



British Society of Paediatric Gastroenterology Hepatology and Nutrition

## Newsletter

January 2015

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Dr Alastair Baker MB ChB MBA FRCP FRCPC  
BSPGHAN President

### President's report, January 2015.

2014 marks another successful year of activity in pursuit of BSPGHAN strategy. But first, with so many new council members soon to be in place it is important to give a big thank-you to all those who left council having worked so hard and effectively. Mick Cullen, Bruce Jaffray, Ieuan Davies, Julian Thomas, Bim Badhuri, and Adrian Thomas have each contributed massively to the activities of council and the society. The society could not function but for their selfless efforts. We now begin working to bring new members up to speed. Retirements during the year included Muftah Eltumi, Mark Dalzell, Michael Green and Stephen Murphy. We celebrate their successful careers and thank them for their work on behalf of BSPGHAN. We also wish them the long and happy retirement they have earned!

During 2014 we welcomed a new convener, new treasurer and new Gastroenterology Working Group and Liver Steering Group and Associate Members' Group chairs all of whom have found their feet rapidly and begun to exert influence in their own special styles.

New society members were welcomed in good numbers ensuring the future vitality of the society.

Our PPP representative is now Sarah Sleet of Coeliac UK who having replaced Rod Mitchell of Crohn's and Colitis UK. Both give us valuable support with insights into the commercial world and the third sector for which I am extremely grateful. I formed a new PPP liaison group with the leaders of all our associated charities to meet 6 monthly to work more closely together. I must thank Tom Smith for making a room available and his sage advice.

A strategy day was last held 2 years ago. The minutes show plans to continue and develop the various themes that I have mentioned in this report and mostly achieved very well with the overall strategy to be more academic and also more outward looking in developing influence in provision of services to patients. Strategy requires continuity, which in turn requires the aims and means to be handed over and developed by successive councils. The initiation of a new president is the ideal time to hold a new strategy day to develop a consensus under new leadership. We will therefore hold one in April at the RCPCH meeting.

I regard to our involvement in research as the apex of Society achievement representing our efforts to ensure paediatric gastroenterology is always an academic undertaking. The close collaboration between CORE and BSPGHAN with biennial grant calls can be funded for the medium term future following the third call recently. Restructuring CLRN and MCRN will simplify research support but may result in reduced resources. BSPGHAN must seek to contribute to multicentre clinical research programmes by working through and supporting the activities of the CSG.

Standards and commissioning represent a theme of longstanding strategic endeavour for the society, championed by each of my predecessors and pursued assiduously by myself. We need to have influence over the standards of care provided to our patients. Because of national political, NHS and college circumstances, recently our efforts have felt like shooting at a moving target from a small boat on a stormy sea. Latterly, we have asked for and found a leader to take this work forward and I

anticipate that we will be able to benchmark good care and protect services during continued financial restraint that will inevitably continue into the future. A group is already forming to take this work forward.

Overcoming resistance, Ieuan Davies achieved the remarkable feat of ensuring the first step of standardising paediatric endoscopy training that can be used to quality assure our practice after consultant appointment. JAG endoscopy standards for paediatrics have been accepted. We also have regional leads for endoscopy training. Next steps include access to the IT programme to record cases performed and sufficient numbers of officially trained trainers. To have made an achievement of this magnitude before stepping down from the WG lead role is cause for real pride. Many thanks to Ieuan.

CSAC is a good example of how the Society links closely with other agencies to influence outcomes for the benefit of our speciality. May I thank Adrian Thomas for his steady influence during his tenure as CSAC chair. Sue Protheroe has just replaced him and is undertaking a review of training supported by the RCPCH to try to increase flexibility and acceptability to trainees. We hope to be able to attract more applicants for PGHaN training as a result.

I particularly thank Rafeeq Muhammed for his efforts to involve education in all aspects of Society activities, especially the annual meeting and the Associates and Training Members' meeting, where he has reorganised the programme to give a rolling content. His next priority will be to promote paediatric gastroenterology as a career and increase application numbers for training. The trainees chaired by Fiona Cameron had a valuable and enjoyable meeting in Cardiff with a focus on endoscopy skills.

The Associates' contributions to the society are one of our great strengths and highly valued. Kay Crook becomes their new chair. The September meeting between the associates and trainees is now renamed the Associates and Trainees Meeting (ATM) and being restructured somewhat as described.

The society website has been made fit for purpose by the excellent work of Paul Henderson helped by Nick Kennedy. In not much more than 1 year we have a rapidly editable and responsive noticeboard also functioning as an archive of BSPGHAN business and a professional face to the world. It can receive meeting abstracts, provide the means for voting for society posts, run questionnaires and host information for UK GI regional groups. We are truly appreciative of this achievement.

The eBANS website is ready to be launched for paediatrics as I write, the result of great work by Andy Barclay with the support of Susan Hill, replacing BIFS and increasing the core data set while avoiding the same level of consent. The present arrangement will require data to be entered by centres' staff. We strongly request all centres managing children on PN to commit to contribute their high quality data.

The finances are self-evidently the preserve of the treasurer. However, it falls to me to congratulate both the current and previous treasurers that the society finances are in such good shape. Our activities, including CORE research grant calls are safe at least in the medium term. The means of collecting fees annually and at meetings has been brought up to date so that it is easier for all. As a result we feel that there is no longer an administrative excuse for non-payment of society dues. We ask that the constitution is changed so that those who repeatedly take advantage of the benefits of the society without paying can lose their good standing within it.

I thoroughly enjoyed organising the 2014 annual meeting and hope everyone found it enjoyable and valuable. I would not recommend the president to organise the meeting in future as both roles carry too many responsibilities during the meeting. The unique event continues this year, blending Society traditions with designs of the organising committee presided over by our esteemed host. May I express my gratitude for all their magnificent efforts. I am very pleased to have excellent bids for coming years. The society has tendered a bid to host ESPGHAN in Glasgow in 2019, or London at the EXCEL in 2020. The latter event would be the FISPUGHAN world congress. We learn the decision at ESPGHAN in Amsterdam in May.

We are affiliated to the RCPCH and various of our functions such as training through CSAC and at the RCPCH annual meeting take place through links with the college. Changes have been proposed in the structure of the college which caused some disquiet among BSPGHAN members, who were in favour of reform but not necessarily the changes proposed. Those changes were voted down in any case. We await developments in the RCPCH but I can state from feedback I have received that a medical college more strongly advocating speciality and academic needs and interests is what we would like to see.

We look to various our peer organisations to help us in our various endeavours and particularly in training and education. Links with BSACI are leading to a more consistent joint approach to patients with food allergies to be represented as guidelines in due course. We enjoyed an entertaining joint session with our BAPS colleagues this time last year and will be working with them on standards in the near future welcoming Ian Sugarman as BAPS representative on council. We look to the BSG for help with some training resources and endoscopy training standards with considerable success already. I would like to express my gratitude to the councils and presidents of each of these societies for their continued assistance to us.

I am very pleased to be able to record another successful year for BSPGHAN. Our steady pursuit of our agreed strategy, the introduction of new blood and energy to council and the society, and the continued commitment of all the membership give me great optimism for progress to continue in the same vein. Therefore I would like to formally record my gratitude to everyone whose diligent and helpful service on council has allowed me to move BSPGHAN forward once again.

