



British Society of Paediatric Gastroenterology Hepatology and Nutrition  
**Newsletter**  
**January 2016**

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Dr Alastair Baker MB ChB MBA FRCP FRCPCH  
BSPGHAN President

**President's report, January 2016.**

This AGM in January 2016 will represent the end of three years for me as president. However, for nearly eight years less a spell between acting as treasurer and becoming president-elect I have contributed closely to the strategy and administration of BSPGHAN. I hope that the membership will judge me to have been a successful steward of what is clearly becoming a benchmark medium sized professional medical society. We are in the vanguard of activities and professional approach among those Societies affiliated to the RCPCH, being highly active in research, training and education, & setting standards in clinical activity. Our annual meeting has become the focus of contact between Paediatric multidisciplinary specialists and our commercial colleagues so that our Society has become the first point of contact with almost all the paediatric gastroenterologists and paediatric hepatologists active in the UK for whatever reason.

At a strategy day in 2015 we endorsed the continued direction of the Society with emphasis on our academic teaching and training, and service-influenced priorities. We recognised the need for data collected by various groups in winning arguments about the need for specialist paediatric gastroenterology and hepatology, and justifying the specialist nature of our work. Such databases would also provide foundations of excellent national and international clinical research.

I would like to extend profound thanks to our departing council members for their hard work and achievements, Dr Susan Hill, nutrition chair, particularly for her development of links with BAPEN, Dr Fiona Cameron, the trainees' chair, for her diligence and enthusiasm in attracting all the trainees to each training event, Dr Rafeeq Muhammed, who has been outstanding in providing us with educational material including clinical challenges and recommended reading, and has ensured that education and training appeared on the agenda of absolutely all BSPGHAN activities, and finally Mrs Sarah Sleet, who brought to BSPGHAN council activity a valuable breadth and depth of commercial and third sector experience.

We welcome new members joining council, Dr Kelsey Jones, who will take over from Fiona as trainees' chair and Ms Alison Taylor who takes over from Sarah as PPP representative and who comes from the Children's Liver Disease Foundation, a charity with longstanding links to BSPGHAN.

2015 has been another highly successful year for our working groups.

Marcus Auth works tirelessly to ensure responses to NICE queries and that the 3 working groups under the umbrella of Gastroenterology deliver and prepare their reports regularly, culminating in the summary report for the AGM.

- The IBD working group in particular under the chairmanship of Dr Richard Russell has made excellent progress contributing to the IBD Standards Group for the UK and publishing two guidelines in Archives of Disease in Childhood for the management of ulcerative colitis and the management of Crohn's disease. A biosimilar statement was also generated from the IBD working group.
- In comparison with other paediatric, and indeed adult professional societies BSPGHAN has developed a very strong emphasis on research through the research committee being the CSG. I would like to record my gratitude to Professor Stephen Allen for his work as research working group chair and also recognise how the use of the PICO format has engaged the society with the development of research ideas. I am very proud to be the president during the time when BSPGHAN CORE grants became established with the third call successfully made and awarded. This regular source of small Pump-Priming Grants alternate years has launched a number of important projects and enhanced the reputation of the society. We agreed to contribute support for the CSG from BSPGHAN as NIHR withdraws its contribution.
- The hepatology liver steering group under Dr Susan Davison has assisted Professor Deirdre Kelly in contributing to the Lancet commission report and subsequent work stream which is ongoing and a set of priorities with outcome targets has been agreed.
- The nutrition group in association with Dr Andy Barkley has moved forward the eBans website and its recruitment. The role of this website in clinical service development and patient management is still in evolution and we look forward to future progress.
- The endoscopy working group under Dr Priya Narula has continued the excellent work with JAGS and JETS, establishing standards for endoscopy in training based on the work undertaken by the previous working group chair, Dr Ieuan Davis.
- The motility group has been restructured under Dr Nikhil Thapar
- The coeliac working group established new diagnostic guidelines two years ago and has progressed to establish better Primary Care practices.
- Following taking over from Professor Bim Bhaduri, Dr Anna Pigott has progressed the SPIN standards for training of Paediatric Gastroenterologist general paediatricians with interest in Gastroenterology for recognition of training in post.
- The Associates under Mrs Kay Crook continue to make enthusiastic progress with associates and trainees' meetings annually in September increasing in their attendance, quality of their presentations and the enthusiasm for the event. The trainees have chosen to incorporate a large component of hands-on endoscopy training to good effect.

