the BSG? Please select as many or as few as apply. Base: All (387 respondents).

The top 12 most frequently selected adjectives are shown here, out of a list of 29 adjectives.

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Equality, Diversity and Inclusion



Around half of members have experienced or witnessed discrimination within the profession...

...highlighting the importance of having ED&I within the BSG strategy as there is significant work still to be done.

“Equality, Diversity and Inclusion should be at the very core of the BSG as part of its “DNA”, and not an optional extra. We know that we are not perfect in this respect and that we are on a journey. This strategy reaffirms the Society’s commitment and determination to be fairer and more inclusive for all its members.”

BSG Strategy 2022-2025

53%

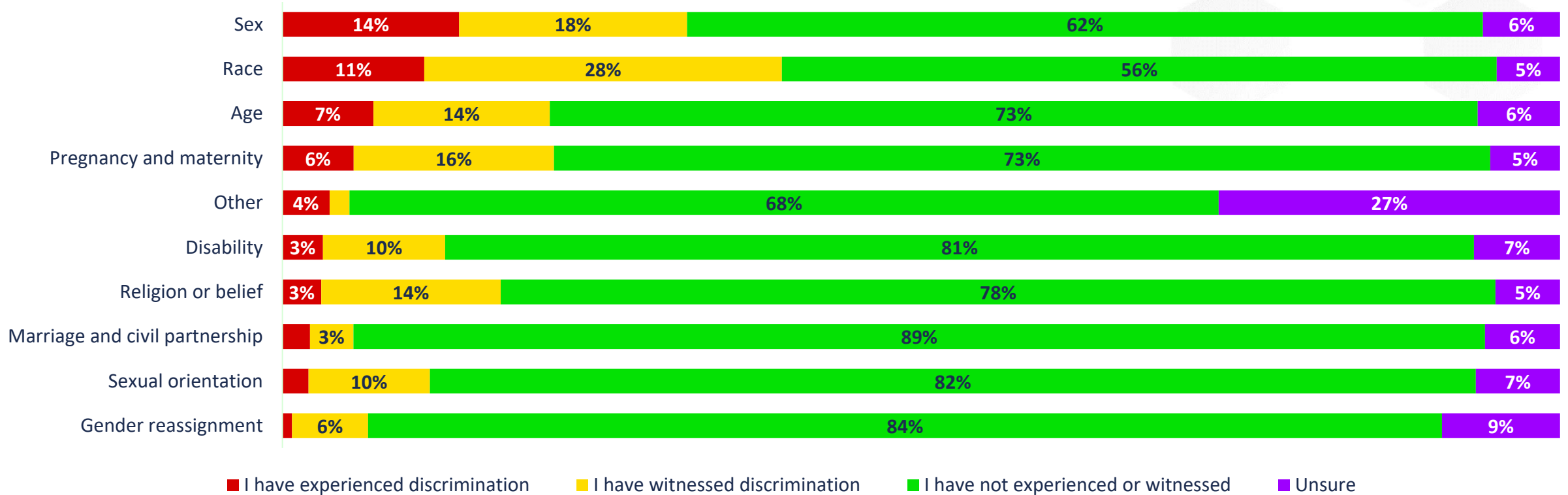
...have experienced /
witnessed
discrimination



E70. Thinking now about the profession as a whole, on what grounds, if any, do you feel you have either experienced or witnessed discrimination by employers, colleagues, patients or others? Base: All (353 – 355 respondents).

Sex, Race, Age and Pregnancy / maternity are the most common forms of discrimination within the profession.

Thinking about the profession as a whole, on what grounds, if any, do you feel you have either experienced or witnessed discrimination by employers, colleagues, patients or others?



E70. Thinking now about the profession as a whole, on what grounds, if any, do you feel you have either experienced or witnessed discrimination by employers, colleagues, patients or others? Base: All (353 – 355 respondents).

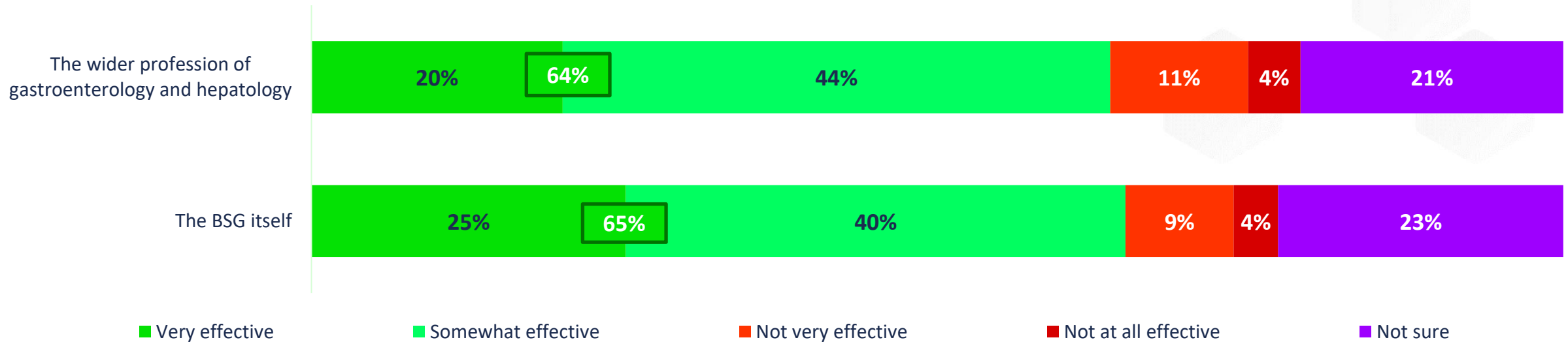
Discrimination is identified as coming from both colleagues and patients, with room for the BSG to promote ED&I within both the organisation itself and the profession.

Sex based discrimination	Race based discrimination	Age based discrimination
<p data-bbox="180 454 647 919">“As a women I am often considered by some staff and patients as less likely to be the consultant. Often referred to as nurse on the wards and due to the fact that I have a foreign name I am often asked what my heritage is as part of my consultation.” <i>Consultant</i></p> <p data-bbox="180 968 647 1153">“Patients are routinely sexist towards female doctors.” <i>Consultant</i></p>	<p data-bbox="738 425 1378 705">“I am frequently asked where I (really) come from, which I expect is a way of connecting for patients, but it makes me feel uncomfortable when this is a question I hear from 50% of patients attending my clinic on the day.” <i>Consultant</i></p> <p data-bbox="738 753 1378 933">“I feel I have been short listed for many positions in my hospital so that they can do a tick box exercise in the BAME section.” <i>Consultant</i></p> <p data-bbox="738 982 1378 1190">“Complaints, such as if the trainee is not white, a patient says they 'only want an English doctor'. It's becoming rife in recent years.” <i>Trainee</i></p>	<p data-bbox="1475 419 2430 591">“Older consultants are being sidelined or not supported: they are expensive, high salaried and do less frontline work than a cheaper, newly-qualified consultant. So, Trusts are happy to see them retire!” <i>Consultant</i></p> <p data-bbox="1475 619 2430 719">“I have been told that I am too young...I can't possibly be in charge.” <i>Consultant</i></p> <p data-bbox="1442 776 2461 1215"> Pregnancy & Maternity based discrimination <p data-bbox="1475 876 2430 1019">“When pregnant being told by senior gastro colleague that I need to find a different career, such as being a GP.” <i>AHP AGIP PA 6</i></p> <p data-bbox="1475 1048 2430 1190">“Pregnant colleagues are being described negatively because they are not able to fully undertake their role in later stages of pregnancy.” <i>Nurse</i></p> </p>

E75. Please describe the discrimination you experienced or witnessed, in as much detail as you feel comfortable. Base: All who answered (93 respondents).

Positively, a majority feel the BSG is effective at promoting ED&I both within itself and the wider profession. However, more than 1 in 5 are unsure in both cases.

How effective do you feel the BSG is in promoting equality, diversity, and inclusion (ED&I) within the following:



Group(s) who are **less likely** to feel the BSG promotes ED&I effectively:

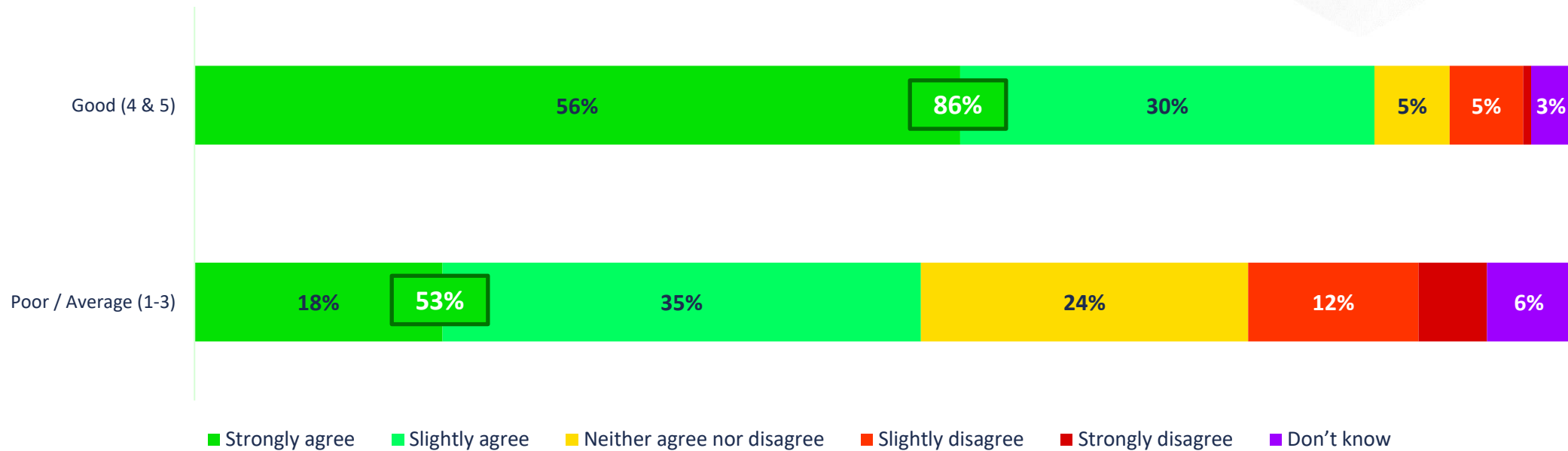
- 23% of **Trainee members** feel the BSG is not effective in promoting ED&I within the BSG itself.
- 17% of **Ethnic minority members** feel that the BSG is not effective in promoting ED&I within the BSG itself, compared to 10% of white members. In particular, 20% of **Asian / Asian British members** feel it is not effective.

E50. How effective do you feel the BSG is in promoting equality, diversity, and inclusion (ED&I) within the following: Base: All (364 respondents).

Those who describe the BSG as ‘a home for all professionals working within gastroenterology’ are overwhelmingly more likely to be positive about the organisation.

86% of those who rate the BSG as a 4 or 5 on a scale of 1 to 5 agree that the BSG succeeds in this regard, highlighting the impact that an diverse and inclusive environment can have.

To what extent do you agree or disagree with the following: The BSG is a home for all professionals working within gastroenterology [by BSG Membership Rating]



E20. The BSG is a home for all professionals working within gastroenterology :To what extent do you agree or disagree with the following statements? Base: Those who rate the BSG 1-3 as a membership organization (133), Those who rate the BSG 4 or 5 as a membership organization (245).

Whilst the BSG is seen as more inclusive than previously in its history, it is not currently viewed as a home for everyone working in gastroenterology. This is not just an issue of working to improve Equality, Diversity and Inclusion (EDI), although this is an area requiring attention.

Research

Education and training

A home for all

Championing
Gastroenterology

Members feel that for BSG to truly be a home for all within the gastroenterology field, **more needs to be done to ensure the needs of all member types, and members across the full range of practice settings are met.** This includes members from:

- across the **four nations** – BSG is seen as being very ‘England-centric’
- **independent sector** – need for a strong independent sector ‘voice’
- across the **full range of professions within gastroenterology** – members such as endoscopy nurses and allied health professionals would like to see themselves better represented on committees and their needs better catered for
- **small hospitals** (not just large, teaching hospitals)

In addition, some members suggest that there is also a role for BSG in ensuring that those working in the gastroenterology field are **equipped to provide inclusive care to an increasingly diverse range of patients.**

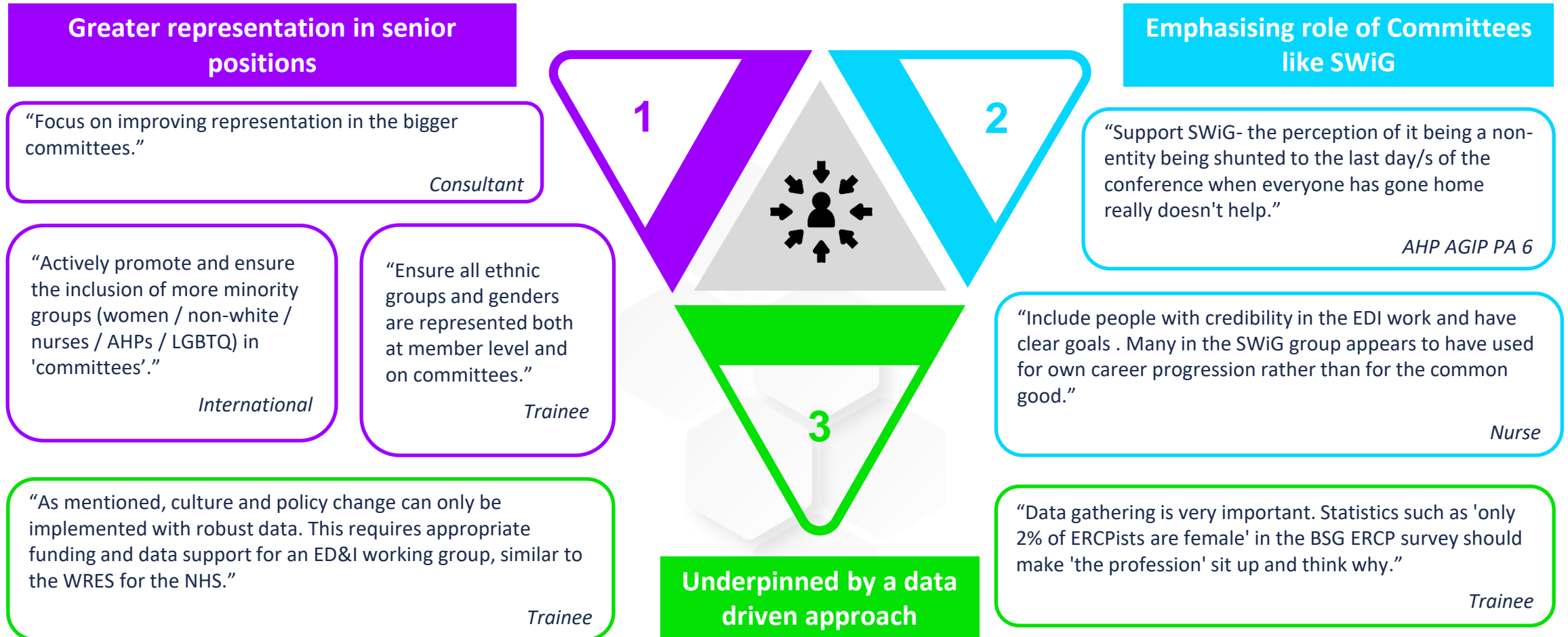
“It’s very NHS oriented at the moment. And I would hope that there’s space for the independent sector to have a voice and raise the profile. ... I think there used to be an element of Independent Sector input, not very much. But in the last few years, I’ve not seen anything.” – Nurse, Independent Sector