Alastair Baker

BSPGHAN President

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***Convenor's Report***  
***Dr Nadeem Afzal***

Nearly a year ago I asked Carla, how is it that BSPGHAN continues to thrive and grow - something which I don't always see in other specialist societies? Carla said, it is due to the dynamic membership and the visionary leadership. Carla however failed to mention another significant factor – 'herself' which I have learnt in the past few months to be another principle element and thank her for all her help. Besides working behind the scenes, a lot of effort goes behind those weekly newsletter and updates which serve as an information portal to all of us. I will thank Sue Protheroe for her wonderful work as convenor and putting some excellent systems in place, most pleased and congratulate her on appointment as the CSAC chair. I also confess to have had the most detailed handover and anything I can recall from memory pales in comparison.

I welcome all new BSPGHAN members and wish your active participation in the society's activities. The BSPGHAN membership now stands at 456 (275 Full members, 158 Associate, 20 Honorary and 3 Overseas). I am most grateful to the BSPGHAN membership for your feedback and opinions. Thank you for your time and please keep those opinions coming as they are so crucial in getting our messages right, to make the right noises which will shape our practices current and future.

At the same time I will thank the BSPGHAN peers who continue to benefit advising BSPGHAN with their experience. This year Professor Peter Milla, Emeritus Professor of Paediatric Gastroenterology and Nutrition at the UCL Institute of Child Health, London was awarded the European Society of Paediatric Gastroenterology Hepatology and Nutrition (ESPGHAN) 2014 Lifetime Achievement Award at the annual meeting of Jerusalem. Peter has always been an inspiration to me and this achievement is a proud moment for us as well.

BSPGHAN has a strong voice and our opinions matter as we continually engage with NICE, RCPCH, RCP, BSG and many other groups, being do so for many years. Thanks to Richard Russell, Sally Mitton and Nick Croft's hard work, BSPGHAN has been identified as a stakeholder by IBD audit UK (RCP) for development of a national plan of action to ensure that IBD services continue to improve with regards to development of patient focused quality indicators and enrolling eligible patients to relevant clinical trials.

A number of the WG chairs will have completed/be completing their tenure in 2014/2015, I wish to thank all of you for your hard work. Ieuan Davies has achieved the near impossible task of JAG accreditation for paediatric endoscopy. I am sure the BSPGHAN membership will join me to say thank you for this. Bim Bhaduri has formalised the SPIN curriculum, a Herculean task in its own right with the RCPCH. Mick Cullen has brought enthusiasm, hard work and wit to an already very active Associates group. I wish to thank Bruce Jaffray for his help and the importance BAPS input can never be over emphasized. I would like to thank Julian Thomas for his immense leadership of the Research group. At this time, I welcome Marcus Auth the new gastroenterology rep and thank Simon Murch for not only organising the 2015 winter meeting as well as work as gastroenterology rep, notably publishing the coeliac guidelines. I would like to thank Fiona Cameron (trainees rep) and Mick for coining a new name and organising the 2014 'BSPGHAN Associates & Trainees Meeting' (formerly TIPGHAN). I also wish to thank Professor Kelly for chairing the ACCEA process led most efficiently by Carla.

Special thanks to Paul Henderson (Webmaster & Twitter Curator) for a wonderful website (face of BSPGHAN), working quietly behind the scenes; a lot of work involved with constant website updates (a full time job) and for making the 2015 winter meeting, Twitter savvy. Twitter is already very popular at the BSG, ESPGHAN and DDW. Those new to Twitter please join and participate (from the comfort of your chair on your phones/phablets or tablets during the meeting); there are many simple 'how to use Twitter videos' on You Tube.

The council has proposed some changes to the Constitution which have been sent out for all members to review and will be presented, discussed and voted on at the AGM. Please consider them, this is your constitution and has to be approved by the members.

Stephen Murphy signed a collaborative contract with the RCPCH in 2007. I am pleased to report that this contract has been renewed in June 2014 a continued confirmation of us as collaborative partners.

BSPGHAN has continued to engage with NICE and RCPCH only due to your engagement and a big thanks to all the WG leads for your help in achieving this despite the unbelievably short deadlines. This year we have given feedback on Non-alcoholic fatty liver disease, Obesity, Vitamin D, IBD (Standards/Vedolizumab), GOR in children.

I have aimed to keep the membership informed about any potential vacancies and congratulate Tanja Pardela for joining the NICE NAFLD clinical guideline group. Also thanks to Alastair for representing BSPGHAN on the Cystic Fibrosis NICE guidance group and also many thanks to Su Bunn for representing BSPGHAN IBD WG on the NICE scoping workshop on 'Therapeutic drug monitoring of anti TNF $\alpha$  drug levels and antibodies in inflammatory bowel disease'.

BSPGHAN is running a joint session with the Rheumatologists in the annual RCPCH meeting. The title is 'Combined symposium for paediatric gastroenterology and rheumatology – multi system disease in children'. We have had some great abstract submissions this year and have arranged for talks on 'vasculitis, lupus, liver function tests and IBD'. The 2015 meeting is in Birmingham ICC and the gastro day this year is Wednesday (rather than the Tuesday) on the 29<sup>th</sup> of April. Please do come and support.

BSPGHAN is currently working with the Royal College of Paediatrics on the Paediatric Care Online project, a multi-million pound transatlantic partnership to transform paediatric knowledge and care.

An update on commissioning in 2015 and how does it affect us. Well, commissioning has been around for years (since last century), services have been purchased through this time and clinicians have delivered. Sometimes we got more money and other times we got less. With time, the mode and

method of payments, stakeholders and titles (names) continue to evolve. To put it gently, the system is again out for another overall, redefining specialist services (and payments/tariffs) for all of us (all NHS services, not just paediatrics). Does BSPGHAN have a role in this? Well I view BSPGHAN as a country wide voice and just like the BSG and other paediatric specialist groups like Respiratory, Diabetes we certainly should have a say as well. Rather than referring to specific conditions as specialist and others not, we perhaps need to discuss a model where patients with a single/same diagnosis receive specialist care on some occasions and not on others. For example, a child with Coeliac's disease could be considered as receiving specialised care, when they need endoscopy or may be develop abnormal LFT's necessitating further investigations. All of this is likely to be better achieved with a 'formal group' representing secondary, tertiary and primary care; understanding each other's roles in clinical management of specific diseases, balancing this with what is deliverable whilst understanding the principles of best care. This is a view also shared by the peers in BSPGHAN. On this note, I am delighted to announce a new 'BSPGHAN clinical standards group' and applications are being sought for the chair of this group.

Finally, will finish by saying thank you to Alastair, for his wonderful support and leadership, and Girish not only for support, but also being a most vigilant gatekeeper of BSPGHAN moneys, giving the word 'accountability' a whole new meaning.

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**Treasurer's Report**  
**Dr Girish Gupte**

**1) Annual accounts – Appendix 1**

2)

	<b>2013-2014</b>	<b>2012-13</b>	<i>2011-12</i>
Income	209,408	155,791	132,918
Expenditure	163,034	*187,771	139,118
Net income	46,374	(31,980)	(6,200)

- Includes £35,000 CORE contribution for matched funding for research projects

Total funds carried forward	121,905	75,531	107,511
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- The annual meeting in London in January 2014 produced an excellent surplus of £35,961.
- Annual subscriptions raised £18,904 (a slight reduction over the previous year of £19,607 because of retirement and members moving overseas)
- sponsorship raised £32,050.
- Healthy financial position has ensured that the society will contribute £40,000 towards the CORE grant.

**3) Annual subscriptions and Direct debit**

We have implemented the direct debit system with the help of London & Zurich, administer the service and underwrite the financial responsibility, for a set-up payment of £1250 and annual running costs which will not exceed £450 per annum.