I am pleased with the development of close links between the Society and the CSAC with Dr Sue Protheroe taking over from Dr Adrian Thomas as CSAC chair. This link with the RCPCH and the deaneries enables the Society to contribute to and influence professional training and ensure that the profiles of all trainees are recognised nationally giving trainees the best chance of a suitable job and specialist centres the best possible recruitment opportunities. Dr Sue Protheroe has made good progress organising training supervision and developing a new training curriculum.

2015 saw the establishment of standards and guidelines group under the chairmanship of Dr John Fell. Good work has already been done to identify and improve guidelines and move them towards formats which are accessible to commissioners. I would like to thank Dr Protheroe as well for her work with this group.

Last year I commented on the progress of the society website with profound thanks to Dr Paul Henderson. Having gained a consultant post, he has handed management of the successful site back to the Society, and we have taken on a commercial web developer who has stabilised the site and we are looking to develop additional functionality. However, it remains a major achievement to have an active website with notice board features, the capacity for voting, and ultimately the capacity for payments through the site. We therefore now have an up-to-date site moving forward with the functionality that we need, fit-for-purpose for the society.

In the last year we have introduced an automated web-based voting system that can be used for the Society's democratic processes. We took time to fully evaluate the system and ensure that it was democratically available to everyone. The outcome is a system which is far superior to multiple counts and recounts of folded paper votes.

The last years have been a time of developing closer links with other Societies such as the British Society of Gastroenterology, British Society of Allergy and Clinical Immunology, British Association of Paediatric Surgeons, British Association of Parenteral and Enteral Nutrition and the Royal College of Paediatrics and Child Health. The latter society, in particular, has become closer to BSPGHAN in the recent past with greater opportunity to influence the development of paediatrics in the UK. I have also been asked to contribute to the ESPGHAN National Societies Group which we have restructured with the aim to standardise training and allow trainees to move throughout Europe to augment training in smaller countries. We also intend that this group will help develop the PedCREN research network.

The finances of the Society remain in very good condition since small changes in fees and contributions from our commercial colleagues. With this we have increased our rigour in financial governance as befits a maturing society and the modern need for financial transparency. We adopted Chip and PIN payments and the possibility of PayPal payments for ease of administration. I am very grateful to Dr Mike Cosgrove and latterly to Dr Girish Gupta for their work in developing this increasingly robust system. Our newest convenor, Dr Nadeem Afzal, has taken on the various complex organisational aspects of the society with aplomb and puts his personal enthusiastic and extremely diligent mark on everything he does. The Society could not have developed in the way it has without all their efforts.

Once again, and I am sure not finally, I wish to thank Mrs Carla Lloyd for her tireless efforts on behalf of the Society as administrator. I have been concerned throughout my tenure that as the Society matured and became more complex, in taking on more responsibilities, that Carla should have appropriate support in her routine work and the administration of the two annual meetings. I have finally managed to persuade her that some aspects of her onerous job should be delegated and the Society should pay for professional help increasing bit by bit. She will begin to divest herself of the more tedious roles in due course.

It is very good news that the Society continues to go from strength to strength because I believe that we will need the collegiality and collective commitment to support us all in what are likely to be difficult times ahead. There will be pressure for reduction in specialist tariffs and questions about the role of specialists, including in Shape of Training, and reduced employment opportunities with

limited new consultant posts. No one would anticipate the new contract negotiation to be problem-free. Our Society needs to be strong to maintain academic training and professional standards for the benefit of patients and the effective practice of all our multidisciplinary members. I therefore hand over the presidency of the Society to Dr Nick Croft in the expectation that his tenure will be more challenging than mine. However I have no doubt that he will continue and develop the role of president and the strengths and achievements of the Society.