“So you need to train people how to manage patients with disabilities... and there are more and more neurodiverse people that come in even as colleagues so you need to be able to recognise this and manage the relationship.” – Consultant



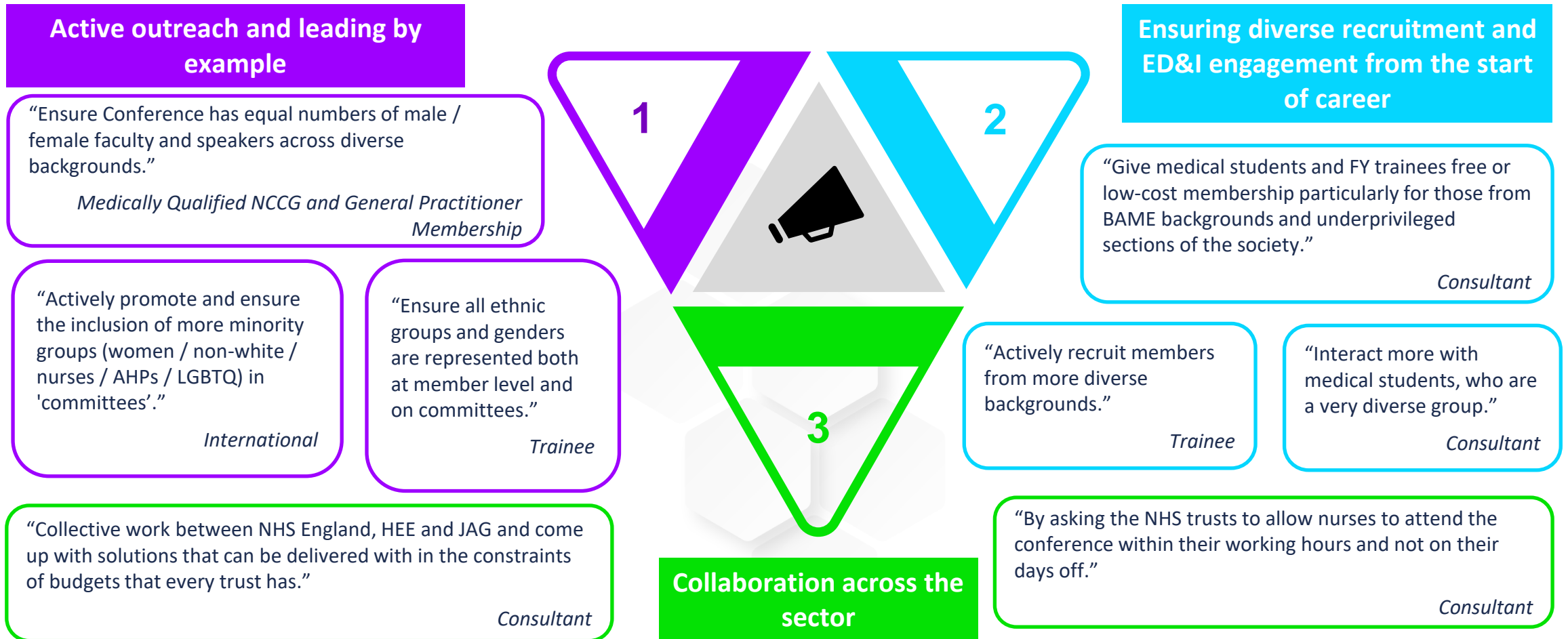
Qualitative Report Finding

Improving ED&I within the BSG:



E60a. How do you feel the BSG could better improve its ED&I work within the Society itself? Base: All who left a free text comment (122 respondents).

Using the BSG's voice to improve ED&I within the profession:



E60b. How do you feel the BSG could better use its voice to help make the profession more inclusive and diverse? Base: All who left a free text comment (118 respondents).



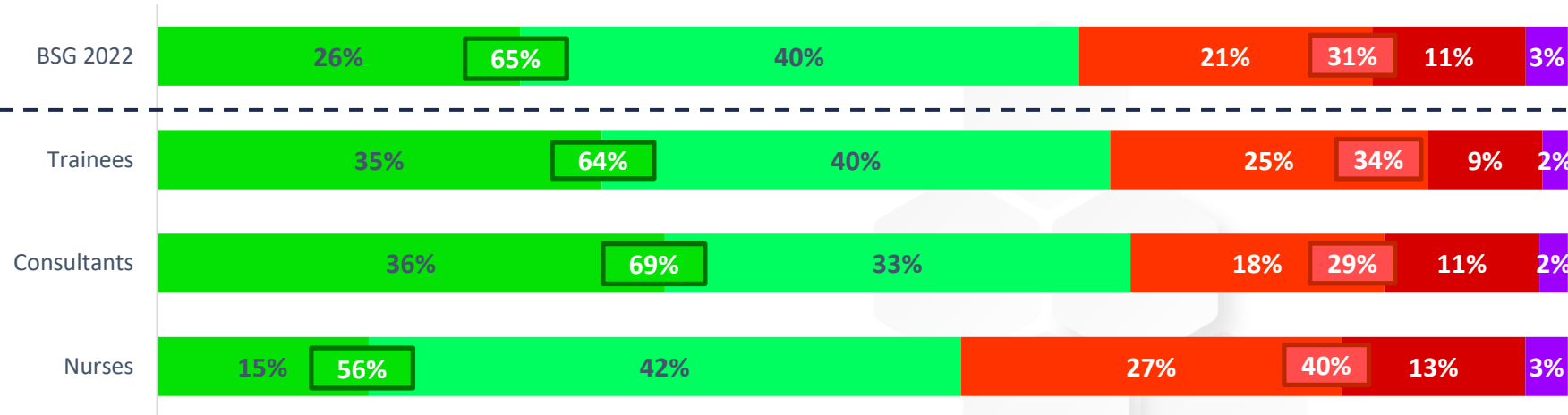
Engagement with the BSG



Around two thirds of members feel that they get what they need from their membership while the remaining third are failing to recognise the full value of their membership.

Consultants have the most positive relationship with the BSG; in particular being significantly more likely to feel that they contribute to the BSG and have that reciprocated. Nurses are less actively engaged with the BSG though a plurality still feel that they get what they need from their membership.

Which of the following statements best describes your relationship with the BSG?



- I contribute to the BSG and get plenty back in return
- I get what I need from the BSG even though I don't contribute much
- I am currently not getting as much as I could from my membership, and I'd like to know how to do that
- I feel disheartened and I am struggling to recognise the value of my membership
- Unsure

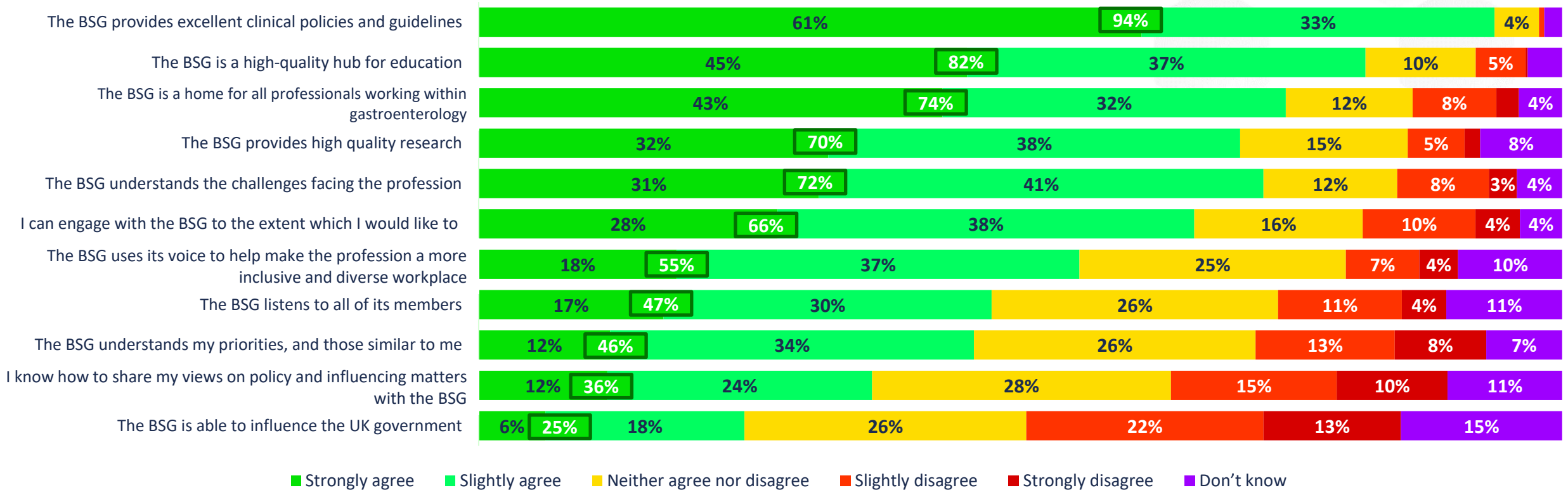


E10. Which of the following statements best describes your relationship with the BSG? Base: All (382 respondents); Trainee (53 respondents – caution, low base size); Consultants (216 respondents); Nurses (62 respondents – caution, low base size).

Almost all members see the BSG as delivering high quality educational resources; providing clinical policies and guidelines as well as high quality research.

However, more than 1 in 5 members disagree that the BSG understands their priorities, know how to share their views on policy and think the BSG is able to influence the UK government.

To what extent do you agree or disagree with the following statements?

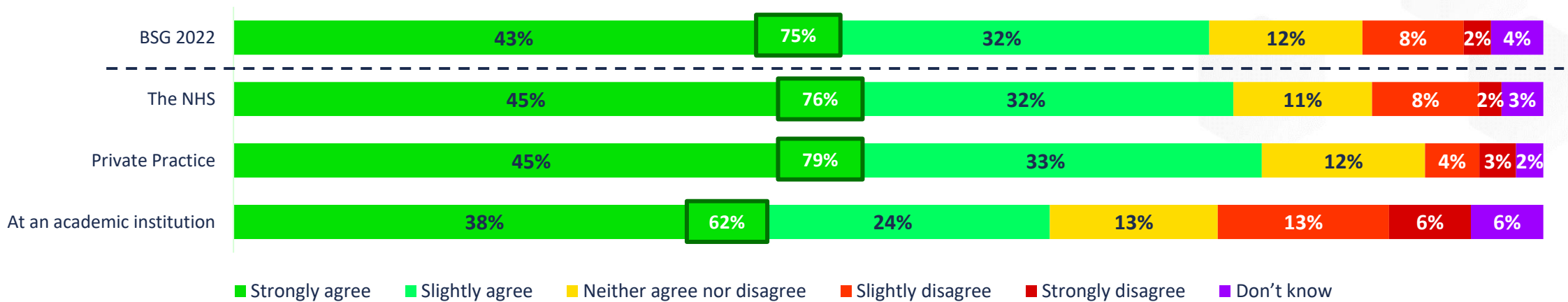


■ Strongly agree
 ■ Slightly agree
 ■ Neither agree nor disagree
 ■ Slightly disagree
 ■ Strongly disagree
 ■ Don't know

E20. To what extent do you agree or disagree with the following statements? Base: All (380 respondents).

As identified in both qualitative and quantitative research, for members to feel that BSG is truly a home for all within gastroenterology, more needs to be done to ensure the needs of all member types, and members across the full range of practice settings are met.

The BSG is a home for all professionals working within gastroenterology



“It’s very NHS oriented at the moment. And I would hope that there’s space for the independent sector to have a voice and raise the profile...I think there used to be an element of Independent Sector input, not very much. But in the last few years, I’ve not seen anything.”
Nurse

“Sometimes feels that it is more orientated at the consultant/registrar level than the CE or nurse level.”
Consultant

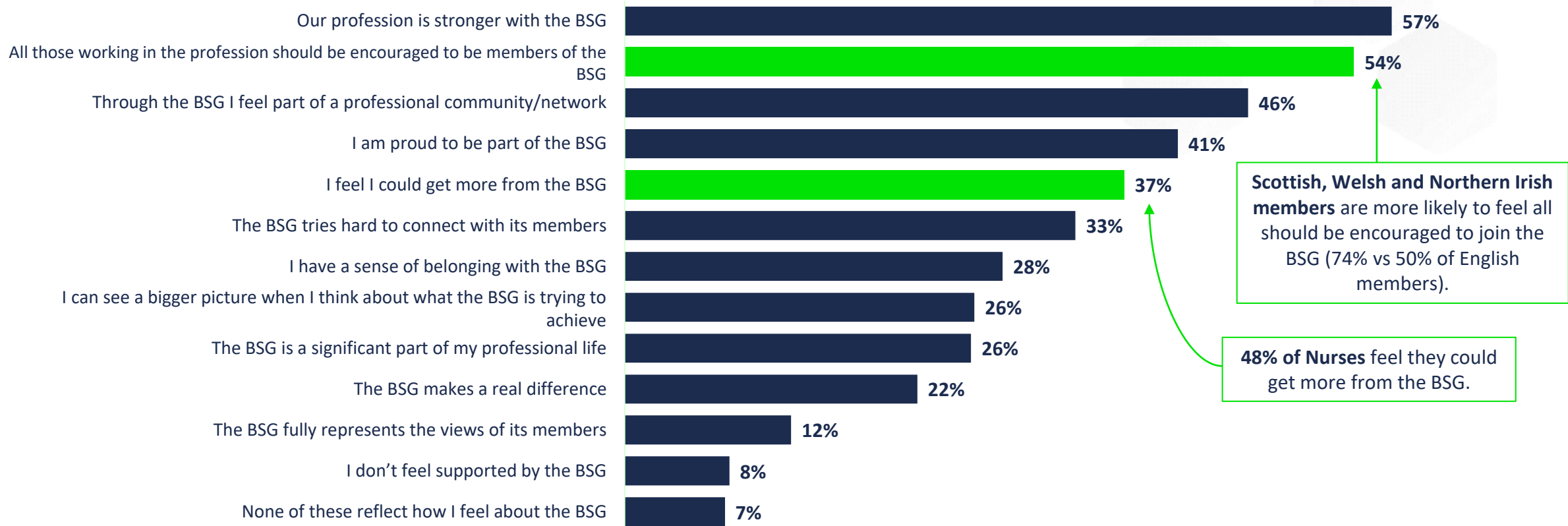
“I think the Society is more London centric than it should be.”
Nurse

“Nurses appear to be overlooked when it comes to education and conferences. The society offers fantastic opportunities for nurse Endoscopists/nurse specialists and consultants. It would be nice to have more for unit nurses.”
Consultant

E20. The BSG is a home for all professionals working within gastroenterology: To what extent do you agree or disagree with the following statements? Base: All (380 respondents); The NHS (292 respondents); Private practice (46 respondents – caution, low base size); At an academic institution (50 respondents – caution, low base size).

Whilst overall sentiment is positive towards the BSG, just over a third feel they could get more from the BSG.

Which of the following statements best reflect your feelings about the BSG?