The first direct debit payment from April 2014 was commenced. So far only 40% of the membership i.e 177 members have registered for the direct debit.

The non-receipt of the direct debit forms has increased the workload on the administrator's and accountant's time.

***PLEA to Members who have not completed direct debit forms***

Please return your direct debit forms

Please do not forget to cancel your standing order as soon as you receive confirmation that direct debit has been sent up

***PLEA to Members who have completed direct debit forms***

Please do not forget to cancel your standing order

**4) Chip and PIN terminal**

This worked extremely well at the London meeting with over £15,500 being taken – much of this would otherwise have had to be chased by the administrator. This will be used regularly. We are trying to explore easier options of payment i.e Zettle etc

**5) Sponsorship**

The negotiations of the past treasurers (mainly Muftah El-Tumi) with 3 companies has resulted in a regular annual contribution to the society. This has resulted in a long-term sustainable solution.

We continue to explore the opportunities of sponsorship with other companies.

**6) Electronic voting**

Implementation of electronic voting has been commenced with a contract signed for £300 plus vat per year to allow society to carry out unlimited votes and surveys. This will significantly reduce administrator costs in sending out ballot papers (printing; time collating and stuffing envelopes and postage). We expect this to be smooth and would welcome members' feedback.

**7) Expenditure**

I thank all members of council and working groups for their co-operation in taking advantage of advance off-peak fares when attending meetings on BSPGHAN business, and chairs of these groups for arranging meetings at times to facilitate this. This is an important way of controlling out outgoings.

As I come to the end of my first year as BSPGHAN Treasurer, I would like to express my thanks to Peter Hill of Hillyates for his wise accounting expertise and his clear explanations of the financial jargon, Carla for her exceptional support in keeping a tight rein over the society's finances (and I am sure that all the working group chairs would agree), Alastair Baker and Nadeem Afzal for the guidance, advise, pastoral support and thankful of their patience and understanding towards my late emails and late reports.

I have thoroughly enjoyed tackling the challenges that the job has managed to create in the last year and thankful of the support and guidance of Mike Cosgrove.

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**Committee and Group Reports:**

***Gastroenterology Chair – annual report***

***Dr Marcus Auth***

**Coeliac group**

Chair- Dr Simon Murch

Following publication of the coeliac disease management, the heads of coeliac and PPP WG have published advice for diagnosis and clinical advice in primary care published by via both BSPGHAN and Coeliac UK. These have been well received.

At the AGM, the WG is meeting to discuss reporting of HLA testing in coeliac disease.

Additionally, work is underway by WG and society members to analyse novel antibodies of coeliac disease in international prospective trials.

Peter Gillett and Simon Murch, together with Rita Shergill-Bonnar have joined the NICE Coeliac Disease Guideline Development Group to determine national policy for Coeliac Disease within the next 2 years. Consultation on draft scope with stakeholders is in March 2015, on draft guideline with stakeholders March-April 2015, and publication date scheduled for September 2015.

There is interface of the coeliac WG with the ESPGHAN WG on Eosinophilic oesophagitis in several prospective projects. BSPGHAN are represented there by Marcus Auth, Simon Murch, Christine Spray, Mark Furman, Sonny Chong, and also Rob Heuschkel, Nikhil Thapar, and Mike Thomson. Mark Furman is preparing SSI Ethics approval and R&D approval for subsequent adoption of the study by collaborating centres in the UK.

### IBD Working Group:

Dr Richard Russell

#### Membership 2014

Su Bunn	Newcastle	Secretary
Chris Spray	Bristol	Gastro (to take over secretary role)
Marcus Auth	Liverpool	Gastro
Rafeeq Muhammed	Birmingham	Gastro
Vikki Garrick	Glasgow	IBD Nurse
Kay Crook	St Mark's	IBD nurse
Jochen Kammermeier	GOS	Trainee
John Fell	Chelsea	Gastro
Mary-Anne Morris	N & Norwich	Paediatrician
Simon Murch	Warwick	Gastro (GI representative)
Astor Rodrigues	Oxford	Gastro
Ian Sugarman	Leeds	Paediatric Surgeon
Mark Furman	Royal Free	Gastro

#### Corresponding member:

Rita Shergill-Bonner	GOS	Dietitian
Ian Sugarman	Newcastle	BAPS representative

The group held 4 meetings in 2014. During the last 12 months, the group has focused on the following priorities:

1. Completed **audits** include National Biologics Audit, the 4<sup>th</sup> National IBD Audit for in-patients with UC and IBD audit for quality improvement and organisational data. Participating centres have received individual reports. National results are being presented at BSPGHAN 2015, have been submitted to ESPGHAN 2015, and will be presented and discussed at a national audit feedback meeting in 2015, and prepared for publication. Key findings from the UC audit included the recommended use of the PUCAI score, requirement of nutritional assessment, and treatment of iron deficiency anaemia.
2. The group worked on a number of **documents** that should be useful in day-to-day clinical practice. They include a guidance on recognition and management of very early onset IBD, published in Gastroenterology in 2014 using a diagnostic algorithm. Furthermore the group has prepared a one page algorithm for treatment of iron deficiency oral and iv which will be made available to the society members and the website. At the AGM, the chair has collated a vignette of clinical IBD cases with interactive audience responses.
3. **Research.** The group agreed that a priority was to set up clinical research network (UKPIBDnet) in the UK for paediatric IBD. The first step has been accomplished - the group identified IBD leads in 26 paediatric gastroenterology centres. Linking into the international networks PIBD-net with a rolling programme of research, it is expected that the UK will join with the European network via CSG plus IBD Working Group. The group is participating in several national studies on inflammatory bowel disease: PRED4, PANTS, DEVELOP, GEM. Steve Allen, Clinical Studies Group Lead, has submitted a draft proposal

to NIHR, The early versus late Azathioprine study. Although the application was not prioritised by NIHR for this year, a revised re-application is in preparation. Furthermore, the group is cooperating with BSG to conduct joined studies on IBD.

4. The WG has continued to provide **representation** on various committees – IBD Standards, IBD Audit, IBD Registry and Crohn's disease NICE guideline group. The group has also endorsed and will support the ESPGHAN initiative to collate all cases of IBD-related Cancer in the UK.

5. During 2014 **NICE** required feedback and the group responded to several consultations from NICE. NICE Scoping Workshop: Therapeutic drug monitoring of anti-TNF $\alpha$  drug levels and antibodies in inflammatory bowel disease The scoping meeting looked at the different assays available and it was agreed that all industry assays would be looked at in the scoping process. NICE guidance (infliximab adalimumab and golimumab for treating moderately to severely active ulcerative colitis after the failure of medical therapy): The main impact of the group, in conjunction with comments from the council and society members and PPP groups, resulted in NICE to changed the initial guideline, with the consequence that biologics remain a treatment concept in ulcerative colitis.

6. The group is evaluating the options to establish a national IBD **registry**, which is currently being piloted in Birmingham and at the Royal Free London.

7. Based on group member's participation at ECCO and ESPGHAN Porto guidelines, the group has produced a draft **guideline** on management of Crohn's disease and ulcerative colitis with the aim to publication in ADC in 2015.

### **Gut Motility Disorders (GMD) Working Group Report**

Chair: Dr Nikhil Thapar

Current members

Nikhil Thapar (chair)

David Rawat (secretary)

Mohamed Mutalib

Arun Urs

Christine Spray

Subramanian Mahadevan

Maureen Lawson

Balaji Krishnamurthy

Shyla Kishore

Joanne Brind

Akshay Batra

Following a survey of the membership and turnover of the WG members a new working group was convened in 2014 and 3 specific tasks/work-streams of the working group were established. These were specified in the previous winter meeting report.