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***Convenor's Report***

***Dr Nadeem Afzal***

I would like to extend a warm welcome to all of you to the 30<sup>th</sup> BSPGHAN Annual Winter Meeting with a big thank you to Chris Spray and the Bristol team for hosting the event. This year is a significant landmark in the history of BSPGHAN and whilst celebrating it is important not to forget our purpose and goal. In Huw Jenkins words from the website 'BSPGHAN is a professional organisation with the specific roles of promoting research, training and standards of clinical practice for health professionals and scientists in paediatric gastroenterology, hepatology and nutrition'. This is what we aimed for 30 years ago and proudly say is still very much the case in 2016.

I welcome all new BSPGHAN members and wish your active participation in the society's activities. The BSPGHAN membership now stands at 462 (275 Full members, 142 Associates, 20 Honorary, 3 Overseas, 14 Retired Full members and 6 Retired Associate members). Your continued active engagement and opinions are most important, a key to the success of the society. You help BSPGHAN to positively influence and shape national policies and guidelines. At the same time we also wish to continue to inform you about BSGPHAN activities and developments, relevant CPD courses, and advertisements from NICE and RCPCH about any vacancies. To get full benefit from the BSPGHAN membership, please ensure your emails are up to date in our records and for those with correct emails please look at your spam filters. In case these are overactive, there are ways to change the settings so that all BSPGHAN emails reach your inbox. Please advise of any changes in your email addresses to Carla.

I wish to share some wonderful news about Professor Deirdre Kelly who has been awarded CBE (Commander of the Order of British Empire) this year. I would like to congratulate her on this most well deserved achievement, a proud moment for BSPGHAN. Prof Kelly's services to BSPGHAN and paediatric hepatology are innumerable and immense. Prof Kelly continues to help us and most efficiently chaired the BSPGHAN ACCEA process in 2015.

A number of the WG chairs will have completed/be completing their tenure in 2016. I wish to thank all of you for your hard work. I am going to start by saying a heartfelt thank you to Rafeeq Muhammad who gives a new meaning to the words dynamic, enthusiastic and innovative. Just everything, from clinical questions, adjudication of abstracts, to working with the trainees on matters of education and the Annual programme, are delivered to perfection. I would like to thank Susan Hill who has chaired the nutrition WG influencing many policies and guides. Susan has been very active in BAPEN and BSPGHAN continues to be a core group in BAPEN.

I would like to thank Fiona Cameron for all her hard work the trainees lead. Fiona has successfully developed the ATM programme holding a very successful meeting in September 2015. I am delighted to report an attendance of 60 delegates, both Associates and Trainees. This of course

would not have been possible without Kay Crook's round the clock planning and help with the programme. Kay Crook, as you know, is the chair of the Associate Members Group. I would also like to thank Sarah Sleet, for PPP representation whose invaluable advice has helped to shape many of our proposals and guidance. Sarah will also be completing her tenure in 2016.

I would like to welcome Priya Narula, chair of the Endoscopy WG who is already very busy developing a new paediatric GRS for units undertaking paediatric endoscopy. I would like to welcome Professor Steve Allen as the research WG lead who in conjunction with CORE reviewed 12 very worthy applications for the 2015 BSPGHAN Research Grant. I keenly wait to attend Steve's PICO session at the annual meeting. I would like to welcome Anna Pigott as the newly appointed PeGHN chair and her help in the RCPCH 2015 meeting, Mike Stanton as the BAPS representative who is already in discussion with regards to supporting the National GI bleeding survey. I will like to welcome Kelsey Jones as the recently elected Trainees lead and looking forward to another memorable ATM meeting.

One of the key BSPGHAN developments this year has been establishing the Clinical Standards Working Group. I welcome John Fell who has now formulated a new WG with an active membership and is already laying down key future strategies for us for the future.

I wish to congratulate and thank Richard Russell and the IBD WG on publishing reviews on 'Management of Ulcerative Colitis' and 'Management of Crohn's Disease' in the Archives of Diseases in Childhood in November 2015. These are state of the art, review articles and are an update on latest management on these chronic paediatric conditions. Also, Richard has arranged for these articles to be 'open access' which is most thoughtful. These publications are a testimony to the IBD WG's productivity and phenomenal hard work.

I would like to thank Suzanne Davison, hepatology lead for great work in the liver steering group, representing paediatric hepatology in the BSG abnormal LFT's guidance group and all her help in the 2016 RCPCH Liverpool Programme. I also wish to thank Sue Protheroe, who as CSAC chair is taking up very important issues on workforce and recruitment, working hard to safeguard the future of paediatric gastroenterology.