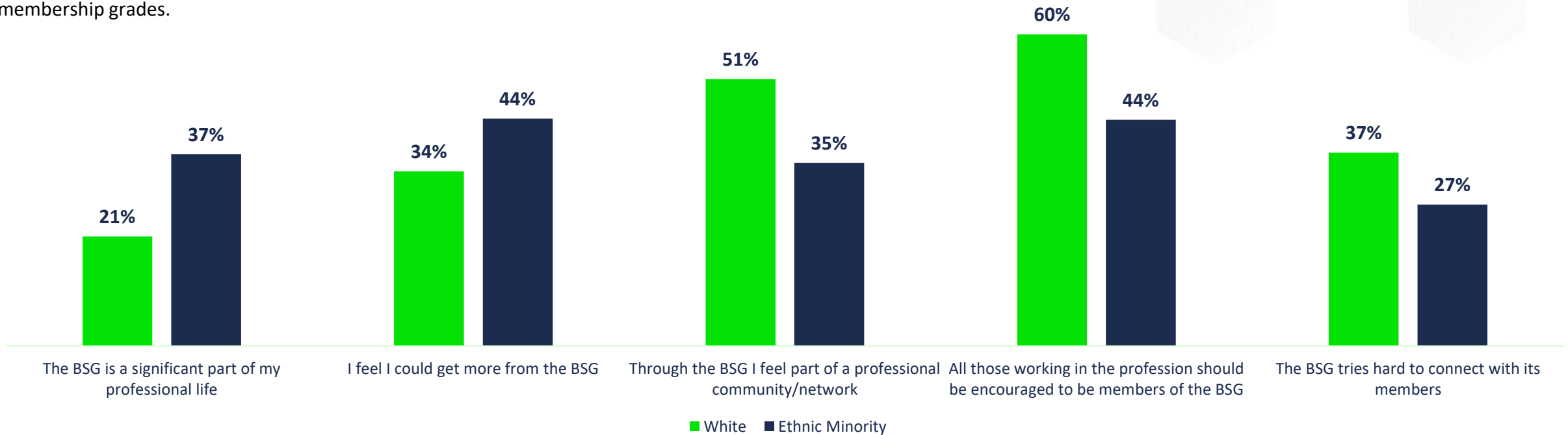
E30. Which of the following statements best reflect your feelings about the BSG? Base: All (376 respondents).

Ethnic minority members are more likely to view the BSG as a significant part of their professional life.

However, they are also more likely to feel like they could get more from their membership; being less likely to feel the BSG works hard to connect its members and are less likely to feel part of a professional community / network through the BSG.

NB. There are no further significant differences between different membership grades.

Which of the following statements best reflect your feelings about the BSG?

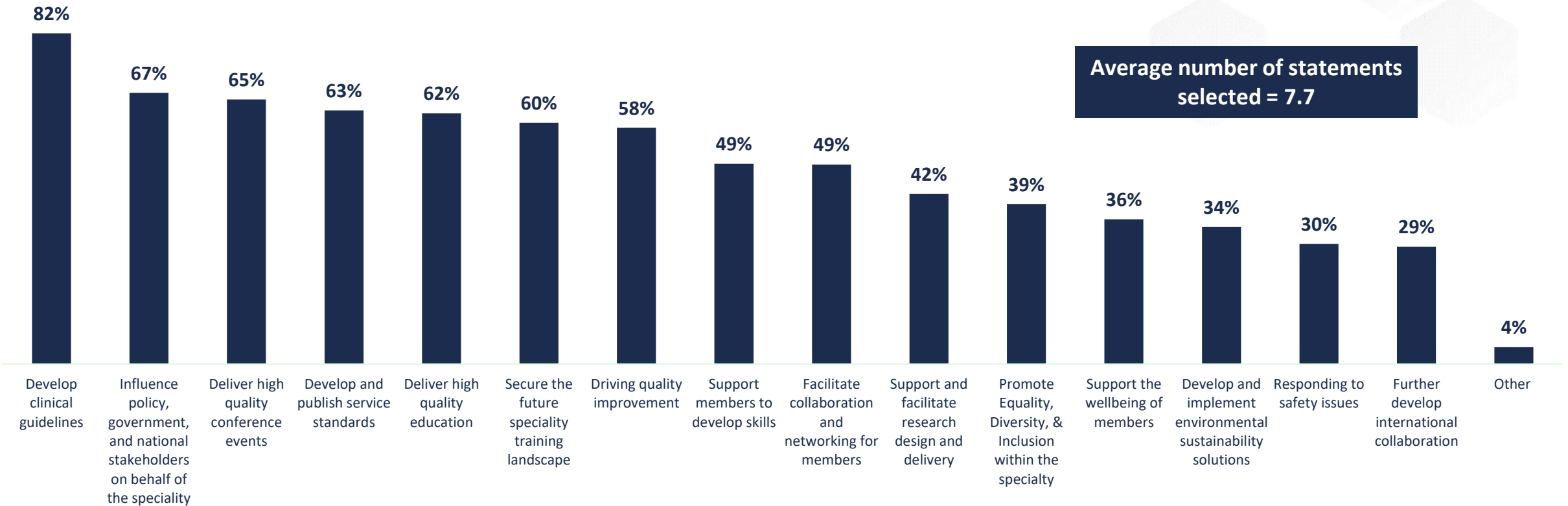


E30. Which of the following statements best reflect your feelings about the BSG? Base: White (241 respondents); Ethnic Minority (97 respondents).

The BSG's current role is primarily considered to be developing clinical guidelines...

...however, more than 3 in 5 also feel the BSG has a role in influencing government policy, delivering high quality events and education as well as developing and publishing service standards.

In your opinion, what are the key roles of the BSG currently?

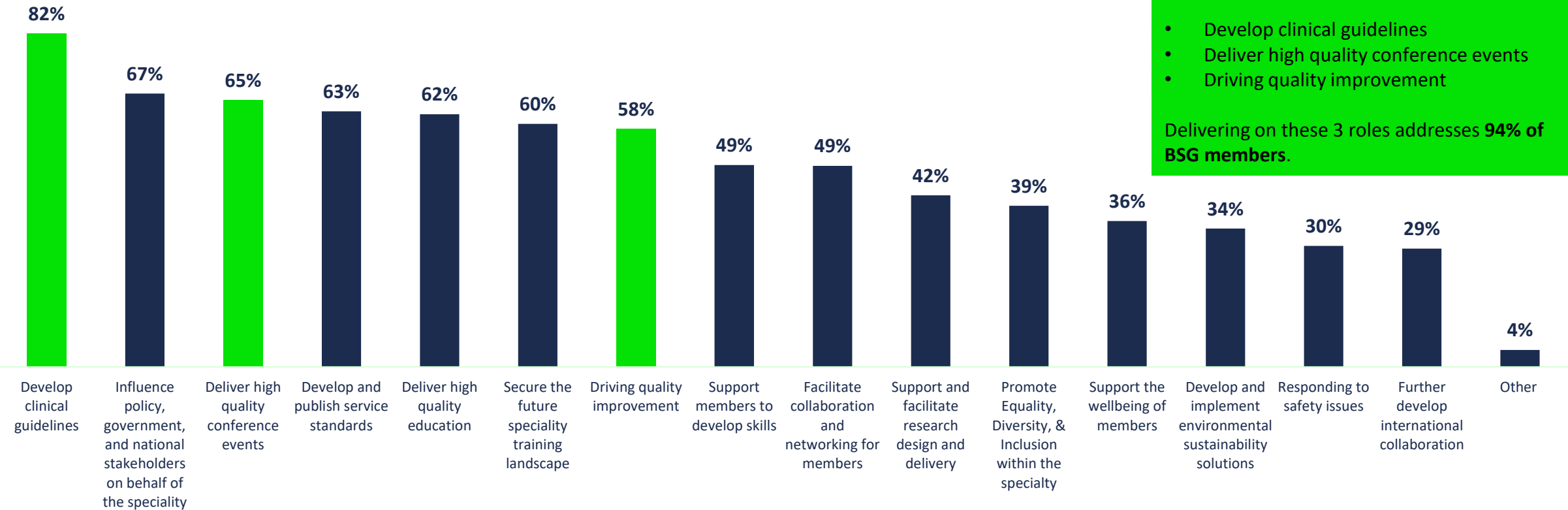


P05. In your opinion, what are the key roles of the BSG currently? Please select all that apply. Base: All (387 respondents).

The BSG's current role is primarily considered to be developing clinical guidelines...

...however, more than 3 in 5 also feel the BSG has a role in influencing government policy, delivering high quality events and education as well as developing and publishing service standards.

In your opinion, what are the key roles of the BSG currently?



TURF analysis demonstrates that the greatest reach comes from:


- Develop clinical guidelines
- Deliver high quality conference events
- Driving quality improvement


Delivering on these 3 roles addresses **94% of BSG members.**

P05. In your opinion, what are the key roles of the BSG currently? Please select all that apply. Base: All (387 respondents).

On average, Trainees view the BSG as having the most key roles; they are also more likely to view the organisation as needing to support members in training and developing skills. However, they are less likely to feel the BSG has a role in driving quality improvement, compared to Consultants and Nurses.

Key roles of the BSG currently	Trainees (8.34 roles selected on average)	Consultants (8.06 roles selected on average)	Nurses (7.73 roles selected on average)
Develop clinical guidelines	89%	83%	83%
Influence policy, government, and national stakeholders on behalf of the speciality	72%	75%	65%
Deliver high quality conference events	70%	72%	59%
Develop and publish service standards	60%	71%	71%
Deliver high quality education	60%	68%	62%
Secure the future speciality training landscape	72%	65%	38%
Driving quality improvement	45%	73%	71%
Support members develop skills such as leadership, change management, quality improvement etc.	62%	42%	56%

 Significantly less likely to feel one of the key roles of the BSG

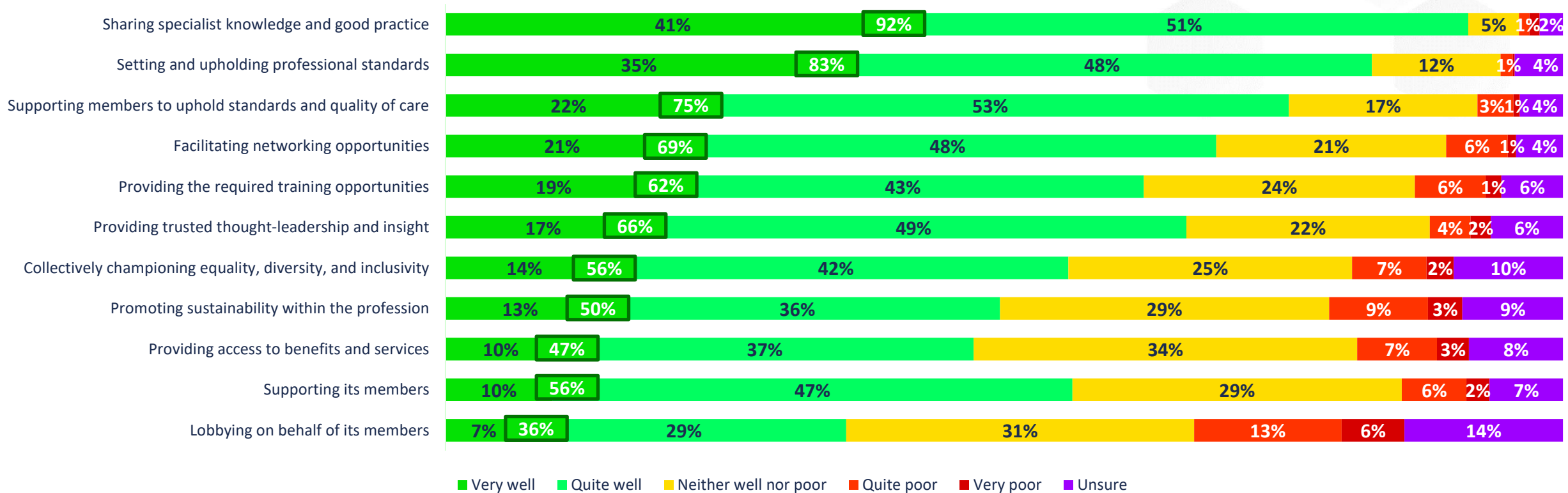
 Significantly more likely to feel one of the key roles of the BSG

P05. In your opinion, what are the key roles of the BSG currently? Base: Trainee (53 respondents); Consultants (218 respondents); Nurses (63 respondents).

The BSG delivers well on ensuring members have access to specialist knowledge and in setting, upholding and supporting members to uphold standards and quality of care.

However, ensuring access to their wider benefits and services and lobbying on behalf of members are identified as areas where the BSG could deliver better. Lobbying is perhaps most significant here given that around two thirds identified influencing policy, government and national stakeholders as a key role of the BSG.

How well do you feel the BSG delivers on the following?

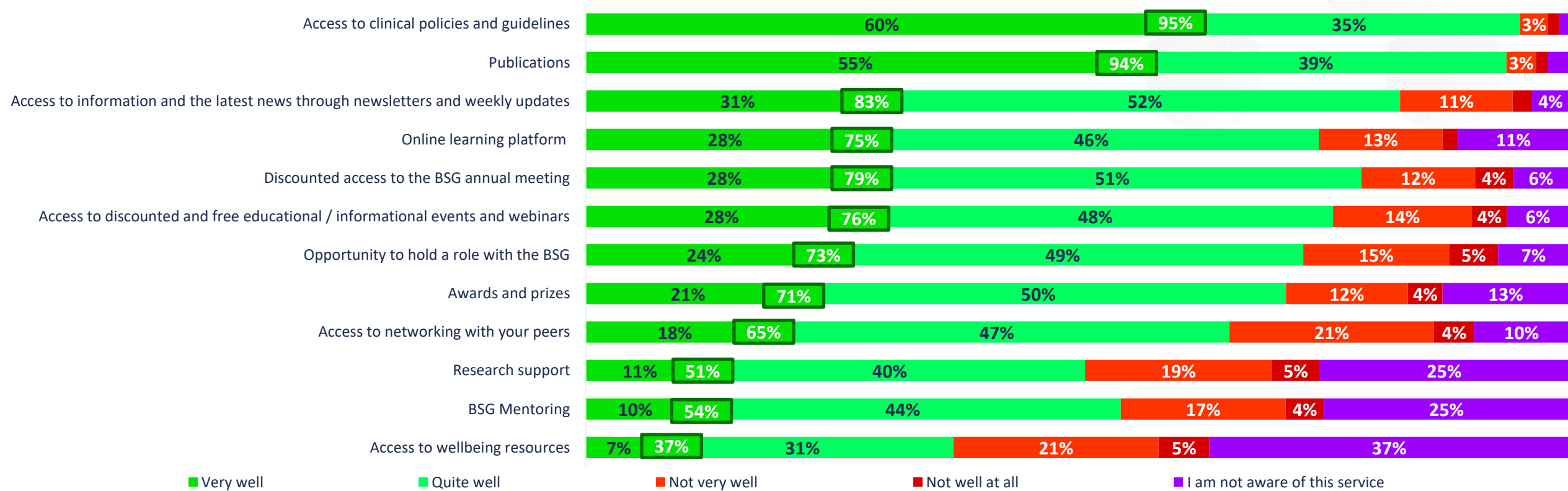


B40. How well do you feel the BSG delivers on the following? Base: All (387 respondents).