(i) pH/impedance work-stream– led by David Rawat and Mohamed Mutalib

Aim is the development of UK guidelines for pH/Impedance studies. Following the winter meeting the representatives of the group met April 2014 and agreed to invite representative from UK centres that had either expressed an interest or had declared high activity of this study. In May, Carla forwarded an invitation email to these pilot centres for a meeting in October 2014. The core group (including representatives from responding centres) met in October to finalise the structure of the proposed guidelines (key areas that need to be addressed), gather evidence and consider the form of the eventual output. The aim is to produce, by end 2015, a UK guideline document for the use of pH/Impedance studies.

**On Thursday 29<sup>th</sup> January 2015 at the BSPGHAN winter meeting there will be an open meeting (0745-0900) for all those members interested to learn more about this initiative and hopefully get involved. Please contact David or Mohamed for further information.**

(ii) Gut Hypnotherapy for functional GI pain related disorders work-stream – led by Nikhil Thapar + (co-lead to be confirmed).

Aim is to develop a UK study on hypnotherapy for the treatment of children suffering recurrent abdominal pain (functional). This is being developed in conjunction with Professor Peter Whorwell (world leader in this field and for training of psychologists) in Manchester. In June 2014 an application was submitted to NIHR to establish a facility to train psychologists (or interested representatives from BSPGHAN centres) but unfortunately were unsuccessful in obtaining funding on that round. Aim is to identify interested centres to develop this study further and apply for funding to help train individuals in hypnotherapy.

**Aim to run a national study day for functional abdominal pain–related GI disorders in June 2015 with an open session to identify and recruit interested BSPGHAN centres and resubmit an NIHR application for a national study. Members are invited to (or send representatives) attend the open session. Further information about this initiative, the open session or the study day can be obtained by emailing Nikhil Thapar.**

(iii) Functional constipation work-stream – led by Joanne Brind + Maureen Lawson + (lead from community clinic network to be confirmed).

Following a national study day a number of community-run (including nurse-led) constipation clinics were identified from across the United Kingdom. All expressed an interest in developing a network and establish shared protocols and research studies for childhood functional constipation. The aim is to initiate this work-stream in mid 2015 and commence work on studying compliance with NICE and ESPGHAN/NASPGHAN guidelines and developing studies on impact and treatment.

**BSPGHAN members (including allied professionals) from centres interested in joining this initiative are invited to contact Maureen or Joanne to get more details or register their interest. A network study day is planned.**

The GMD WG aim to meet at the BSPGHAN winter meeting in 2015

(iv) Additional activities:

The convenor (NA) and gastroenterology chair (MA), together with the administrator (CL) responded to several NICE guidelines and an MHRA alert. The NICE guideline on management of paediatric GORD (in which BSPGHAN is represented by ID (Lead) and MT, has been prepared, and stakeholder comments from BSPGHAN have been submitted and received.

Many thanks to the WG chairs, WG members, and contributing society members for a year of vibrant and successful activities and achievements with the society, and to the council for supporting the working groups.

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***Endoscopy Working Group***  
***Dr Ieuan Davies***

#### **BSPGHAN Endoscopy Working Group (EWG) report for AGM Stratford 2015**

1. Two meetings of the EWG were held in 2014 on 4<sup>th</sup> March (London) and 29<sup>th</sup> September (Cardiff) the minutes are available to BSPGHAN members by requesting the chair directly. In addition, the EWG was represented at the two JAG (executive) meetings in May and November. The membership of the EWG is described below.
2. The first endoscopy trainee has now successfully undergone a summative assessment and been awarded a **JAG certificate in diagnostic paediatric endoscopy**. The formative /

summative process and pathway is agreed, the details have been circulated and these are available on the JAG website. This completion has been our major success and has taken priority over everything else for the last year. It has built on the work of previous colleagues and together with the curriculum can now be used as a secure foundation on which to develop paediatric endoscopy training.

3. The following work is a priority for the next year:

- appropriate devolution / organization of regional meetings
- taking forward (with JAG) the next stage of the Paediatric GRS
- revising the formative / summative DOPS
- overseeing the introduction of the Paediatric JETS

4. This is my last annual meeting as Chair of the EWG and I am handing over to my successor in April 2015. I shall remain involved with the group for three months to ensure a smooth transition and continuity. I am particularly keen to coordinate a survey of complications following colonoscopy and request support from all units in this work. I think that the wider management dilemmas of acute severe GI haemorrhage, ingested foreign bodies and the “indications for endoscopy” are a matter for the society as a whole rather than the EWG in isolation. Further, consideration must be given to encouraging NICE to take these problems forward as full guidelines and future quality standards for children in the UK.

*I acknowledge the support of Mrs Carla Lloyd and the members of the EWG. Over the last year I am particularly grateful to Mark Feeney & Raphael Broughton (both from JAG), Ron Bremner, David Rawat and Tzvinikos Christos for their hard work behind the scenes.*

[ieuan.davies@wales.nhs.uk](mailto:ieuan.davies@wales.nhs.uk)

#### **Membership of the BSPGHAN Endoscopy Working Group 2014**

**Chair** – Ieuan Davies (elected by membership 2012, Council Member, representative to JAG)

**BSPGHAN Convenor**

**BSPGHAN President**

**BSPGHAN Associate Members Representative** – Mick Cullen

**BSPGHAN Education Committee Representative** – Rafeeq Mohammed

**BSPGHAN DGH Committee** – Sonny Chong

**BSPGHAN Gastroenterology Committee** – Marcus Auth

**BSPGHAN Trainees Committee** – Christos Tzvinikos

**BAPS Representative** – Ian Sugarman (Paediatric Surgeon)

**RCA Representative** – not arranged to date

**JAG Representative** – Mark Feeney

**PGHAN CSAC Representative** – Sue Protheroe

Regional Endoscopy Leads

**Scotland** – Sabarinathan Loganathan

**Yorkshire, East Midlands & North East** – Mike Thomson

**Liverpool, Manchester & Northwest** – Balaji Krishnamurthy

**Birmingham, Wales & South West** – Ronald Bremner (Vice Chair)

**London, Central & South East** – David Rawat

**Hepatology** – Sanjay Rajwal

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**Research**  
**Dr Julian Thomas**

Research Committee report for BSPGHAN Council 2015

This past year has brought significant changes to the function of the BSPGHAN Research Committee/MCRN Gastroenterology Hepatology and Nutrition CSG, consequent upon the termination of MCRN within the new NIHR structures.

Whilst the structure and composition of the Research Committee has remained the same, our terms of reference have been modified: we now have a society research strategy, set out below. The main function of the Committee will be to achieve this by implementing and delivering an annual workplan.

Research Committee Strategy for period January 2014 – December 2017

Overall aim: to protect and improve the health and well-being of children and young people through fostering research in gastroenterology, hepatology and nutrition

Specific objectives:

- Ensure that all research is informed by the opinions of children and their parents/carers
- Support a broad range of research activities including identifying high priority research topics, appraising current evidence and developing proposals for funding
- Establish clinical networks with sufficient capacity to assess disease burdens and deliver multi-centre trials efficiently and to a high standard
- Liaise closely with other National Institute for Health Research CSGs, the Paediatric European Digestive Diseases Clinical Research Network and other interested groups (e.g. British Society of Gastroenterology) to share expertise and develop collaborative studies
- Maintain close links with relevant research charities both to inform their work and as possible sources of research funding
- Whilst maintaining independence, work closely with commercial partners especially to inform the design of commercially sponsored trials at an early stage
- Review research proposals (commercial and non-commercial) for inclusion in the MCRN research portfolio to ensure good governance and review trial progress, especially recruitment, to maximise efficiency in reaching trial endpoints
- Facilitate the engagement of NHS child health staff so that they can maximize their contribution to research as part of their day-to-day work
- Maximise opportunities to build capacity in research by involving trainee researchers in the group's activities wherever possible

The Research Committee aims to deliver a workplan each year to achieve this strategy.