2015 has been another busy year for BSPGHAN. We continue to actively contribute to NICE guidance, and the latest RCPCH initiative, Paediatric Care Online which is being made active in 2016. As stakeholders in NICE, Marcus Auth contacted NICE to address the paediatric age cut offs for management in the Coeliac guidance which I am pleased to report has now been amended. Alastair Baker has recently led and completed a national survey on provision of paediatric gastroenterology services in the United Kingdom and will share these results in the Bristol meeting.

I also wish to mention the adoption of Mi-Voice electronic voting system. After some initial teething issues this system is now running smoothly and is exactly the same system as adopted by the BSG. Once again I cannot emphasize the need to inform us (Carla) about your active email addresses (with spam filters off) so that everyone can participate in surveys and voting.

The BSPGHAN website is now in the process of acquiring new webmasters after review of a few quotations.

This year BSPGHAN is running a joint session with BPAIG (British Paediatric Allergy, Immunology and Infection Group) at the annual RCPCH 2016 meeting in Liverpool. We have had some great abstract submissions this year and many thanks to the submitting authors. This year's keynote talks are on 'paediatric allergy, hepatitis and infection screening before starting immunosuppressant's'. I am

grateful to both Rafeeq Muhammad and Suzanne Davison for adjudicating the RCPCH Gastroenterology abstracts. For your diaries, the gastro day this year is Tuesday, 26<sup>th</sup> of April. Please do come and support the meeting and paediatric gastroenterology trainees.

Now a few words about commissioning and have to start by saying thank you to Sue Beath who continues to champion our cause and continues to regularly provide updates to BSPGHAN and the membership. Please do look at the latest publication 'Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21' available on the NHS England website. This was recently published on the 22<sup>nd</sup> of December 2015. The document talks about a new relationship with patients and communities and sets out a series of commitments in relation to empowering people, supporting carers, promoting volunteering and engaging the voluntary sector and communities. Besides change in commissioning of services, a lot more is happening with regards to junior doctors and consultant contracts. I hope 2016 brings a successful resolution to these discussions. BSPGHAN, of course, will continue to provide ACCEA recommendations, if the process still continues in 2016. Those applying please stay vigilant for any emails as we get the shortest possible notice and time to make recommendations.

Almost at the end now and wish to say thank you to Marcus Auth, Girish Gupte and Carla Lloyd. Marcus Auth works relentlessly hard to make lots of things happen. He is a phenomenon, a machine. Girish makes all activities in BPSGHAN possible and he is very cleverly continuing to develop future proof electronic systems to make every single penny of your membership fee count towards productivity. Carla converts all scripts and ideas into emails, newsletters and actual meetings at great venues. Thank you for your exceptional hard work.

Finally, I am going to finish by saying thank you to Alastair Baker the outgoing president and welcoming Nick Croft as the incoming president of BSPGHAN. Amongst many other things Alastair has worked hard to engage with RCPCH, NICE and many paediatric speciality groups and has forged strong relationships. I remain very grateful for Alastair's tremendous and continued support, his help in solving many difficult matters and the 24/7 easily accessible ear for all types of advice. From a personal perspective, with Nick coming in, having served as ex-registrar to both Alastair and Nick, I strongly suspect that things are not going to be that much different for me though.  
Look forward to seeing you all in Bristol.

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**Treasurer's Report**

**Dr Girish Gupte**

**1) Annual accounts – Appendix 1**

	<b>2014-2015</b>	<b>2013-2014</b>	<b>2012-13</b>	<b>2011-12</b>
Income	251,509	209,408	155,791	132,918
Expenditure	120,277	163,034	*187,771	139,118
Net income	131,322	46,374	(31,980)	(6,200)
Total funds carried forward	251,137	121,905	75,531	107,511

- The annual meeting in Stratford upon Avon in January 2015 produced an excellent surplus of £46,157. Thanks go to Professor Simon Murch who donated his 25% share of the surplus back to the society.
- Annual subscriptions raised £27,170 (an increase over the previous year from £18,907)
- Sponsorship raised £32,050.
- The income includes a grant of 60,000 Euros from the ESPGHAN meeting
- Healthy financial position has ensured that the society will contribute £40,000 towards the CORE grant.