Members feel the BSG delivers well on most benefits and services. In particular, more than 90% of members feel that the BSG delivers well on access to clinical policies and guidelines and publications.

The top 3 areas for improvement are access to wellbeing resources, access to networking and research support, where around 1 in 4 feel the BSG does not deliver well.

How well does the BSG deliver on these member benefits and services?



E40. In your opinion, how well does the BSG deliver on these member benefits and services? Base: All (373 respondents).

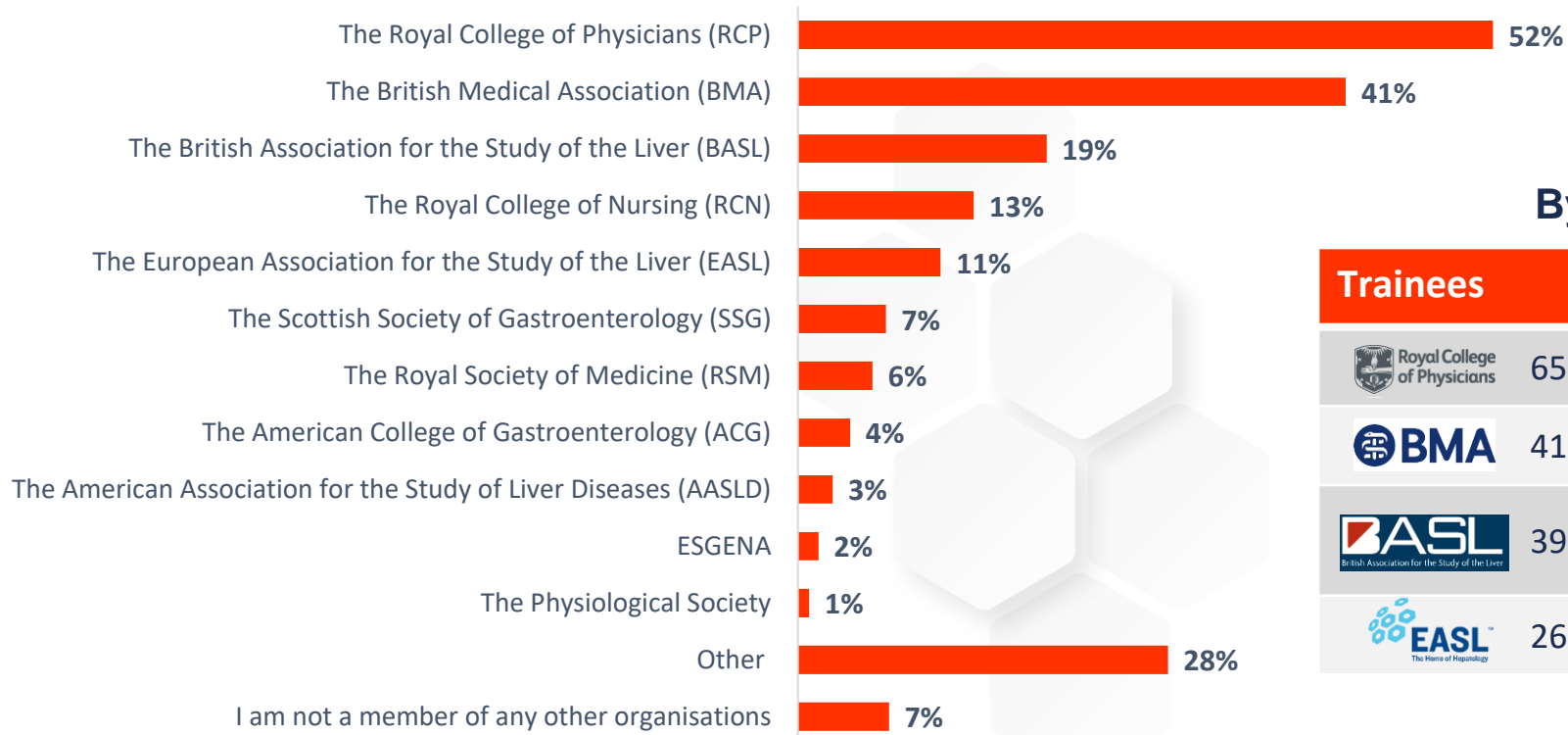


Competitor organisations



On average, members belong to three organisations (including the BSG), with RCP and the BMA being the most prevalent, especially amongst Trainees and Consultants.

Which, if any, of the following organisations are you a member of in addition to the BSG?



By Membership Grade:

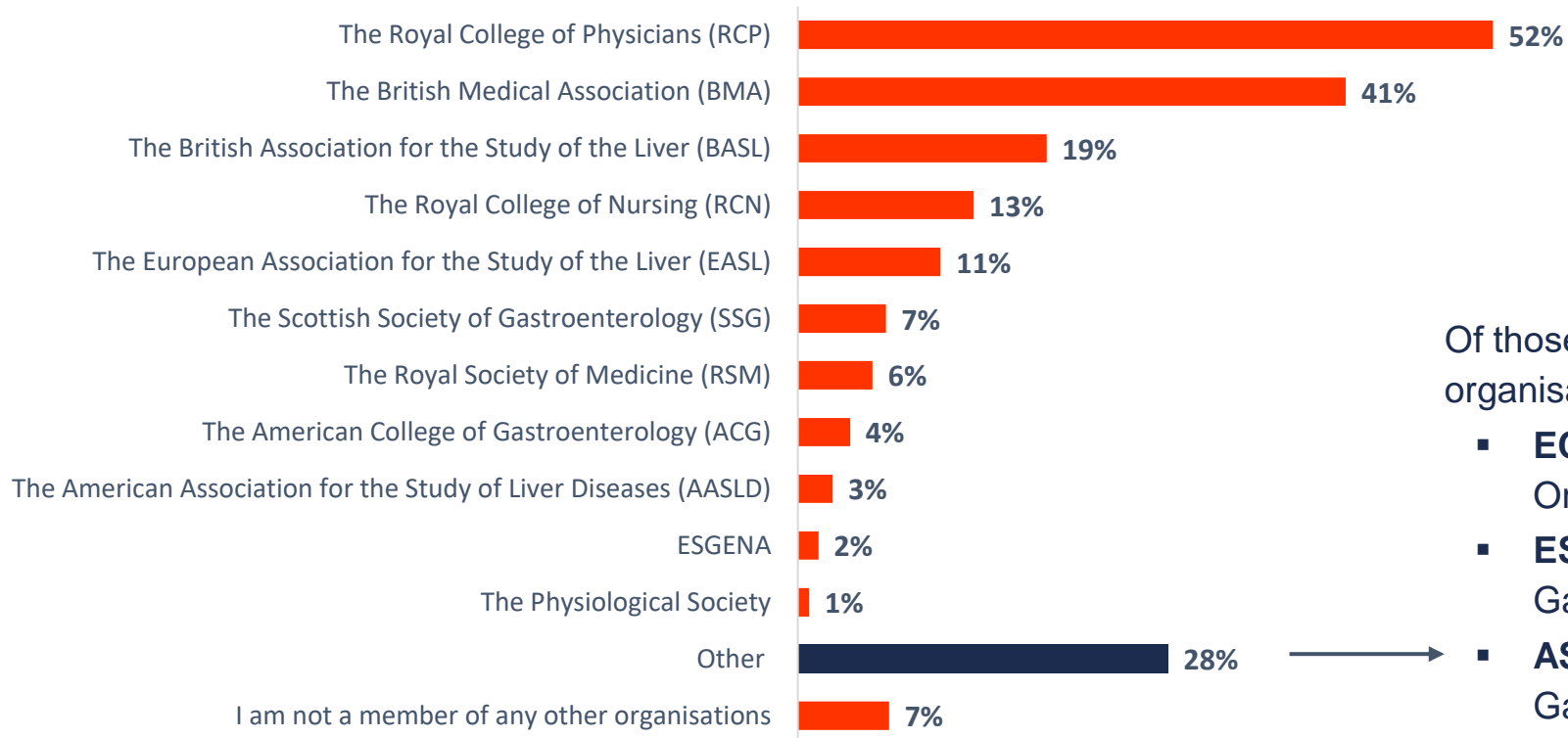
Trainees		Consultants		Nurses	
Royal College of Physicians	65%	Royal College of Physicians	75%	Royal College of Nursing The voice of nursing	78%
BMA	41%	BMA	56%	Other – 25%	
BASL British Association for the Study of the Liver	39%	Other – 33%		Not a member of any other – 10%	
EASL The Home of Hepatology	26%	BASL British Association for the Study of the Liver	20%	Scottish Society of Gastroenterology	5%

O10. Which, if any, of the following organisations are you a member of in addition to the BSG? Please select all that apply. Base: All (354 respondents).

*ESGENA = The European Society of Gastroenterology and Endoscopy Nurses and Associates

On average, members belong to three organisations (including the BSG), with RCP and the BMA being the most prevalent, especially amongst Trainees and Consultants.

Which, if any, of the following organisations are you a member of in addition to the BSG?



Of those who select 'Other', the most cited organisations are:

- **ECCO** (European Crohn's and Colitis Organisation).
- **ESGE** (European Society of Gastrointestinal Endoscopy).
- **ASGE** (American Society of Gastrointestinal Endoscopy)

O10. Which, if any, of the following organisations are you a member of in addition to the BSG? Please select all that apply. Base: All (354 respondents).

*ESGENA = The European Society of Gastroenterology and Endoscopy Nurses and Associates

All of the main membership grades would primarily look to the BSG for help / support within three core areas which are listed below.

Above all things, members look to the BSG for clinical guidelines, followed closely by research, education and training.

Of those organisations you are a member of, including the BSG, which one(s) would you typically turn / look to for the following:

	Trainees	Consultants	Nurses
Providing clinical guidelines	<ol style="list-style-type: none"> <u>The BSG (93%)</u> EASL (24%) BASL (22%) 	<ol style="list-style-type: none"> <u>The BSG (91%)</u> RCP (22%) EASL (13%) 	<ol style="list-style-type: none"> <u>The BSG (90%)</u> RCN (31%) Other (15%)
Accessing research, education and training	<ol style="list-style-type: none"> <u>The BSG (83%)</u> RCP (41%) BASL (29%) 	<ol style="list-style-type: none"> <u>The BSG (76%)</u> RCP (30%) Other (27%) 	<ol style="list-style-type: none"> <u>The BSG (83%)</u> RCN (38%) Other (19%)
Providing Networking Opportunities	<ol style="list-style-type: none"> <u>The BSG (78%)</u> RCP (32%) BASL (24%) 	<ol style="list-style-type: none"> <u>The BSG (64%)</u> Other (20%) RCP (17%) 	<ol style="list-style-type: none"> <u>The BSG (69%)</u> RCN (33%) Other (19%)

O20. Of those organisations you are a member of, including the BSG, which one(s) would you typically turn / look to for the following. Base: All those who are a member of at least one other organisation (332 respondents).

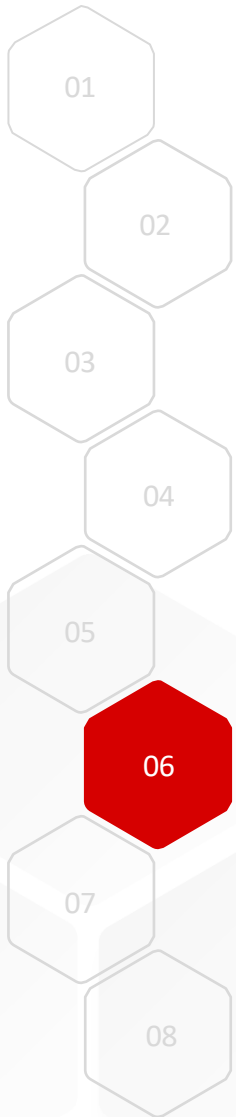
However, the BSG is typically not the first port of call for lobbying, promoting ED&I, and wellbeing support.

For these areas, partnership opportunities with these organisations may allow the BSG to focus on its core areas.

Of those organisations you are a member of, including the BSG, which one(s) would you typically turn / look to for the following:

	Trainees	Consultants	Nurses
Lobbying / influencing the government	<ol style="list-style-type: none"> <u>The BSG</u> (49%) RCP (41%) BMA (34%) 	<ol style="list-style-type: none"> RCP (60%) BMA (38%) <u>The BSG</u> (35%) 	<ol style="list-style-type: none"> RCN (71%) <u>The BSG</u> (38%) Other (15%)
Promoting Equality, Diversity, & Inclusion within the profession	<ol style="list-style-type: none"> <u>The BSG</u> (39%) <i>I would not turn / look to an organisation for this (34%)</i> RCP (32%) 	<ol style="list-style-type: none"> <u>The BSG</u> (37%) RCP (36%) <i>I would not turn / look to an organisation for this (33%)</i> 	<ol style="list-style-type: none"> RCN (62%) <i>I would not turn / look to an organisation for this (29%)</i> <u>The BSG</u> (25%)
Wellbeing support	<ol style="list-style-type: none"> <u>The BSG</u> (39%) BMA (29%) <i>I would not turn / look to any organisation for this (27%) & RCP (27%)</i> 	<ol style="list-style-type: none"> <i>I would not turn / look to any organisation for this (48%)</i> BMA (29%) RCP (25%) 	<ol style="list-style-type: none"> The RCN (52%) <i>I would not turn / look to any organisation for this (40%)</i> <u>The BSG</u> (15%)

O20. Of those organisations you are a member of, including the BSG, which one(s) would you typically turn / look to for the following. Base: All those who are a member of at least one other organisation (332 respondents).



Future priorities

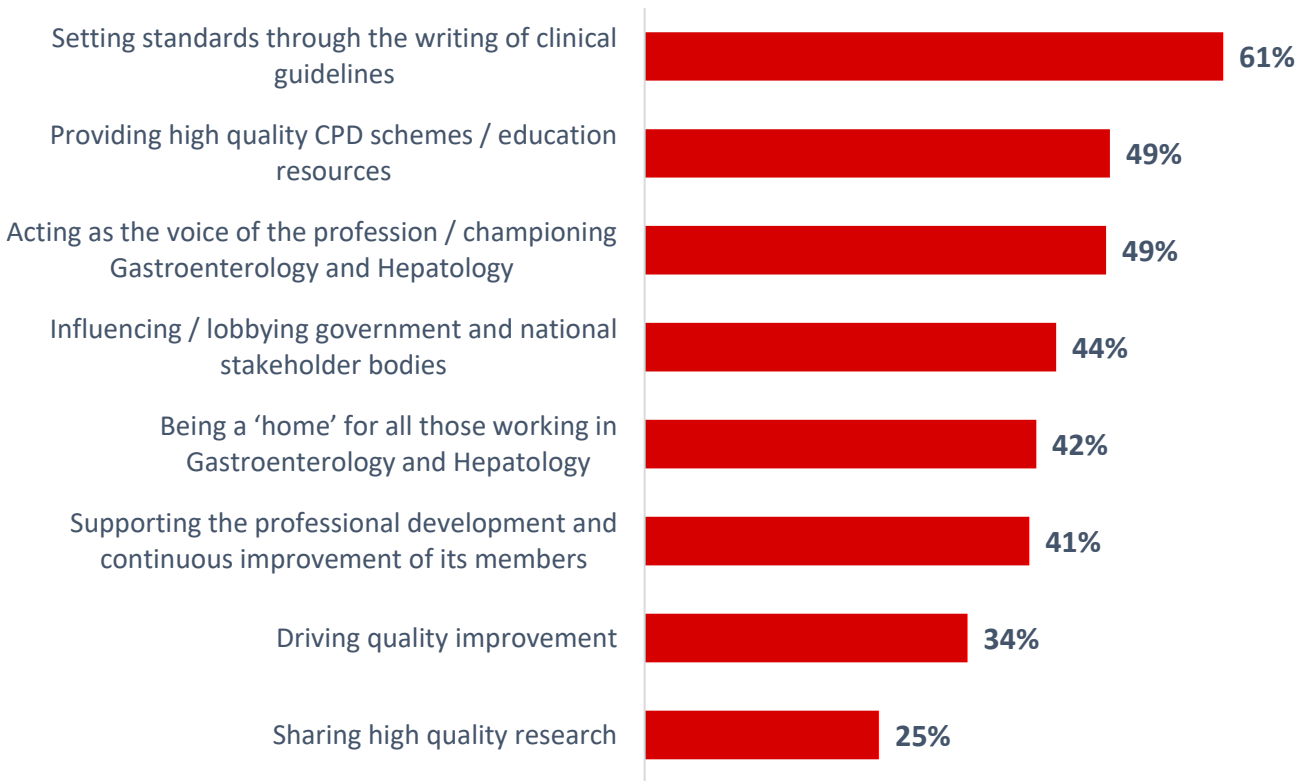
inc. a look at sustainability



Members see the BSG as having numerous future priorities with ‘setting standards through the writing of clinical guidelines’ being the most selected.