Workplan 2014/2015

1. Ensuring all research is informed by the opinions of parents and caregivers: we have maintained a broad membership of the Committee, to include parents and representatives of parent and patient groups as full Committee members

2. We have worked with BSPGHAN Council to prepare a joint research grant with CORE. Applications for BSPGHAN/CORE Research Grants are invited, and the grants will be awarded in 2015 to support research into digestive and nutritional disorders amongst children

3. We have supported the establishment of the Paediatric European Digestive Diseases Clinical Research Network (PEDDCReN). A workshop and a symposium were organised by PEDDCReN at ESPGHAN 2014 in Jerusalem. PEDDCReN Can now be followed on Twitter, and it's own website is about to be launched; the survey form can be accessed at present via BSG site, and ideally should be completed by all Paediatric GI units that have an interest in either continuing to be or becoming involved in clinical trials.

4. We have promoted the PICO format as a means of formulating ideas for clinical trials that can be developed into applications to public funding bodies (HTA, EME). Developing trial ideas and protocols has proved possible thus far, but we have found it frustrating taking these forward to full funding; there is a degree of conflict between the inevitable high costs involved in conducting clinical trials amongst children, and competition for limited public funds. Although we have not yet achieved success in achieving funding for a clinical trial as yet, the PICO process does seem very promising as a means of developing "grass roots" directed clinical studies. We intend to persevere and improve our expertise in funding applications derived from PICO approaches, and to this end will be holding a session on PICO format projects at the 2015 meeting, and will continue to encourage working groups to develop applications in this way.

In 2015 a new Research Chair will be appointed to take this work forward. Over the past 3 years, BSPGHAN has shown a dedication to developing clinical research that should set an example to other Specialist Societies. The continuation of the BSPGHAN/Core grants, the development and implementation of a Society Research Strategy, the establishment of PEDDCReN and the promotion of PICO approach to encourage clinicians at all levels to produce and think about clinical trial proposals are all notable achievements. I have very much enjoyed my tenure as Research Chair, and look forward to seeing the new post-holder maintain the current momentum. Clinical research is an integral part of clinical care, and is now explicitly a core NHS delivery component. All clinicians need to understand and participate in clinical research throughout their careers. Let us hope that other bodies take note of the excellent work undertaken by BSPGHAN, and also begin to promote and support clinical research in Paediatrics in order to improve the health and care of our children.

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**Education**

**Dr Rafeeq Muhammed**

The Education Committee has continued its efforts in the last twelve months to promote educational activities among members of our society. The feedback on the academic programme of the Annual meeting in London and the Trainee and Associate meeting in Cardiff was very good. The introduction of poster walks in the annual meeting was very much appreciated by our members and hence this will be continued this year as well. Education committee has continued our regular activities like 'recommended read' and 'clinical challenges'. These educational tools are available on our website for ongoing learning and professional development. Member's feedback on our activities would be very welcome and this would help us to improve our activities. We hope that our society members would enjoy the annual meeting in January 2015 which has a first-class programme containing the best of research, innovation and developments in gastroenterology, hepatology and nutrition.

Yours sincerely,

**Rafeeq**

**Dr Rafeeq Muhammed**

**Chair of Education Committee**

**2/1/2015**

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## **Nutrition**

**Dr Susan Hill**

### **Nutrition and Intestinal Failure Working Group: Annual Report January 2015**

#### **1. The Group**

The Nutrition and Intestinal Failure Working Group (NIFWG) is a multidisciplinary group that is currently composed of approximately 30 attending and corresponding members from about 15 different British specialist centres. There are designated representatives for, dietetics, nursing, surgery, nutrition pharmacy, paediatric gastroenterology trainees, paed e-BANS, BAPEN, BAPS and education and training.

#### **2. Meetings 2014**

The Nutrition and Intestinal Failure Working Group (NIFWG) met twice in 2014: in January at the annual BSPGHAN meeting in London and in October at the BAPEN meeting in Harrogate

#### **3. Collaboration with BAPEN.**

There were five major areas of working jointly with BAPEN:-

- NIFWG - BSPGHAN symposium

The NIFWG organised and chaired a symposium on 'Vitamins and Micronutrients Through the Ages' as part of the paediatric orientated day of the BAPEN annual meeting. Speakers included Prof David Bender Emeritus Professor of Nutritional Biochemistry, UCL, on Micronutrients: how much is enough and can we have too much, Wolfgang Högler Consultant Endocrinologist, Birmingham Children's Hospital on Global Consensus Guidelines on the Prevention and Management of Rickets and Sarah Macdonald, Principal Dietitian and Team Leader – Gastroenterology, Nutrition on Late onset vitamin and micronutrient complications of short bowel syndrome.

- Paed e-BANS (Paediatric electronic-British Artificial Nutrition Survey)

Andy Barclay has continued to lead the working group developing Paed e-BANS. He continues to liaise with Trevor Smith (adult gastroenterologist, Southampton) who leads on adult e-BANS. Full involvement of NNN with Paed-eBANS is expected, facilitated by a neonatal representative on that Group.

The project has moved on to a new stage in that the system has now been tested and will shortly be available for us all to register our patients with Intestinal Failure for > 28 days.

BAPEN are continuing to fund Paed e-BANS.

An article was published in Clinical Nutrition online in November 2014

'The continued rise of paediatric home parenteral nutrition use: Implications for service and the improvement of longitudinal data collection' [Andrew R. Barclay](#), [Paul Henderson](#), [Henry Gowen](#), [John Puntis](#), [BIFS collaborators](#) <http://www.clinicalnutritionjournal.com/inpress>

- Education & Training Anthony Wiskin and Protima Amon have attended the BAPEN E & T Committee. They are starting to develop some decision trees for paediatrics alongside the adult ones.
- Nutricia paediatric nutrition award. We were delighted that Nutricia has created a new paediatric nutrition award of £5,000, i.e. equivalent to the existing adult award. There were 5 applicants. The winner was . The winning applicants were Dr Luise Marino, Dr Mark Beattie, Mark Cullen and Nicky Heather (Southampton) A project designed to explore the feasibility

and practicalities of using My Health Vault as a monitoring tool to identify variance in nutrition status and dietary intake in children with IBD. The award was presented at the annual BAPEN meeting in October. The winner will be offered free registration for the next BAPEN meeting to present their results.

- Transition. A collaborative project on transition of home PN patients completed by members of the NIFWG and adult gastroenterologists (see research below) is now being written up.

#### 4. Neonatal Nutrition Network (NNN or N3)

NIFWG members have continued to collaborate with the NNN. An NNN representative/committee member is a core member of BSPGHAN NIFWG. Full involvement of NNN with Paed-eBANS is expected, facilitated by a neonatal representative on that Group. Future collaborations and joint meetings are planned.