## **2) Annual subscriptions and Direct debit**

The direct debit system is completely operational. So far only 60% of the membership i.e. 177 members have registered for the direct debit.

The non-receipt of the direct debit forms and some members have not cancelled the standing orders. This 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

Several reminders have been sent to the membership about the above. Hence from April 2017 the following will be implemented subject to the approval at the AGM

1. If the member has not cancelled their standing order, the society will not refund any excess standing order payments that the membership has done.
2. It will be considered as a voluntary donation to the society

## **3) Chip and PIN terminal**

This worked extremely well at the Stratford-upon Avon meeting. However some payments could not be collected, additionally the annual contract fee was raised to £600 plus transaction charges. Hence we have moved over to a new provider this year which should help to facilitate payments and reduce overheads as this does not require an annual contract fee.

## **4) Sponsorship**

The negotiations of the past treasurers (mainly Muftah El-Tumi) with 3 companies have resulted in a regular annual contribution to the society. This has resulted in a long-term sustainable solution. One company has informed that it will not be providing a regular payment from 2017 due to internal rearrangements of products

We continue to explore the opportunities of sponsorship with other companies. Two other companies are interested in the long-term deal with the BSPGHAN which will be explored in 2016.

**5) Electronic voting**

Successful implementation of the electronic voting has been possible for the Trainee chair and Education chair. This will be continued in future elections

**6) PayPal**

This will be implemented as a regular payment for the meeting from 2016 onwards once the website is stabilised and active.

**7) Payments**

Membership should be aware that payments will only be made by bank transfer and no further cheques will be sent for reimbursement of expenses, this should hopefully benefit membership and should overcome the problem of lost cheques in post.

**8) Expenditure**

Two laptops were purchased this year; one for administrator and one will be handed to convenor; A projector will also be purchased to reduce number of laptops on desk at council meetings – papers will be projected during the meeting.

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 outgoings.

As I come to the end of my second 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.

Girish Gupte  
Treasurer BSPGHAN (2014-2017)

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**Committee and Group Reports:**

***Gastroenterology Chair***  
***Dr Marcus Auth***

***Coeliac group***  
***Chair- Dr Simon Murch***

Members of the coeliac WG have participated in the update of the NICE guideline. The gastroenterology chair, the coeliac WG and PPP WG have succeeded in changing the draft guideline, in which children had been subdivided into different age group, with previous recommendations to refer school children to adult gastroenterologists – the group has set an incidence case to object against that unjustified age subdivision, and the president and council will further pursue the issue with NICE.

The WG has met and members have worked on a manuscript to guide professionals regarding reporting of HLA testing in coeliac disease. The short guidance is being submitted in a paediatric journal.

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 (guidance, pathway, and clinical standards) for Coeliac Disease with input from working group members and BSPGHAN members. Members of the group have participated at an educational study day at GOS in London in October 2015.

There is interface of the coeliac WG with the ESPGHAN WG on Eosinophilic oesophagitis in prospective and retrospective 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, Christos Tzivinikos and Hany Banoub.

Mark Furman is to be congratulated for his efforts and success on obtaining Ethics approval and R&D approval for subsequent adoption of the study by collaborating centres in the UK, which had been granted in November 2015.

#### **IBD Working Group:**

*Chair: Richard Russell*

##### **Membership 2015**

Su Bunn	Newcastle	Secretary
Chris Spray	Bristol	Gastro (taking over secretary role)
Marcus Auth	Liverpool	Gastro (GI representative)
Rafeeq Muhammed	Birmingham	Gastro
Vikki Garrick	Glasgow	IBD Nurse
Kay Crook	St Mark's	IBD nurse
Jochen Kammermeier	GOS	Gastro
John Fell	Chelsea	Gastro and Clinical Standards
Mary-Anne Morris	N & Norwich	Paediatrician
Astor Rodrigues	Oxford	Gastro
Mark Furman	Royal Free	Gastro
Anastasia Konidari	Liverpool/Manchester	Trainee

##### **Corresponding member:**

Rita Shergill-Bonner	GOS	Dietitian
Ian Sugarman	Newcastle	BAPS representative
Steve Allen	Liverpool	BSPGHAN Research