Followed by educating the workforce and acting as the voice for the profession.

Main priorities for the BSG in the future *(Select up to 5 answers).*



“I’d like to have ticked them all if allowed!”
Trainee

“I wanted to select more than just the 5 options!”
AHP AGIP PA 6

The **top 8** (out of 16) most selected options.

Average number priorities selected = **4.68**

F10. What do you believe the main priorities for the BSG should be in the future? Please select up to 5 answers. Base: All (352 respondents).

Setting standards through the writing of clinical guidelines is important to all.

What do you believe the main priorities for the BSG should be in the future?

Trainees	Consultants	Nurses
Setting standards through the writing of clinical guidelines (63%)	Setting standards through the writing of clinical guidelines (63%)	Setting standards through the writing of clinical guidelines (57%)
Providing high quality CPD schemes / education resources (54%)	Acting as the voice of the profession / championing Gastroenterology and Hepatology (59%)	Supporting the professional development and continuous improvement of its members (57%)
Acting as the voice of the profession / championing Gastroenterology and Hepatology (54%)	Providing high quality CPD schemes / education resources (50%)	Driving quality improvement (48%)
Influencing / lobbying government and national stakeholder bodies (50%)	Being a 'home' for all those working in Gastroenterology and Hepatology (46%)	Acting as the voice of the profession / championing Gastroenterology and Hepatology (38%)
Supporting the professional development and continuous improvement of its members (41%)	Influencing / lobbying government and national stakeholder bodies (45%)	Being a 'home' for all those working in Gastroenterology and Hepatology (36%)
		Providing high quality CPD schemes / education resources (36%)

F10. What do you believe the main priorities for the BSG should be in the future? Please select up to 5 answers. Base: Trainees (46 respondents); Consultants (202 respondents); Nurses (58 respondents).

Members believe lobbying priorities should be on reducing the demands placed on the workforce.

Free text comments from members reveal 3 core lobbying priorities:

1. Increase awareness of the issues **alcohol** has on patients, as well as how this is increasing the burden placed on gastroenterologists, and the NHS in general.
2. Workforce planning – **promoting GI as a specialism to encourage more trainees** through to the profession, helping to alleviate the workforce challenges currently facing the profession.
3. Promoting the **value of specialist gastroenterology care** and the negative impacts that a focus on General Medicine is having (on patient outcomes with GI diseases and work-life balance). *This was something highlighted in the depth interviews last year (see next slide).*

“Around alcohol use lifestyle - exercise/diet
More funding for research in these areas.”

Consultant

“Alcohol harm reduction.”

Consultant

“Campaigns on alcohol and obesity.”

Consultant

“We have huge backlogs, and a lack of expansion in training numbers - this needs a national strategy.”

Consultant

“We need to promote specialist care, less of the generalist approach.”

Consultant

“Working to address the workforce challenges & the increasing work we have in general medicine, that takes us away from our GI work.”

Consultant

“Protecting the workforce from excessive general internal medicine and building the workforce for the future.”

Consultant

Many members consider that a key role for BSG is to be the champion of all of the professions that work in gastroenterology, as well as to champion the importance of the conditions treated by those in this field to policy-makers, funders, and the public.

Research

Education and training

A home for all

Championing
Gastroenterology

In an environment where there is a **tension between generalist and special models of care**, members are concerned that there is a risk that the important contribution made by early involvement of gastroenterologists and other gastroenterology professionals will be less well understood and that this will have a negative impact on patient outcomes.

Key issues raised by members include the:

- need to advocate/lobby to policy-makers and funders the importance of the full range of professionals that work in the field of gastroenterology as well as the importance of conditions treated in this field.
- Importance of demonstrating **the value added by specialist gastroenterology** care in terms of improved patient outcomes – key to this will be for BSG to collate data/support research that helps to demonstrate the value of specialist teams.

*“Our national body has to really stress to people who are higher up - the people who hold the purse strings - that we as a specialty are important and they need to adequately fund it. So that's one thing - **championing the sort of the value and the worth of all the members**. The same goes for nurses, dieticians, and psychologists - if they're not championed, then people don't think dietitians are worthwhile, people don't think psychologists worthwhile, and as a result, the government don't fund it. So, **the BSG really needs to champion that the conditions we look after are important, and all the members and their different professional capacities are really important. And we need these roles.**” - Consultant*



Qualitative Report Finding

Focusing on preventative strategies can aid workforce demands in the long run.

Free text comments from members reveal 3 core lobbying priorities:

1. Increase awareness of the issues **alcohol** has on patients, as well as how this is increasing the burden placed on gastroenterologists, and the NHS in general.



Preventative strategies are seen by members as being a key, long-term method for reducing the demands on the workforce.

Partnering with other organisations can help to make sure the 'voice' is as loud as possible, encouraging action from the government.

“Supporting local implementation of best practice through regional networks. The BSG is not surprisingly very secondary care focussed. It needs to be better at working with public health and primary teams on an agreed 'GI/liver population health and prevention' strategy - without a clear voice on prevention our secondary care services will continue to be overwhelmed (this is not sustainable).”

Consultant

“The BSG need to focus on influencing government policy on food, liver disease.”

Consultant

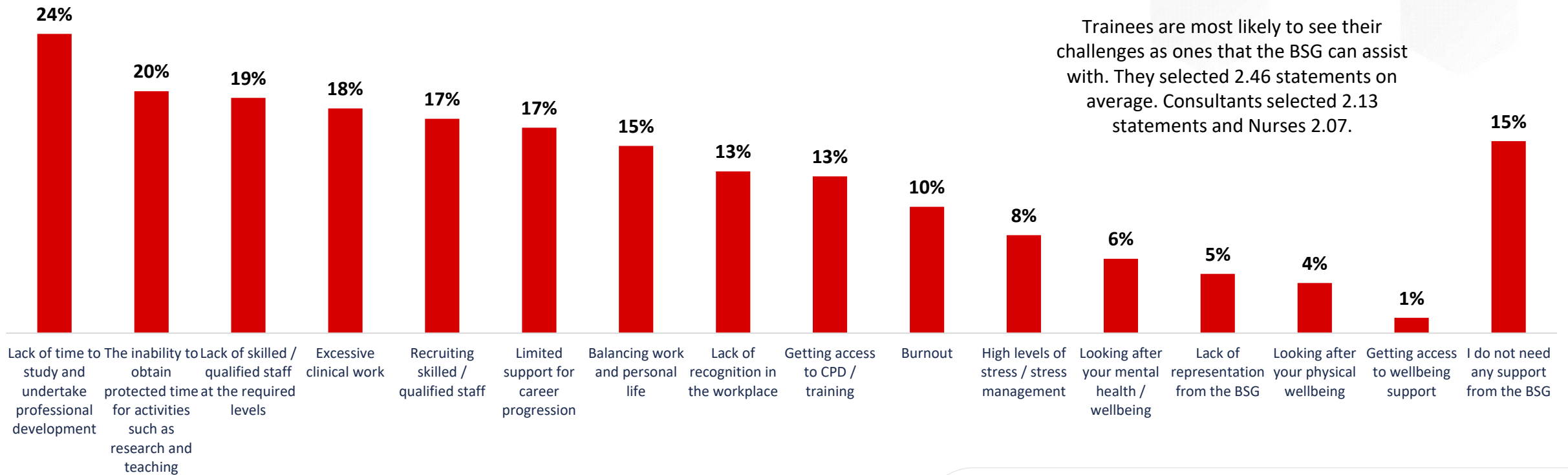
“The BSG needs to reach out to other representative organisations involved with digestive disease to facilitate / lead effective collaboration (i.e. voice) at a national level.”

Consultant

Members feel the BSG should seek to impact the profession, which would then help with overcoming personal challenges.

Nearly a quarter of members feel the BSG could support them in finding time to study and undertake professional development while an inability to obtain time for research and teaching is also identified as something the BSG could support with by 1 in 5.

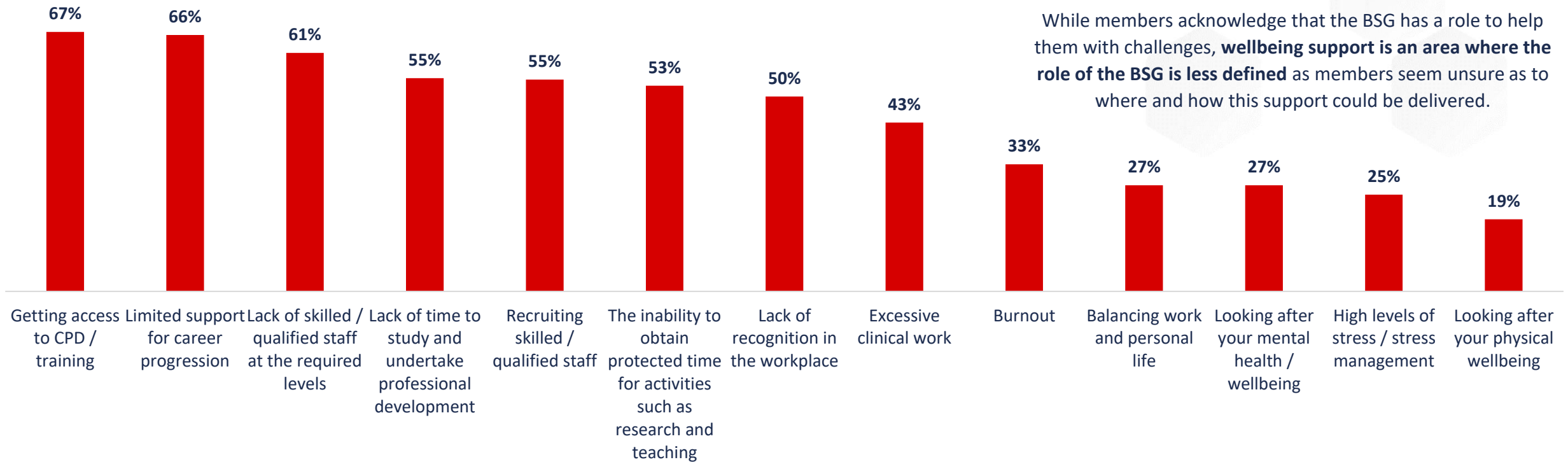
Which of the following challenges that you're facing do you feel the BSG could support you, or support you better with?



C30. And which of the following challenges that you're facing do you feel the BSG could support you, or support you better with? Base: Those who are facing at least one challenge (368 respondents).

Around 2 in 3 members currently facing challenges getting access to CPD / training or who feel they aren't fully supported to progress their career feel the BSG are well placed to support them.

Which of the following challenges that you're facing do you feel the BSG could support you, or support you better with?
 (% of those that selected option at C20.)



While members acknowledge that the BSG has a role to help them with challenges, **wellbeing support is an area where the role of the BSG is less defined** as members seem unsure as to where and how this support could be delivered.

C30. And which of the following challenges that you're facing do you feel the BSG could support you, or support you better with? Base: Excessive clinical work (154), Lack of skilled / qualified staff at the required levels (114), High levels of stress / stress management (117), **Getting access to wellbeing support (8) *too low to show**, Balancing work and personal life (203), Recruiting skilled / qualified staff (117), Limited support for career progression (92), Getting access to CPD / training (70), **Lack of representation from the BSG (19) *too low to show**, Lack of recognition in the workplace (96), Lack of time to study and undertake professional development (162), The inability to obtain protected time for activities such as research and teaching (136), Burnout (115), Looking after your physical wellbeing (80), Looking after your mental health / wellbeing (81), **Other (37) *too low to show**.

The fact that members cite a key priority of the BSG is to provide educational resources and to aid with their professional development is also evident below, with members citing that they believe the BSG can play a role in helping to create protected time for such development and training to take place.

	Biggest challenges facing the profession	Challenges members are facing personally	Challenges that members feel the BSG could support them with	Key
#1	Excessive workload – 55%	Balancing work and personal life – 52%	Lack of time to study and undertake professional development – 24%	Workload Issues
#2	Pressure from inpatient workload including acute medical admissions – 49%	Lack of time to study and undertake professional development – 42%	The inability to obtain protected time for activities such as research and teaching – 20%	Recruitment and Retention / Staffing Issues
#3	Achieving a suitable work / life balance – 48%	Excessive clinical work – 40%	Lack of skilled / qualified staff at the required levels – 19%	Health & Wellbeing of the Workforce
#4	High levels of burnout – 47%	The inability to obtain protected time for activities such as research and teaching – 35%	Excessive clinical work – 18%	Career Development / Training Issues
#5	Recruiting skilled / qualified staff at the required levels – 45%	High levels of stress / stress management – 30%	Recruiting skilled / qualified staff – 17%	Recruitment and Retention / Staffing Issues

C10. Which, if any, of the following are the biggest challenges facing the Gastroenterology and Hepatology profession? Base: All (387 respondents).