#### 5. Research projects:

a). BSPGHAN/BAPEN survey on transition of Home PN patients to adult care. (please see under 2 - collaboration with BAPEN).

b). Taurolock –the study has been adopted by the MRCN. Still need sufficient funding to go ahead with this project. Planning to apply for a BSPGHAN/CORE grant. Discussions are continuing with the company – led by Jutta Koeglmeier.

c). Teduglutide – a multi-centre PK study was set up. One centre obtained ethical approval and entered 3 patients. There may be the opportunity to participate in a further study in the next few months.

d). IF Consensus based guidelines - still in progress. The aim is to publish the guidelines in peer-reviewed literature and make them available on the BSPGHAN website.

#### 6. Priorities for 2015

- To register intestinal failure patients >28 days with Paed e-BANS.
  - Complete consensus-based guidelines on intestinal failure
- To meet in March/April to finalise the guidelines
- Support development of Decision trees

Susan Hill 7.1.15

NIFWG Chair and Nutrition Representative on Council

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#### **Website**

**Dr Paul Henderson**

#### **BSPGHAN Website Report (January 2015)**

Following on from improvements made to the site of the past few years the site continues to provide an excellent repository for both members and non-members to access information relating to our specialty. The site hosts visitors from many countries and it is also clear from our data that members are also beginning to use their smartphones and tablets to visit the site. Once again this year we have used online submission forms for the annual meeting abstracts and also allowed online registration for the meeting in Stratford and also the Associates and Trainee meeting in Cardiff at the end of last year with great success.

The site has also been used to launch/advertise national and European audits and questionnaires and has allowed council, CSAC and JAG to provide up-to-date information to members with regard to training and research. The majority of the working group pages are now populated with useful information and the site is regularly updated with new meetings, jobs and funding opportunities.

Following several years running the site, with excellent input and help from Dr Nick Kennedy, I will be stepping down shortly from this role. It is hoped that BSPGHAN will continue to take the site forward to allow even more functionality (such as accepting online payment for meetings etc) making this a useful and dynamic part of the Society's day-to-day work.

**Paul Henderson**  
**Website Administrator**  
**January 2015**

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**Hepatology**  
**Dr Suzanne Davison**

**Report of Liver Steering Group**

**Suzanne Davison 31/12/2014**

The liver steering group continues in its role of facilitating communication, co-ordination and collaboration between the supra-regional and regional hepatology services and family support organisations (Children's Liver Disease Foundation). This year is the first for myself as new Chair, and also has seen the appointment of Chris Spray as Regional Hepatology representative and Lauren Johansen as trainee representative. We are grateful to Sally Connolly who completed six years in the Regional role.

Collaborative research is active: The three centres are all participating in multicentre research, including antiviral strategies for hepatitis B and hepatitis C, drug therapy for pruritus and evaluation of new immunosuppressive agents after liver transplant. A proposal has been submitted to the NIHR Rare Diseases Translational Research Collaboration to investigate Autoimmune liver disease.

Service development focussing on improving transition has benefited from QIDIS funding, which is being used for support staff in each centre, including a social worker and youth worker.

Following on from last year's portal hypertension symposium, the annual education meeting was held in Leeds in December and provided an update on hepatitis B and C. The annual national audit Meeting was held in Birmingham in June and focused on hepatobiliary diversion surgery. This years audit meeting will be in London in the summer and Education meeting in Birmingham next winter.

CLDF provide a valuable interface between children families and health care professionals, who all came together for CLDF annual conference in October. CLDF have this year instigated two important surveys. The first is asking families their views on the supraregional service that is provided, and identifying what matters most to them. It is envisaged that with this information we may become better informed in planning service improvements and developments. Secondly, a survey of BSPGHAN members to help guide CLDF 5 year strategy.

The hepatology membership continue to interaction with national bodies. There has been considerable input into NICE initiatives, including participation in scoping workshops, joining guideline development groups and contributing to guidelines at consultation stage for NAFLD, viral hepatitis, CF liver disease and transition. Representation on other national committees include Liver Advisory Group and Small Bowel Advisory group, and on other BSPGHAN working groups such as the endoscopy committee.

A major initiative that came to fruition in November was the report of the Lancet Commission addressing liver disease in the UK, which was published in November. All three centres contributed and ensured that the importance of children's liver services was highlighted, with Professors Dhawan and Kelly being co-authors.

The LSG have voiced their concern, this year and previously, regarding the mismatch of numbers of trainees appointed to Grid Training in Hepatology, and the predicted number of consultant vacancies. Although in previous years hepatology training posts have not been fully appointed to, we are delighted that this year two new hepatology trainees have been appointed.

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**Trainees**  
**Dr Fiona Cameron**

Trainee report for Annual Report 2015

**Dr Fiona Cameron** Trainees in Paediatric Gastroenterology, Hepatology and Nutrition (TiPGHAN)  
Annual Report January 2015

**Committee Members**

Chair: Fiona Cameron, Glasgow

CSAC rep: Lisa Whyte, Birmingham (Stepping down in 2015)

Secretary: Protima Amon, London

**Trainees' Meetings**

The joint trainees associates meeting was held in Cardiff this year on the 29-30<sup>th</sup> September between the Welsh Institute for Minimal Access Therapy (WIMAT) for the trainees day and the Holiday Inn Cardiff City Centre for the joint trainees and associates day. The WIMAT is a purpose built centre offering a range of endoscopy training and housing an endoscopy simulator.

The trainee's day continues to evolve to best meet the needs of our trainees and this year was developed further by the introduction of parallel sessions for the junior and senior trainees, advanced endoscopic training and management skills. The parallel sessions allowed the opportunity to adapt the session to the needs of delegates, from interview skills for the junior trainees to preparing for consultant interviews for the senior trainees. For endoscopy, basic hands on skills were provided for the junior trainees with the senior trainees using the endoscopy simulator and practicing endoscopic variceal banding on animal models. This new approach proved highly successful with positive feedback from all, we hope to continue this next year but this will depend on finding a suitable venue within our budget. We are extremely grateful to Dr Ieuan Davies (endoscopy chair) for holding the endoscopy working group meeting on the same day and coordinating the meeting thus allowing members of the group to assist with training.

The theme of the joint meeting was gastroenterology. We continued to have our interactive sessions on modular feeding and pH impedance, as well as case presentations and invited talks. The 2015 meeting will be in London on the 28-29<sup>th</sup> September and we are currently exploring suitable venues. This meeting will now be known as the BSPGHAN Associates and Trainees Meeting or BSPGHAN ATM.

As always we are thankful for the support given by the administrator in organising this event and to Council members for their continued support of this day. We also wish to thank the endoscopy working group members who assisted with training and to all the speakers who presented, particularly those who travelled to be there. We remain grateful to our sponsors for their financial support allowing us to provide such an inexpensive high quality meeting for our trainees and to the associates whose involvement contributes to its ongoing success.

## **JETS/JAG/Endoscopy**

We are delighted that Christos is the new trainee representative on the endoscopy working group and would like to thank Christos for his input on behalf of trainees. We are pleased that JAG now allows certification for paediatric endoscopists through the JETS website after some initial difficulties.

## **Trainee secretary**

Protima Amon is now the new trainee secretary, she has worked extremely hard this year and we are thankful to her for ongoing help and support.

## **BSG**

I continue to represent TIPGHAN on the BSG Trainees Committee which meets every 4 months. The BSG trainees organise a yearly education weekend for their trainees which I attended this year and found both interesting and relevant. I am now working with them for the 2015 meeting which will be held in Birmingham on a program that will interest both paediatricians and adult gastroenterologists. Another meeting arranged by the BSG trainee section is a management weekend which is a two day meeting focusing on skills senior trainees will need when they become a consultant. This is also very relevant to our trainees and is exceptionally good value for money. I am also involved in organising this as well as negotiating for reduced rates for BSPGHAN trainees at BSG education events.