The group held 4 meetings in 2015. During the last 12 months, the group has focused on the following priorities:

1. Analysed 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. National results have been presented in detail and discussed with all national IBD leads at a national audit feedback meeting in March 2015, and are being presented at BSPGHAN 2016, have been presented to ESPGHAN 2016, , and are being prepared for publication.
2. The group have produced a number of documents to guide professional in day-to-day clinical practice. These include guidance on management of Crohn's disease and ulcerative colitis, published in ADC 2015 with free open access. Furthermore the group has prepared an algorithm for treatment of iron deficiency on the website and for azathioprine surveillance. At the AGM, the chair has collated a vignette of clinical IBD cases with interactive audience responses to highlight changes in IBD over 2015. In November 2015, the first paediatric ECCO IBD meeting was held in Glasgow.
3. Research. The group has set up clinical research network (UKPIBDnet) in the UK for paediatric IBD distributed by IBD leads in 26 paediatric gastroenterology centres. UKPUBDnet is integrated into the international networks PIBD-net and has established funding from the EU Horizon 2020 project. The designated project comprises a risk stratified RCT of methotrexate vs. azathioprine for low risk disease and methotrexate vs adalimumab for high risk disease which will include UK participation for sites interested in recruiting patients and Richard Russell will be the CI for the UK.

The group is participating in several national studies on inflammatory bowel disease: PRED4, PANTS, DEVELOP, GEM. The proposal to NIHR, in which early versus late Azathioprine had not received funding from NIHR but will be amended and resubmitted by Steve Allen, Clinical Studies Group Lead. Although the application was not prioritised by NIHR for this year, a revised re-application is in preparation. Furthermore, the group is working with BSG to conduct more collaborative 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 supported the ESPGHAN initiative to collate all cases of IBD-related Cancer in the UK.
5. During 2015 NICE required feedback and the group responded to several consultations from NICE.
6. The group is piloting a software programme designed to generate data for a national IBD registry, initiated by Birmingham and at the Royal Free London.
7. With several members of the group coming to the end of their terms, the working group is calling interested BSPGHAN members to apply for membership, applications to be sent to the secretary Dr Christine Spray and chair Dr Richard Russell.

#### **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 have continued their works. These were specified in the previous winter meeting report.

The group has accomplished progress in these areas:

- pH/impedance: The group has completed a draft of UK guidelines for the practical use of pH/impedance. The draft will be presented in the open working group at the winter meeting.
- David Rawat has conducted a motility service survey to BSPGHAN members and prepared an abstract to BSPGHAN annual meeting.
- In conjunction with the community clinic network, the motility working group has prepared a constipation algorithm for primary and secondary care being developed with refinement from GP survey and focus groups. The group is hoping to get together a network of nurse-led constipation clinics, accepting that BSPGHAN at present cannot support this group according to formal BSPGHAN working group criteria as not all participants are BSPGHAN members. The motility working group would like BSPGHAN to consider this or support our application to gain funds elsewhere
- The working group lead has held a 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 had been 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. At the winter meeting the motility working group would like to put a call out for interested units to potentially take part in a national study on hypnotherapy for abdominal pain related functional GI disorders with a proposed application for a pilot study in 2016

On Thursday 28<sup>th</sup> January 2015 at the BSPGHAN winter meeting there will be an open meeting for all those members interested to learn more about this initiative and hopefully get involved. Please contact David or Mohamed for further information.

Furthermore, the convenor (NA) and gastroenterology chair (MA), together with working group chairs and the administrator (CL) have ensured that BSPGHAN is registered and have responded to several NICE guidelines and other requests from stakeholders for gastroenterology and BSPGHAN (GHN) advice and input.

Many thanks to the WG chairs, WG members, and contributing society members for a year of vibrating 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 Priya Narula***

I am very grateful to Ieuan Davies for an excellent handover, which helped take forward the work of this group from April this year.

A GRS working group was established and a DOPS working group is in the process of being formed.

I would like to thank Christos Tzvinikos for his hard work and input as the trainee rep and welcome Rachel Levi who was recently appointed as the new trainee rep following a vote by the core EWG members.