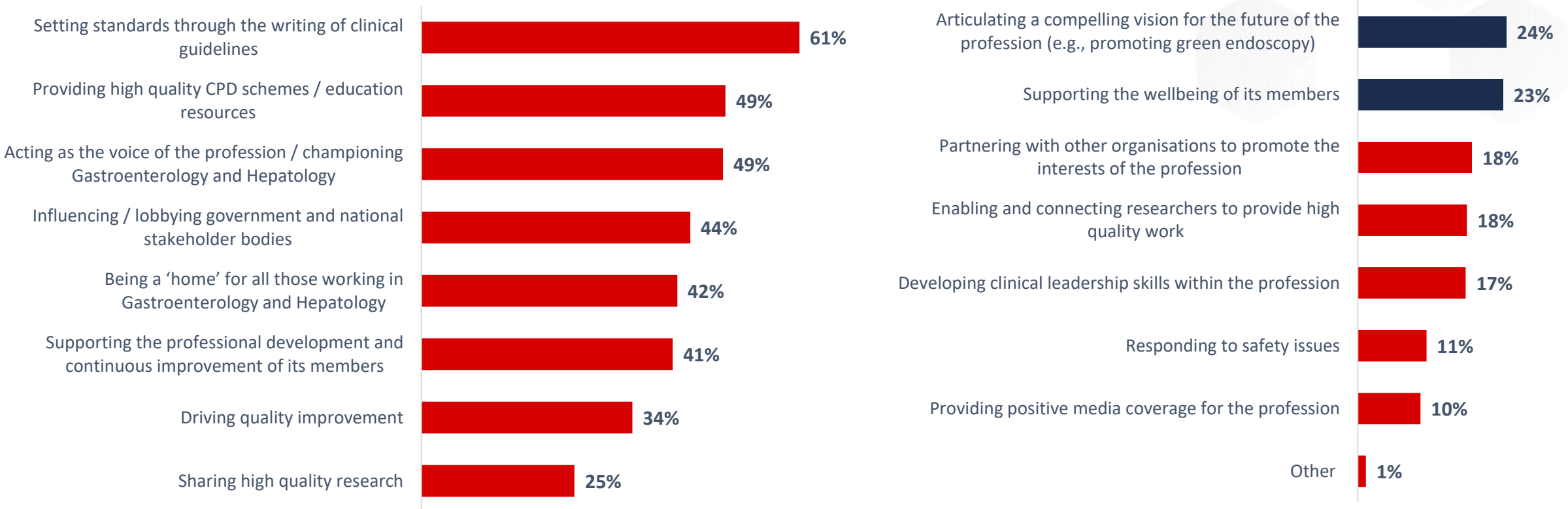
C20. Which of the following challenges are you facing specifically? Base: All (387 respondents).

C30. And which of the following challenges that you're facing do you feel the BSG could support you, or support you better with? Base: Those who are facing at least one challenge (368 respondents).

Only around a quarter of members cite supporting wellbeing as something that should be a key priority of the BSG...

...although **wellbeing** (35%) and **articulating a compelling vision for the future** (39%) are significantly more likely to be selected by trainees.

What do you believe the main priorities for the BSG should be in the future? Please select up to 5 answers.



F10. What do you believe the main priorities for the BSG should be in the future? Please select up to 5 answers. Base: All (352 respondents).

Sustainability is important in the eyes of the majority of members, and therefore it should be a focus of the BSG moving forwards.

Importance that the BSG develops and works towards a strategy on climate change and sustainability which seeks to reduce the carbon footprint of gastroenterology and hepatology.



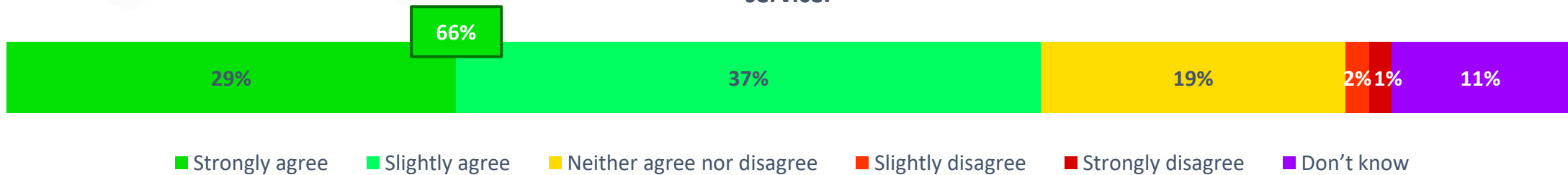
S10. How important is it to you that the BSG develops and works towards a strategy on climate change and sustainability which seeks to reduce the carbon footprint of gastroenterology and hepatology? Base: All (354 respondents).

However, there is scope to improve the perception of the BSG's commitment to promoting environmental sustainability.

Importance that the BSG develops and works towards a strategy on climate change and sustainability which seeks to reduce the carbon footprint of gastroenterology and hepatology.



Agreement that the BSG is committed to supporting and promoting environmental sustainability across all aspects of its practice nationally and internationally, and to supporting the NHS in its aims to achieve a net zero service.



S20. To what extent do you agree or disagree that the BSG is committed to supporting and promoting environmental sustainability across all aspects of its practice nationally and internationally, and to supporting the NHS in its aims to achieve a net zero service? Base: All (354 respondents).

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Recommendations



Summarising the results so far

- ◆ Overall **results for the BSG are extremely positive**, with members citing the guidelines, the educational resources, and the networking opportunities as key reasons for their positive feelings towards the BSG.
- ◆ However, members are struggling with **excessive workloads** as a result of the current workplace demands and workforce trends.
- ◆ The focus for the BSG should be on impacting the profession, since this will ultimately have a positive impact at individual member level. With this mind, members are keen to see the BSG play more of an **active role in the workplace** through:
 - greater **co-ordination** with other organisations to **lobby and influence the government**, as well as running national social marketing campaigns focused on positive lifestyle changes.
 - a greater focus on the guidelines, in particular providing more understanding on how such **guidelines can be implemented**.
- ◆ Members want to feel part of a wider group, and whilst Trainees and Consultants currently feel they belong to the BSG, the same cannot be said for **Nurses**. They currently do not feel that the BSG fully understands their needs and more could be done to improve this.
- ◆ Members appreciate **the BSG is still on its ED&I journey**, and welcome positive changes to the committees which are becoming more inclusive, although more could still be done.

Executive summary: answering the research objectives.

Research Objective	Qualitative Research Insights	Quantitative Research Insights
<ul style="list-style-type: none"> Understand the professional experiences of members across different roles, workplace types and locations. 	<p>On a day-to-day basis, members are significantly impacted by workforce issues – facing increasing workloads and pressure. Changing models of practice are also having an impact, with growing numbers feeling frustrated by being called on to practice more general medicine. Members are also experience with wellbeing and challenges in career planning and development.</p>	<p>The quantitative findings back up those found in the depth interviews; members are facing an excessive clinical workload which is not only impacting their work-life balance, but which is also hindering their professional development. It is particularly concerning that 3 in 10 members cite facing burnout. Consultants and Trainees are particularly likely to cite excessive workload, burnout and balancing specialty versus general medicine as key challenges for the profession, a greater proportion of Nurses cite recruitment and retention issues.</p>
<ul style="list-style-type: none"> Establish reasons for joining and remaining with the BSG (across different membership grades, locations, and job roles). 	<p>Members join and stay with BSG for 4 key reasons – access to resources and education, networking and support, a sense of obligation and for career enhancement.</p>	<p>Being part of the professional body promoting gastroenterology and hepatology is one of the key drivers for joining and remaining with the BSG.</p> <p>Whilst the quantitative research highlights the important role that education and networking play in membership decisions (as seen in the qual), the survey results highlight that being kept up to date with information and developments is particularly important across all membership grades.</p>

Executive summary: answering the research objectives.

Research Objective	Qualitative Research insights	Quantitative Research Insights
<ul style="list-style-type: none"> Explore the perceived role and image of the BSG and its relevance to members. 	<p>BSG is seen as supportive, and the home of quality gastroenterology resources. Members of all types feel that a more granular approach is required to improve the relevance of BSG resources, events and services.</p>	<p>The BSG is viewed positively by members, and clearly outperforms all three benchmark data points (overall rating, value for money and likelihood to recommend). Critical to this appear to be the guidelines, educational resources and networking events the BSG provides.</p> <p>The Society is regarded as <i>‘Educational’</i>, <i>‘Professional’</i> and <i>‘Respected’</i>. Few choose negative descriptors when describing the BSG.</p> <p>However, nurses believe that the BSG could further its relevance to them through targeted communications and online, educational content.</p>
<ul style="list-style-type: none"> Understand member engagement with the BSG, including awareness of, and satisfaction with current member benefits and the BSG’s activities and services. 	<p>The website is the primary means of engagement with BSG for those who are not actively involved in committees. There is a strong feeling that more needs to be done to improve the website user experience (See Appendix). Members are also keen for more information that is more relevant to their interests – this is an issue across all member types. In spite of these issues, BSG membership is valued, and most members feel that they get more value than they give to BSG.</p>	<p>Whilst member engagement is largely positive, nurses are a less engaged group and believe the BSG needs to invite them to be a part of the organisation, and needs to raise overall awareness of the BSG and what it can offer.</p> <p>Members clearly value the educational resources and the guidelines that the BSG provides, and they feel the BSG does well in this area. Improving the BSG’s lobbying / ability to influence however is one area where members feel improvements could be made.</p>

Executive summary: answering the research objectives.

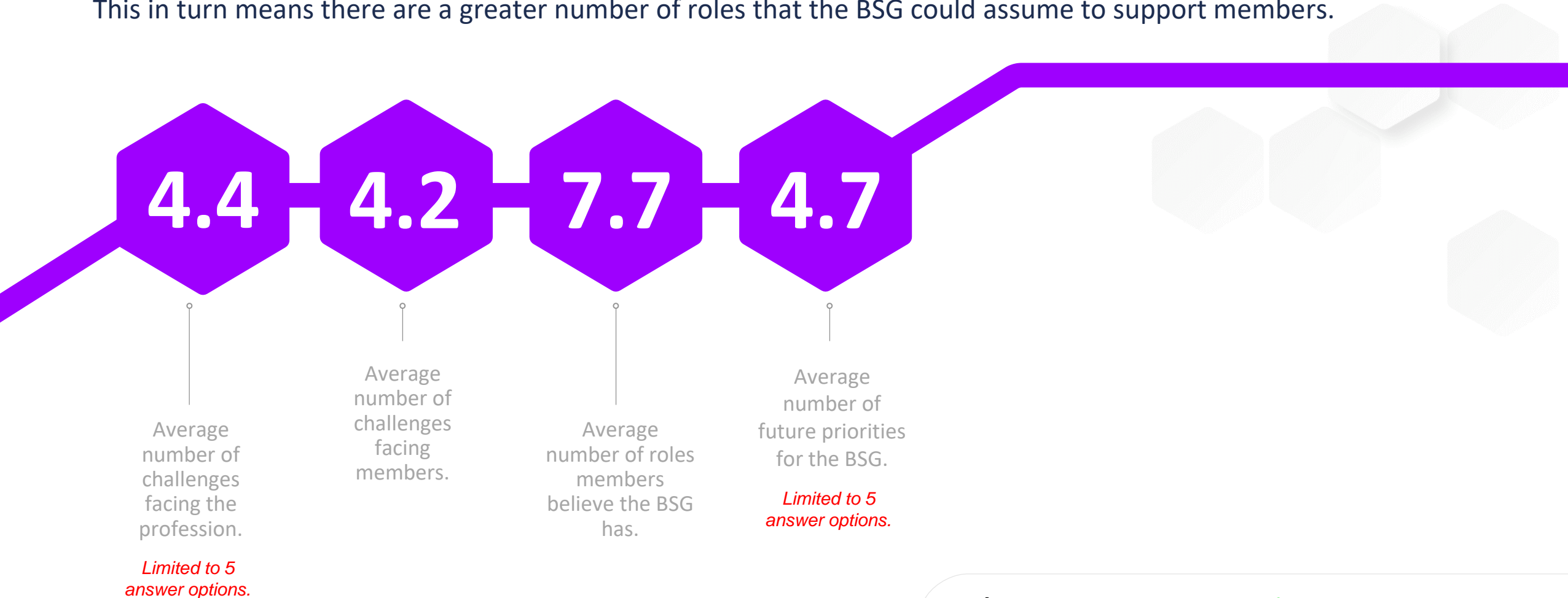
Research Objective	Qualitative Research insights	Quantitative Research Insights
<ul style="list-style-type: none"> Understand the support required by different types of members, for example across career stage, profession, etc. 	<p>In addition to support for professional development (across all member types and career stages), members are interested in wellbeing support, support in career planning, particularly in terms of end-of-career job planning and transition to retirement.</p>	<p>The quantitative research provides further evidence that members primarily are focused on the BSG aiding their professional development. Trainees in particular are keen for the BSG to support their career progression and to aid them in developing their professional networking connections. Whilst some members are interested in wellbeing support, they do not expect this to be provided solely by the BSG.</p>
<ul style="list-style-type: none"> Understand the role of the BSG’s professional voice. 	<p>Need for increased focus on advocacy around workforce issues and clinical leadership.</p>	<p>Both the quantitative and the qualitative research have made it clear that members see the role of the BSG’s professional voice as one that seeks to ease workplace pressures (e.g. not practicing general medicine, aiding recruitment efforts into the profession).</p> <p>However, members note that this is not something the BSG can do on its own, and partnering with other organisations will be crucial in maximising the BSG’s ability to leverage change within the profession.</p>

Executive summary: answering the research objectives.

Research Objective	Qualitative Research insights	Quantitative Research Insights
<ul style="list-style-type: none"> Assess the competitive landscape and how members perceive the BSG in comparison to competitor organisations. 	<p>Members repeatedly note that BSG provides better “support” than other organisations, although what this looks and feels like for members in practice is unclear. Members are keen for BSG to complement and build on the benefits they receive from other professional organisations.</p>	<p>Members often belong to more than one membership organisation and therefore there is a sense that the BSG does not need to be everything to everyone. Typically, members turn to the BSG for (1) Clinical Guidelines (2) Research, Education & Training and (3) Networking Opportunities. Support appears to be viewed through the lens of the guidelines.</p> <p>Meanwhile lobbying, wellbeing support, and promoting ED&I in the profession, are priorities which the BSG can ‘share’ with other organisations.</p>
<ul style="list-style-type: none"> Understand member perceptions of non-member views and why they do not join the BSG. 	<p>BSG is perceived as being an organisation that is primarily for doctors. Ensuring that BSG membership adds value and support that both complements and builds on that provided by other professional organisations will be important going forward, as will tackling the perception that BSG is only for doctors.</p>	<p>Whilst the survey was not sent out to non-members, there is a sense that some nurses (in particular those in less senior roles) do not join due to a lack of awareness and lack of knowledge of how the breadth of the BSG offer can benefit their needs.</p>

There are a number of challenges facing both the profession as well as members, with challenges focusing on excessive workload and poor recruitment efforts.

This in turn means there are a greater number of roles that the BSG could assume to support members.



However, members are conscious of the BSG spreading itself too thin.

Members cite **guidelines, education and training** as the core aspects of the BSG membership offer.

“The BSG is a good organisation with an increasingly difficult role. **It cannot be everything to everyone.** There needs to be more recognition of the associate groups comprising the BSG although whilst it’s desirable, it’s probably not achievable.”

Nurse

“**It hasn't (yet) made the mistake of trying to be all things to all people. Stick with what you do best.** In a nutshell that is expertise in gastroenterology and hepatology and assisting government in making sensible service and research decisions...Don't be too clever - **stick to what you know!**”

Consultant

“It [the BSG] does lots of things reasonably well. Perhaps **it tries to do too much, and never quite achieves anything completely.** It is expensive and I do not feel it gives good value for money.”