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## ***Paediatricians with an interest***

***Professor Bim Bhaduri***

### ***The Annual Report of the Char of PeGHAN 2015***

SPIN Curriculum in Gastroenterology is now up and running  
SPIN recruitment and certification by RCPCH is now a reality and on going  
Service Specification for Network centres document submitted and agreed by BSPGHAN  
Names and e mail ID of 120 Paediatric Consultants with Gastro interest is now on BSPGHAN membership list  
DATA on SPIN trainees on going work  
Kept close liaison with the network centres ( DGH)  
Identified the consultant with an interest in Gastroenterology in each DGH  
Helped the council to draw up any service requirements of net work centres  
Sent delegate to different core group of BSPGHAN e.g. Endoscopy working group, Education working group etc.  
Kept an up to date list of all PeGHAN members

Professor Bim Bhaduri

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## ***Associate Members***

***Ms Kay Crook***

### **Associate Members Report for council - Winter 2015**

I would like to start this report by thanking Mick for all the hard work that he has put into the associates over the last 3 years. He has really galvanised the troops and I have the pleasure of taking over as the chairperson of a much more organised committee.

I am looking forward to continuing Mick's work to reinvigorate the associate membership. The associate members are in an extremely good position to be recognised as an integral part of

BSPGHaN and as so we need to ensure that we continue to be an active arm of the BSPGHaN family.

#### Education

Our turnout at the TIPGHAN meeting in Cardiff was very poor and we have taken steps to try to remedy this. Changing the name of the meeting to the 'Associate and Trainee Meeting' is a major step to giving the associate membership some feeling of ownership and inclusion in the meeting again.

We are working with Fiona and Rafeeq and the proposed timetable to ensure that there is adequate time to advertise the meeting, and a robust programme for associate members. Providing a study day that fits the needs of all of the various members - Nurses (IBD, Gastro, Liver, Nutrition, Polyposis), Dietitians (IBD, Gastro, Liver), psychologists, speech therapists, GI physiologists - many of whom are working at the top levels of their professions is a very challenging position. We have therefore decided to concentrate this meeting on a more generic level looking more at the personal skills required to demonstrate the depth and breadth of knowledge that our members possess. This seems to be where there is a gap in the education offered elsewhere which is more disease/service orientated.

The provisional associate programme has been circulated to the committee with very positive feedback. We are currently gathering names for speakers who could deliver this exciting programme (hopefully this will be completed by the time you read this report).

#### Associate committee roles

Since the committee has expanded we are going to review the roles that members currently have and reassign them if appropriate to match the skills the new members are bringing to our committee.

#### Membership

In the short time I have been reviewing new members we have had 3 new applications increasing our diverse membership.

I look forward to working with you to continue to increase the strength and contribution of the associate members within BSPGHaN over the next 3 years

Kay

Gastroenterology CNS St Mark's Hospital  
London North West Healthcare NHS Trust  
kaycrook@nhs.net

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### ***Patient and Professional Partnership (PPP)***

***Sarah Sleet***

**PPP Report 2014**

#### Standards and guidelines

IBD Standards are already well established but a new UK wide strategy for IBD is now underway with involvement of all stakeholders. The BSG is also looking at possible accreditation of IBD services.

CLDF is helping to improve care for patients with a survey of families and young people who have experienced care at the supra regional centres in the last two years which will feed into the development of a feedback tool for the National Paediatric Liver Service.

The NICE guidelines on the diagnosis and management of coeliac disease continues its course. It is likely to recognise the different diagnosis strategies for children and adults. The launch of the new BSPGHAN guidelines on coeliac disease in 2013 had seen some worrying practices among GP referrals. As a result of a joint BSPGHAN/Coeliac UK letter to the RCGP expressing concerns, August saw the publication of an editorial on the guidelines in the RCGP Journal.

#### Campaigning

The IBS Network began campaigning in 2014 to raise awareness of IBS in children where, until recently cases were diagnosed with Recurrent Abdominal Pain, lactose/fructose intolerance or idiopathic constipation.

Coeliac UK shared plans for a major diagnosis campaign in 2015 to help identify the 500,000 people with coeliac disease but no diagnosis. Although much of the focus will be on adults it is likely that there will be an impact on numbers coming into the paediatric service.

CLDF campaigned during the year on the inclusion of a Hepatitis B childhood vaccine.

#### Research

Coeliac UK launched its latest round of research grants in year and was grateful to use BSPGHAN's channels to promote to its members. Further major investment in research is expected in the next few years and BSPGHAN members are encouraged to apply.

CICRA also opened its annual call in mid-year with an early November closing date advertising widely, including through BSPGHAN and it is expected to repeat the call in 2015. CICRA Bursaries though remain available all year round, see [www.cicra.org](http://www.cicra.org)

#### BSPGHAN/Patient Groups meetings

Two meetings were held in the year to discuss issues of mutual interest including care pathways and standards, research and understanding issues around transition care. The patient groups attending one or both meetings included Crohn's and Colitis UK, CICRA, CLDF, IBS Network and Coeliac UK.

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#### **CSAC**

#### ***Sue Protheroe***

Dr Sue Protheroe	CSAC Chair
Dr Rajeev Gupta	Assessment Advisor
Dr Alastair Baker	Hepatology Training Advisor/ BSPGHAN President
Dr Bim Bhadhuri	Paediatrician with a Special Interest
Dr Naeem Ayub	Gastroenterology Training Advisor
Dr Lisa Whyte	Trainee Representative
Dr Priya Narula	Nutrition Training Advisor
Dr John Puntis	Quality Advisor

I was appointed by the College as Chair in October 2014 and the transition from CSAC Quality Advisor to Chair has been smooth so far thanks to the efficient work of the outgoing Chair Adrian Thomas. I am indebted to the knowledgeable CSAC committee and grid coordinators for their expertise and on-going responsibilities. The team works hand in hand with College officials to oversee and improve the quality of training. We are poised to update the 2010 **Curriculum** for our subspecialty for submission to the GMC in Jan 2016.

I am grateful for Priya's continuing involvement with running the **RCPCH "How to Manage..."** study day as an educational resource for improving paediatric nutrition training.

Rajeev has continued to work hard to support the RCPCH **START** assessment. The College has requested new START scenarios each year and so CSAC members are busy devising these. If you are (a newly appointed) consultant and would be able to assist in writing new questions, please contact Rajeev as he is looking to recruit a question writing group. Scenarios relating to leadership & management roles and safeguarding as well as clinical questions are required.

Many thanks to Bim for his hard work setting out the **SPIN** module for trainees. Bim and I are pleased to sign off those who have completed the module. Trainees who wish to have their special interest training recognised should complete the SPIN module application from the RCPCH website. There is now a separate **post CCT SPIN** application form for Consultants. The College is no longer accepting retrospective applications but will accept prospective applications (or retrospective

applications for post-CCT doctors if they continue to fulfil the SPIN module competencies and carry on training in any given SPIN module). Bim and the CSAC team are now tasked with setting out General Principles of Assessment of Competence with notes on the core curriculum to support the process of assessment of Consultants.

I am grateful to Naeem who oversees the signing off of **CCT's** for trainees who have completed a grid rotation and are seeking subspecialty recognition on the Specialist Register.