1. The EWG held 2 meetings on the 18<sup>th</sup> May 2015 (Birmingham) and 21<sup>st</sup> September 2015 (Sheffield). The EWG were represented at the JAG executive meetings in May (by outgoing Chair) and October (by current Chair).
2. A GRS working group (GRS WG) was established to take forward the development of the Paediatric GRS and a paediatric accreditation pathway. Members of this WG include Priya Narula, Ronald Bremner, Sabari Loganathan, K Venkatesh, Mick Cullen, David Rawat, David Devadason and Anna Piggott (current PEGHAN chair).

Members of the GRS WG met and discussed the Paediatric GRS and following agreement, the draft version was circulated to the Regional endoscopy leads for comments and then for wider consultation by the regional endoscopy leads to endoscopy leads in all paediatric units. This part of the consultation was led by the regional endoscopy leads who subsequently fed any feedback received to the Chair. The Chair also circulated the draft paediatric GRS to the BSPGHAN council as part of the consultation process. Following feedback received, the Paediatric GRS is being modified. A further teleconference was held with the JAG lead assessor and members of the GRS WG on the 10<sup>th</sup> December 2015. Following discussion it is planned to finalise the paediatric GRS which will then be set up on an online platform and a number of centres (Birmingham, Southampton, Stoke on Trent, Sheffield & Edinburgh) will pilot this in 2016.

3. A formative paediatric DOPS for Upper GI endoscopy and Ileocolonoscopy was developed by Christos Tzvinikos, Priya Narula and Ieuan Davies. This was approved by CSAC and is available on the JAG website as a pilot. Trainers and trainees have been requested to use these and send any comments and feedback to [askjets@rcplondon.ac.uk](mailto:askjets@rcplondon.ac.uk).
4. A DOPS working group is being established to take forward the development of the various paediatric DOPS for other procedures in 2016. Members of this group include Rachel Levi, David Devadason, Lucy Howarth, Priya Narula and Sanjay Rajwal.
5. All paediatric endoscopy courses namely upper GI endoscopy, Ileocolonoscopy and training the colonoscopy trainer are now JAG approved. All active endoscopy trainers are encouraged to attend a "Training the trainer" course in a phased manner.
6. In 2015, 10 paediatric certificates have been granted by JAG. Four trainees have been signed off for upper GI endoscopy and three for both Upper GI endoscopy and ileocolonoscopies.
7. As the e portfolio and ASSET are merging, steps are underway to establish an export from the JETS portfolio that the trainees can upload on to their e-portfolio for their speciality specific reviews and ARCP's.

8. The endoscopy curriculum was reviewed and updated and has been amalgamated with the RCPCH PGHAN curriculum update that is led by CSAC.
9. A BPSU proposal on upper GI haemorrhage led by Mike Thomson in collaboration with BAPS is being submitted.

Priya Narula  
Chair Endoscopy Working Group

Membership of the BSPGHAN Endoscopy WG

Chair – Priya Narula (April 2015-2018)  
Ex Chair Ieuan Davies (2015-2018))  
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 Research committee – David Devadason  
BSPGHAN Trainees Committee – Christos Tzivikinos/ Rachel Levi  
BAPS Representative – Ian Sugarman/ Michael Stanton  
JAG Representative – Neil Hawkes  
PGHAN CSAC Representative – Sue Protheroe

Regional Endoscopy Leads

Scotland – Sabari Loganathan  
Yorkshire, East Midlands & North East – Mike Thomson  
Liverpool, Manchester & Northwest – K Venkatesh  
Birmingham, Wales & South West – Ronald Bremner (Vice Chair -2012 -2017)  
London, Central & South East – David Rawat  
Hepatology – Sanjay Rajwal

The Chair and the regional endoscopy leads form the core group of the EWG.

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***Professor Stephen Allen***

**Joint BSPGHAN / NIHR – Children Gastroenterology, Hepatology and Nutrition Research Working Group**

**Newsletter 2015**

The group has evolved over the year responding to the re-configuration of the NIHR Clinical Studies Groups (CSGs). We have revised and broadened the membership so that we have a representative to promote research in each of the BSPGHAN Working Groups. Also, we have appointed Nicola Ruth to better engage with trainees, Claire Lee for Research Nurses, Sarah Tizzard for Associate Health Professionals and Sarah Sleet for our linked charities. Vanessa Poustie maintains our NIHR-Children link. Julian Thomas continues as Deputy Chair, and Jayne Kranat and Sarah Moule very ably represent patients and their families. Lucy Huckson, Clinical Studies Group Administrator, NIHR

Clinical Research Network: Children based in Liverpool kindly provide administrative support for the group.