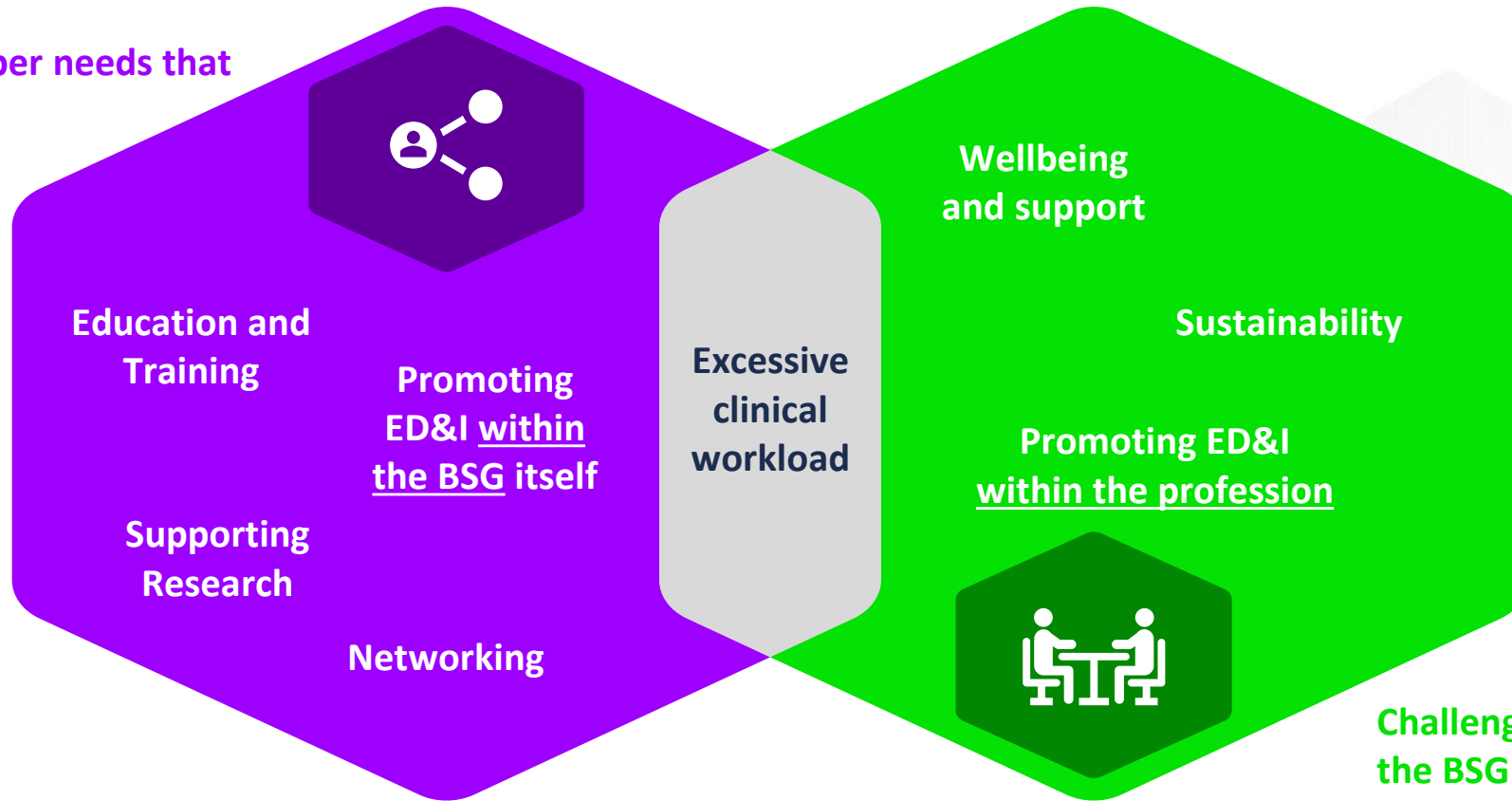
Consultant

“**Stick to what you do well,** e.g., [producing] guidelines and supporting research or you risk losing members like the BMA and RCP did.”

Consultant

The BSG can play a prominent role in a number of areas, although there are other aspects of the BSG offering which can be shared with other organisations.

Challenges / Member needs that the BSG can own.



Challenges / Member needs that the BSG can share.

The BSG delivers value through its guidelines and education and training, although more could be done to promote the BSG’s education offering as being ‘bite-size’.

Key challenges facing members	What can the BSG do on its own?
<p>Excessive clinical workload which is resulting in members suffering with burnout and / or poor work-life balance.</p>	<ul style="list-style-type: none"> • Clinical guidelines are a core benefit which members consider to be extremely valuable (95% of members say the BSG delivers on ‘access to clinical policies & guidelines’ very or quite well). • Moving forwards, having a greater focus on how to implement guidelines can help members develop a more efficient service. For example, including a summary of key points at the end of guidelines, with a note of the common pitfalls/challenges to be aware of.
<p>Maintaining knowledge and continuous professional development through education and training.</p>	<ul style="list-style-type: none"> • Continue to run and promote courses / webinars at the BSG; these are valued by members. However, promotion of courses should focus on ‘bite-size’ training. Communications should highlight how members can dip in & out, meaning that their family / personal time is protected. • Recorded ‘live’ sessions, combined with an extensive educational library, can support members to learn at a time and place that suits them. • In addition, courses and webinars to help cope with an excessive workload is cited by members. Webinars aimed at implementing guidelines, and overcoming common challenges faced in delivering gastroenterology services in the current environment would be valued.

The BSG delivers value through its guidelines and education and training, although more could be done to promote the BSG’s education offering as being ‘bite-size’.

Key challenges facing members

Excessive clinical workload which is resulting in members suffering with burnout and / or poor work-life balance.

“Once a month, the BSG should produce really short snappy summaries of guidelines, just a few key points to get us up to date on areas that we don't know much about would be useful. Also get the expert writers to put in "common pitfalls", something like “Although we recommend XYZ, watch out for ABC”. In short a distillation of experience.”

Consultant

“There need to be **webinars regarding common challenges in delivering gastroenterology services** in the current NHS with the aim of facilitating solutions and better practise - future working predictions and who can deliver service with doctors dwindling numbers.”

Consultant

Maintaining knowledge and continuous professional development through **education and training**.

- Continue to run and promote courses / webinars at the BSG: these are valued by members. However promotion of courses should be better so members can dip in & out,
- Recorded ‘live’ sessions, could be accessed at a time and place that suits members
- In addition, courses and webinars should be **Webinars aimed at implementing common challenges in delivering gastroenterology services**

“The online education and webinars are great as I don't need to book time off, but then this just **'eats' into my family time** as I tend to take part in these sessions in the evening. I'm not sure what the solution is here though, because the webinars are a good idea but it just means it becomes acceptable to spend more of my work week doing clinical work and spend my personal time doing CPD when I should be reading bedtime stories.”

Consultant

“More **bite-size engagement in teaching / training members**, the space is currently dominated by several other independent web presence i.e. GastroLearning.”

Trainee

Meanwhile, the BSG can also play a crucial role in enabling members to network whilst also promoting ED&I throughout the organisation.

Other member needs	What can the BSG do on its own?
<p>Networking with members.</p>	<ul style="list-style-type: none"> • Overall, there is room for improvement here; a quarter of members say that the BSG doesn't provide access to networking with peers very well. • The opportunity to network is valuable to members as a way to share experience/examples of good practice. • Conferences provide an ideal opportunity to network with members face to face, however there are members who suggest an online forum could also be useful. This would provide allow members to discuss any work challenges they may be facing, without having to spend a significant amount of time away from their workplace.
<p>Promoting EDI within the BSG.</p>	<ul style="list-style-type: none"> • The qualitative report highlighted that members see the BSG as an organisation which is beginning to make the required changes to be more inclusive, but that there is still work to be done. • Making sure committees represent the broad membership base will be crucial. However, representation needs to go beyond protected characteristics (e.g. gender and ethnicity) and extend all roles, hospital types, and membership grades. • The language used in communications can also play an important role in shifting perceptions of the BSG. Making sure members receive tailored communications (something that is relevant to their role / position) can show that the BSG understands their needs, and is therefore a 'home for all'.

Meanwhile, the BSG can also play a crucial role in enabling members to network whilst also promoting ED&I throughout the organisation.

Other member needs	What can the BSG do on its own?
<p>Networking with members.</p>	<p>Overall, there is room for improvement here; a quarter of members say that the BSG doesn't provide enough opportunities to network. There are opportunities to improve the BSG's networking opportunities, such as:</p> <ul style="list-style-type: none"> • Having online forums to discuss cases confidentially and to access specialist advice. <i>Consultant</i> • "I'd like a forum for Nurses where we can share knowledge." <i>Nurse</i> • "The BSG could look to establish forums to discuss issues facing gastroenterology." <i>Consultant</i>
<p>Promoting EDI within the BSG.</p>	<p>Our report highlighted that members see the BSG as an organisation which is beginning to make changes to ensure that it is more inclusive and representative. However, there are still some areas where the BSG can improve its ED&I efforts, such as:</p> <ul style="list-style-type: none"> • Ensuring all ethnic groups and genders are represented both at member level and on committees." <i>Trainee</i> • "There needs to be more representation on committees." <i>Consultant</i> • "The society feels stuck in old routines. There feels like a lack of diversity in opinion at committee level and this leads to professionals feeling alienated from the society...Much of the focus is difficult to translate to my practice beyond guidelines as the BSG feels teaching hospital-focused." <i>Nurse</i>

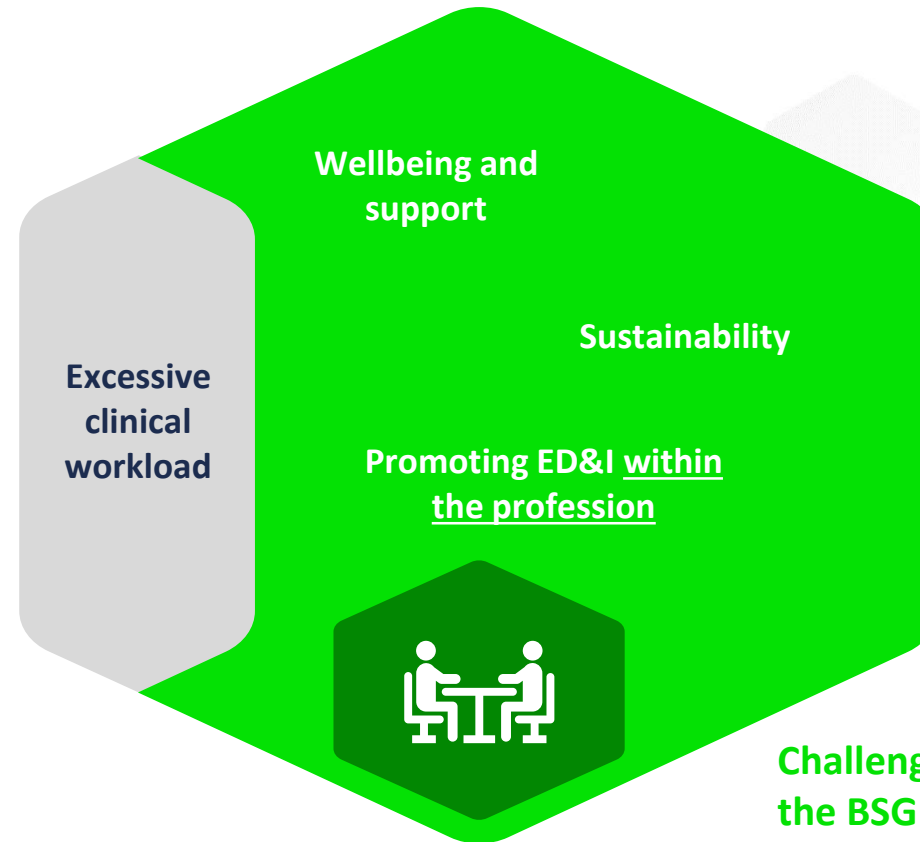
Partnering with other organisations can mean the BSG is more easily able to focus on the key priorities of its membership.

The previous pages have shown where the BSG can make a positive impact on its own.

However, the research has shown that members:

1. Utilise the **benefits and services of other organisations** as well.
2. Do not believe the BSG has the **resources available** to help members overcome all the challenges that they are facing.

There are areas (as highlighted on the right) where the BSG can partner with other organisations to make sure members are being supported appropriately.



Partnering with other organisations can mean the BSG is more easily able to focus on the key priorities of its membership.

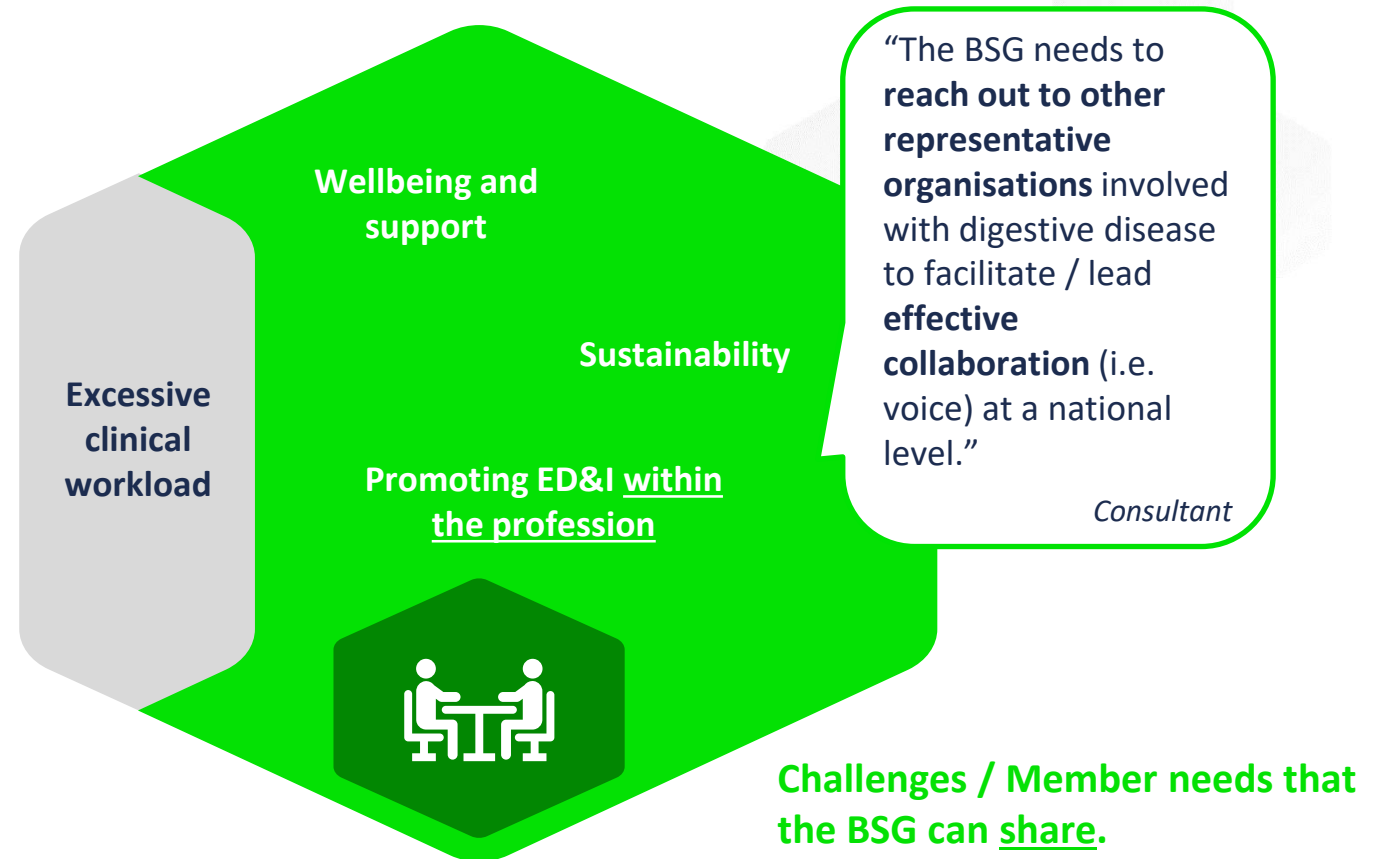
Lobbying / partnering with other organisations

Members believe that the BSG, on its own, does not have the ability to create the change that is needed within the workplace. However, they believe **the BSG must have a seat at the table**.