I would particularly like to extend grateful thanks to Alastair for his commitment and dual role on CSAC as close link to BSPGHAN and Hepatology Training Advisor on CSAC. The College will advertise for a new Hepatology Training Advisor in February 2015 when Alastair steps down as his term comes to an end. I would like to thank Lisa Whyte for her excellent contribution to CSAC as she is about to obtain her CCT. Lisa provides an invaluable source of advice for trainees and the committee. I am very grateful to Lisa for her networking skills and keeping track of trainees. The CSAC Trainee Rep will also be advertised in the next round of nominations to be published on the following page of the RCPCH website. <http://www.rcpch.ac.uk/what-we-do/nominations/rcpch-nominations>

There is now an RCPCH Council of Reference member for Gastroenterology on the General Paediatric CSAC (Dr Subra Mahadevan Bava) who will provide a useful link to their speciality.

**Academic Workforce-** Colleagues have expressed concern also about the inflexibility of academic training. I have joined the College Academic Training Committee (ATC) representing the CSAC Chairs, with the stated aim of improving recruitment and flexibility for Academic Trainees. The ATC acknowledges previous difficulties and will prepare a toolkit to improve understanding of specific processes. The ATC is striving to make academic training more attractive to trainees and will revise the academic webpage directing trainees to their academic regional representatives, the trainee led research matching project and the production of careers videos.

**ACL's – Assessment and Progression** is monitored within Eportfolio derived from the form used by the Academy of Medical Sciences and so academic competences will be revised with the on-going curriculum review. The ACT acknowledges that **Inter deanery transfers (IDT's) for academic reasons are** unfortunately not allowed by the Academy of Royal Medical Colleges at present. Trainees may apply for a post in a different deanery via a standard recruitment process and if successful would resign their current post. They suggested that if a CSAC representative was not present at the academic interview the trainee should be advised to attend a grid interview as soon as possible after appointment for confirmation of equivalence to grid appointment for that speciality. **The ATC is striving to ensure that trainee access to OOPR across deaneries is equitable.** Trainees can submit a conditional application if funding is yet to be confirmed and once known approval can then be given.

**Minimum length of mandatory clinical training needed for completion of training was discussed** PGHAN advises 3 years at level 3 and trainees should be aware that cannot count research towards training time as per the Gold Guide.

#### **National training Grid - Assessment**

Trainees can apply twice for a place on the grid and need to have a minimum of **12 months** training on the grid. This means that up to **2 years of pre-grid training** can be counted towards a CCT in paediatric gastroenterology provided:

- 1) The training takes place in a centre approved for training in paediatric gastroenterology by the GMC
- 2) It is agreed prospectively with CSAC and
- 3) A written testimonial is provided by the trainer stating that the pregrid training is equivalent to that of a grid trainee.

**Speciality Specific Appraisals for Grid trainees** – many thanks to grid coordinators for arranging these each year which now inform the annual **CSAC Progression form**. We are grateful for the hard work of the Endoscopy Working Group for bringing together the **paediatric specific JAG**

**certification** in diagnostic Endoscopy and Colonoscopy ([www.theJAG.org](http://www.theJAG.org)). Trainees now take a summative assessment of their endoscopy competencies and it is recommended that this is obtained prior to a CCT. The CSAC Progression Form is a quality check and helps inform the Deanery ARCP on speciality aspects of training. An academic representative should ideally attend the ARCP for an ACF and either a member of CSAC (or Grid Coordinator) should provide support at the ARCP process if a trainee is experiencing any difficulties.

Please can I remind educational supervisors that grid trainees should be released from clinical duties to attend the **Trainees and AM BSPGHAN meeting each year (next meeting 28-29 September 2015 in London)** and also the **BSPGHAN annual meeting** each year as these meetings should be regarded as mandatory for all grid trainees. For educational supervisors, it is recommended that there is a defined time in a consultants job plans for educational supervision and a Trust *may* be appraised and remunerated in future for this work via EdQUIN's (e.g. 1 hour per week per trainee ).

There is new form for **trainees acting up as a consultant** (this is permitted for up to 6 months, preferably for 3 months as this can count towards training). CSAC are happy to keep a list of **unfilled training posts for trainees to consider taking up post CCT (or for OOP)** training in Gastroenterology and Hepatology. Please email me if you are able to see that your prospective training post might not be filled and CSAC can signpost trainees to suitable vacancies in advance.

### **National Training Grid - 2015 round**

There were 13 applications for the grid this year, 11 were shortlisted & interviews were held on 1<sup>st</sup> December. 10 candidates exceeded the threshold for appoint ability and were offered rotations. Eight rotations were accepted from the 10 rotations available – (8 gastroenterology rotations were available - Cambridge University Hospitals, Addenbrookes/Kings College , London, Chelsea and Westminster/ Kings College Hospital, /Great Ormond Street Hospital, Royal London Hospital/Royal Free Hospital, Alder Hey/ Royal Manchester Children's Hospital and Leeds General Infirmary, Great North Children's Hospital/ Leeds General Infirmary, Bristol Children's Hospital/ Birmingham Children's Hospital, Oxford Children's Hospital/ Royal Free London, University Hospital Wales/ Birmingham Children's Hospital , Sheffield Children's Hospital/ Leeds General Infirmary and 2 Hepatology grid posts - Birmingham Children's Hospital (Hepatology) and Leeds General Infirmary (Hepatology).

### **Grid Consultation**

Colleagues from CSAC have highlighted their concerns about recruitment to the grid; a problem affecting many subspecialties which was raised at Head of School /CSAC Chairs meeting recently. BSPGHAN Council has raised concern about the shortage of grid graduates for vacant consultant posts.

The Grid was established about 11 years ago to offer an approved route into subspecialty training and specifically to improve equity of access to posts for trainees on a national basis. Reassuring the quality of training and helping workforce planning was also envisaged. There are however problems with recruitment with the majority of subspecialties. Data from the RCPCH (2013 -14) on subspecialty training shows that applications to the grid have declined since 2011 with a programme fill rate of 61%. The PGHAN competition ratio was similar to other subspecialties with 1.9 applicants for each post. Not all applicants were shortlisted and some were offered posts but subsequently declined as were not offered their highest ranked choice(s). We know that 56% appointed are women; 54% have to transfer to a new deanery to take up training and only 35% receive their first preference of post. There are concerns that the fixed nature of the rotations may restrict access for those who are unable to easily move.

CSAC is currently tasked with updating the curriculum, and the College is supportive of plans for a CSAC review of what a training centre should provide for trainees in order to achieve their competencies and consider how training opportunities might be offered more flexibly or attractively to the future cohort of trainees. Lisa has sent out **survey** amongst pre grid, grid trainees and recently appointed consultants. Please do reply to this if you haven't done so already and attend the trainees meeting at the BSPGHAN meeting in January as Lisa will present the feedback. Marcus Auth and Fiona Cameron from BSPGHAN Council, Lisa Whyte from CSAC and Richard Hansen have agreed to help survey potential grid candidates in run through training to examine if the current PGHAN rotations are considered attractive and if not, why not.

We would be interested to hear BSPGHAN member's observations about subspecialty training. Attracting trainees to the speciality should ideally target those at or before ST2/3. Steps to actively enhance recruitment to the specialty could be promoted at regional ST teaching days and at the RCPCH Annual Meeting for example and by offering mentorship. I have asked grid coordinators to look for opportunities to run "taster weeks" if possible and consider whether offering training posts at ST3-4 would be feasible. Deaneries and CSAC could target support for preparing candidates and coach promising trainees to be better prepared to apply competitively for the Grid.

Sue Protheroe  
Chair Gastroenterology Hepatology and Nutrition CSAC  
January 2015