



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

020 7935 3150
www.bsg.org.uk

Prof David Sanders

Election statement:

Last year the BSG election voting turnout was more than 20%; by charity standards this is excellent. However, UK general election turnout is between 50-70%. Why the difference? Is voting a surrogate marker of 'engagement'? Everyone I know loves the BSG. The fantastic annual meeting which gives us our CPD, reassures us (especially me) that our clinical practice is not out of touch and of course allows us to catch up with many, many friends.

The BSG provides reputable clinical guidelines that inform our practice. Can it be improved? Does it serve everyone who is a member equally? I am a full time NHS Consultant and active researcher. I have held a number of roles in the BSG, I chaired both the BSG Small Bowel and Nutrition Section (2006- 2012) & the BSG Audit Committee (2010-2013) & I am a BSG Council Member 2025-to present (previously 2016-2019).

My greatest professional passion beyond my clinical work is education. I run free, dedicated meetings for all: consultants, trainees, primary care clinicians, nurses and dietitians. The allied health care professionals who have helped train us, also need our support to grow through their own careers. The Sheffield fellowship programme, which I initiated has resulted in us having one of the highest recruitment and retention rates in the UK. We are a department of 32. We instigated flexible working and a full-time four day working week for those who want it. Our consultant body is 38% female by comparison to 22% for the UK GI average.

I feel strongly about the 'burnout and uncertainty' that trainees face at the start of their career because of the unprecedented changes in the UK training schemes. Sheffield's fellowship experience is scalable across the UK. Post CCT fellowships can be something that every GI department offers with BSG support.

The current Consultant workload is untenable (50% of new Consultant posts are unfilled). The exponential demand for both endoscopy and outpatients requires intelligent reshaping using the new NHS plan to integrate appropriate services with primary care. The BSG needs to be at the forefront of this visionary development.

I am Sri Lankan born, Glaswegian raised but forged in Sheffield, UK. EDI matters very much to me. I want to find out why many people are members but not necessarily engaged. This is a question I would ask each member, not via a blanket email but personally. I am tenacious when it comes to this kind of stuff! My priority is the engagement of all our BSG members. I have always found that there is commonality amongst colleagues even when on the face of it we appear to have disparate views. That common bond to look after patients to the best of our ability is a central theme of the BSG. Happiness at work makes life a hell of a lot easier.

However, my views in the context of the wider BSG are irrelevant, if I was to be elected I would represent your views. So, thanks for reading my monologue....