Continuing to work in collaboration with larger organisations (such as the RCP, the BMA, and the RCN for nurses) will ensure the BSG's voice is amplified.

Lobbying / partnering with organisations can have benefits outside of just influencing policy/the government. Partnerships can help to more effectively:

- Promote ED&I within the profession.
- Develop strategies aimed at improving sustainability.
- Provide joined up wellbeing approaches, where members can be signposted to one organisation for support, reducing any confusion around what support is / isn't available.



Being seen as a ‘home for all’ is something that the BSG must strive for. The research has shown how important this is to members.

The research has evidenced that nurses in particular are not feeling as part of the BSG as others.

Statement	Nurses	Total Sample
I contribute to the BSG and get plenty back in return	Statement selected by 15% of nurses	Statement selected by 26% of the total sample
I feel I could get more from the BSG	Statement selected by 48% of nurses	Statement selected by 37% of the total sample
I know how to share my views on policy and influencing matters with the BSG	21% of nurses agree with this statement	36% of the total sample agree with this statement
The BSG understands my priorities, and those similar to me	34% of nurses agree with this statement	46% of the total sample agree with this statement

“There is **no specific training or guidance for my role** as an Endoscopy Preparation practitioner/staff nurse. I also feel that **conferences and learning events are very specific to a particular issue**, such as IBD and are therefore **not appropriate for me to attend.**”

Nurse

Some nurses feel they are currently side-lined by the BSG activities.

A cultural shift across the **content and communications** offered to nurses can help to create a sense of ‘all in this together’.

- The **conference** and **online training content** are two areas where nurses feel that improvements could be made which would increase their sense of belonging to the BSG.
- Nurses cite the conference as an event whereby nurses only speak / run sessions for other nurses, rather than having multidisciplinary sessions. This format adds to the sense of separation nurses can feel.

1. Content at the BSG

- Nurses also believe there could be more training content provided by the BSG aimed specifically at nurses (**83% of nurses surveyed look to the BSG for research, education and training**).

2. Communications

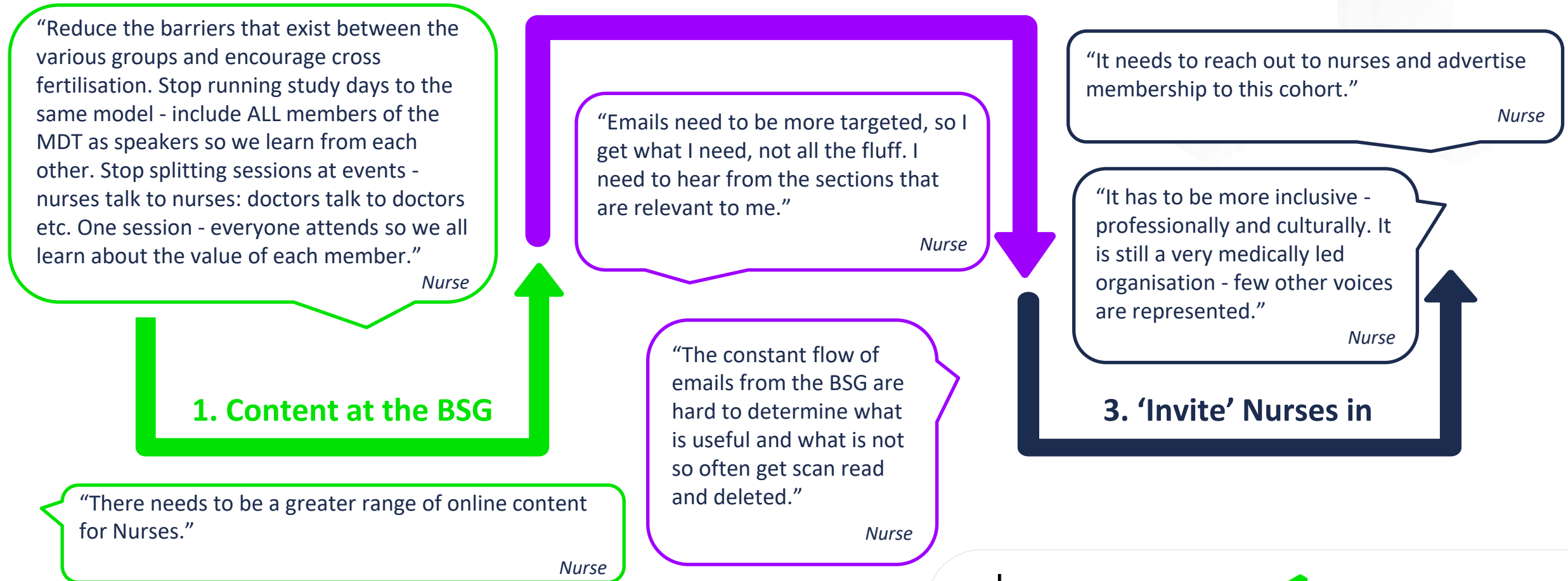
- Nurses are less likely to believe that the BSG understands their priorities. Communications can play a vital role in changing this perception.
- **Relaying this research to members**, along with approved action points, can show to nurses, as well as others, that the BSG does understand their priorities and is willing and able to work for a more inclusive environment for all members.
- More targeted emails, focused around the key issues facing nurses, can demonstrate empathy, showing that the BSG understands the specific challenges facing nurses.

- Finally, nurses **do not know how to get involved**. As highlighted in the qualitative findings, nurses believe more needs to be done to ensure the **nursing voice is represented throughout the BSG’s operations**. The BSG needs to be **more proactive** in terms of making sure nurses have their voices heard on committees etc., as nurses are not putting themselves forward to be involved.

3. ‘Invite’ nurses in

Some nurses feel they are currently side-lined by the BSG activities.

A cultural shift across the **content** offered, and the **communications**, can help to create a sense of 'all in this together'.



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Appendix

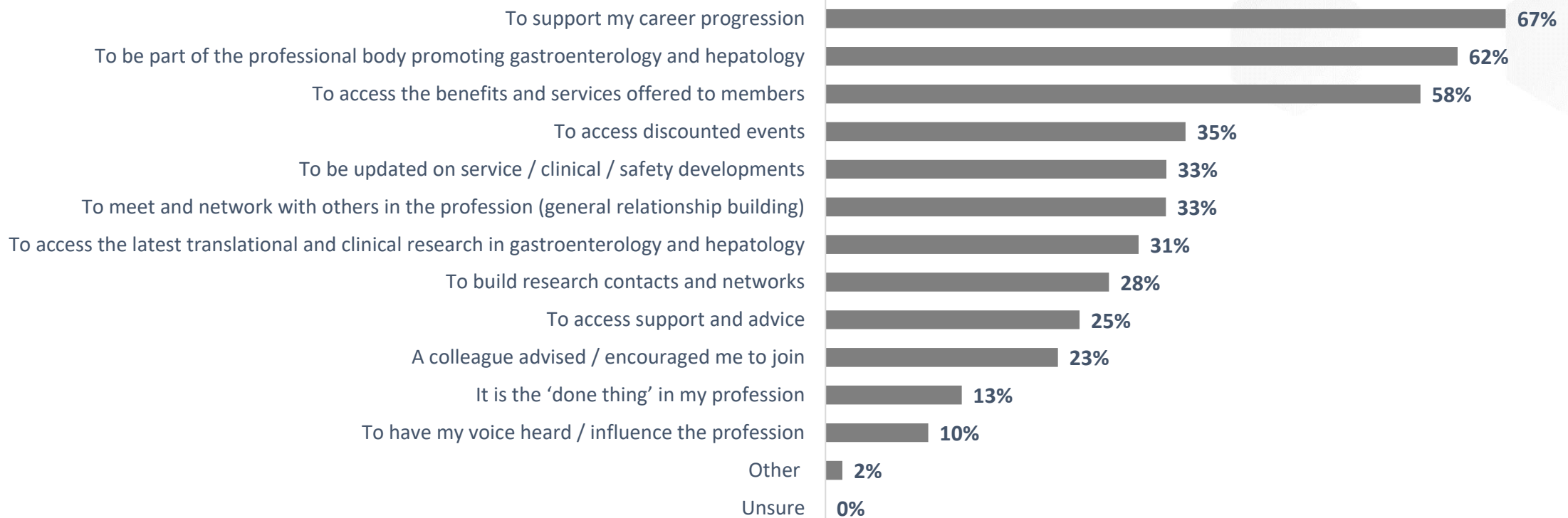


Career progression is the primary focus for new members when joining the BSG.

BSG Membership.



Which of the following best describes the reasons why you joined the BSG?

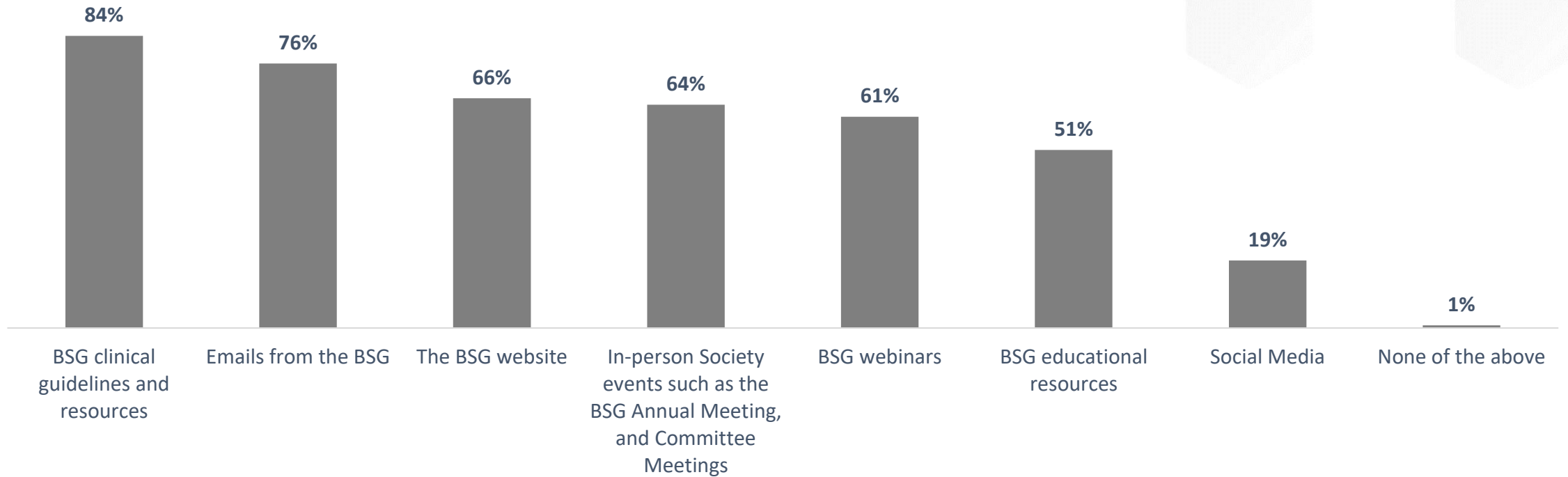


B20. Which of the following best describes the reasons why you joined the BSG? Please select all that apply. Base: All those who have joined the BSG in the last 2 years (42 respondents).

The primary method of interaction with the BSG are the clinical guidelines and resources...

Communications / Interaction with the BSG.

In which of the following ways do you interact with the BSG?



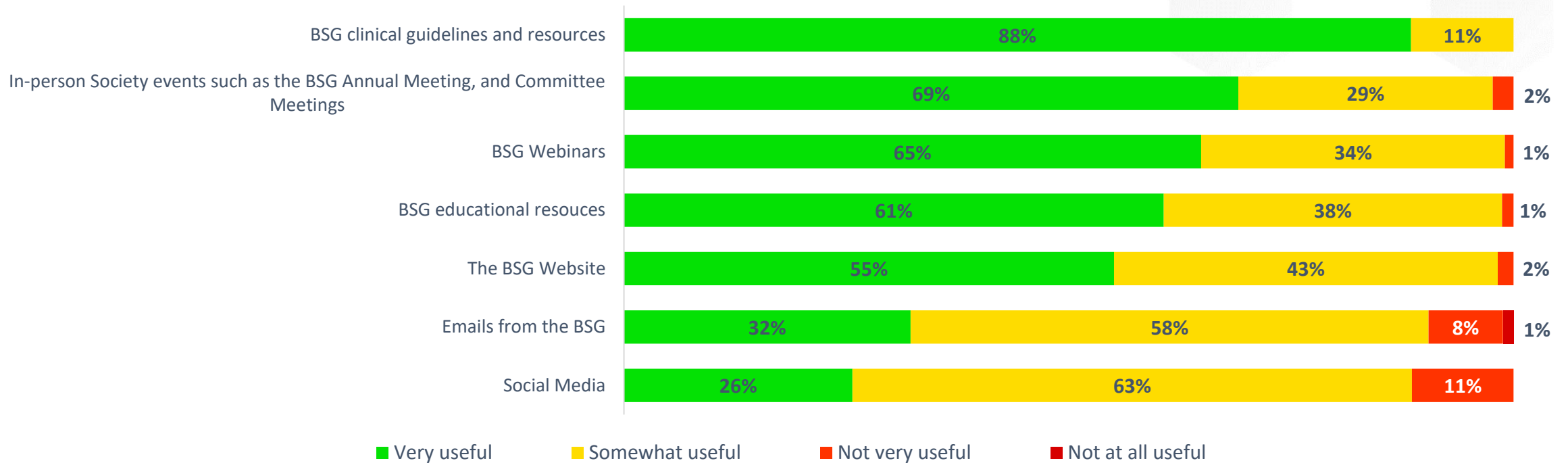
M10. In which of the following ways do you interact with the BSG? Please select all that apply. Base: All (351 respondents).

...with the vast majority of members finding the guidelines and resources ‘very useful’ (88%).

Communications / Interaction with the BSG.



How useful do you find the information provided on each of the platforms you use?



M20. How useful do you find the information provided on each of the platforms you use? Base: Variable, those who say they interact with the BSG via each method (68 to 293 respondents).

Around 8 in 10 members who use the BSG website say that information / resources are easy to access.

Communications / Interaction with the BSG.

When using the BSG website, to what extent do you agree or disagree that it is easy to access the information / resources you are looking for?



■ Strongly agree ■ Slightly agree ■ Neither agree nor disagree ■ Slightly disagree ■ Strongly disagree ■ Unsure / Not applicable

M30. When using the BSG website, to what extent do you agree or disagree that it is easy to access the information / resources you are looking for? Base: All those who use the BSG website (222 respondents).