The withdrawal of all funding for CSGs has meant that some have closed and others continue with financial support for meetings from charities.

The group has agreed a strategy for 2014-7 and also agrees an annual work plan (see website).

**BSPGHAN/CORE Research Awards 2015:** Seven proposals, all of high standard and covering a broad range of topics, were discussed in April. Although the original budget was £80k (with equal contributions from BSPGHAN and CORE), the proposals were considered to be of sufficient quality to include an underspend from a previous award. As a result, a total of £105,987 was awarded for 3 projects. We look forward to receiving feedback as these projects get underway. We are very grateful to our colleagues at CORE for supporting this grant stream and look forward to a further funding round possibly in 2017.

**PICO sessions:** These attempt to keep research “on the agenda” by engaging members in discussing ideas for clinical projects early in their development. A PICO session was held at the AGM in January and the Associate and Trainee Members Annual meeting at St. Mark’s in September. As well as keeping the PICOs coming, the challenge is to help support the best PICOs through to submission to NIHR or alternative routes to become actual projects. Alongside this, we are exploring how we might support the Working Groups in formal processes to identify their research priorities led by Claire Lee.

**Supporting Charities:** We have held informal discussions with our linked charities that already do so much to support research and plan to engage more with their research activities in the coming year. As above, we have also approached our linked charities to consider providing limited support for our meetings.

**Website:** We have begun updating the website especially as a useful resource for trainees considering engaging in research. Nicola Ruth’s enthusiasm has already resulted in a Twitter account where questions raised by trainees are discussed. Again, this is something we hope to progress during the coming year.

Stephen Allen; Chair

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#### *Education*

#### *Dr Rafeeq Muhammed*

The membership of the group

Rafeeq Muhammed (Chair)

Fiona Cameron (Trainee representative)

Kay Crook (Associate member representative)

Anna Pigott (PGHAN representative)

The main work of our group in the last year was delivering a very good programme at the annual meeting and Associate and Trainee Meeting. This was possible only with the generosity and

cooperation from local organisers. We are very grateful to Prof Simon Murch and Dr Warren Hyer for facilitating excellent meetings. The educational activities in between the meetings were continued by circulating clinical challenges and recommended reads. With our society's website ready to move onto the next phase, the educational activities can be made much more interactive and easily accessible.

I have nearly completed my 3 year term in this post. I have enjoyed the work in this role as well as the role of a council member of our society. I am very grateful to all the council members of the last 3 years for their support and help. My biggest gratitude is reserved for all the members of our society, without your encouragement, feedback and help, my work would not have been this much enjoyable or successful.

*Rafeeq*

Chair of Education Committee

24/12/2015

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### ***Nutrition***

***Dr Susan Hill***

### **BSPGHAN Nutrition and Intestinal Failure Working Group**

#### **Annual Report 2015**

##### **1. NIFWG roles**

##### **Representative roles for the group:-**

- i. Chair – Susan Hill (until April 2016)
- ii. BAPEN E&T Reps – Tony Wiskin/Protima Amon
- iii. Dietitian – Sarah Macdonald/Tracey Johnson (alternating)
- iv. e-BANS – Andrew Barclay
- v. General Paediatrician with an interest – Anna Pigott
- vi. Neonatal – Pam Cairns
- vii. Nurse – Christine McGuckin/Sarah Cunningham share
- viii. Pharmacy – Venetia Simchowitz/share
- ix. RCPCH – Diana Flynn
- x. CSAC – Sue Protheroe
- xi. Research – Julian Thomas, Tony Wiskin
- xii. Trainee Rep - Nkem Onyeador
- xiii. Surgical – to be arranged with BAPS

##### **2. Meetings 2015**

The Nutrition and Intestinal Failure Working Group (NIFWG) met in January at the Annual meeting and on September 11<sup>th</sup> for a full day. The meeting was a Nutrition Strategy Day (as requested when Mark Beattie was BSPGHAN President)

##### **3. BAPEN.**

- 1). Paed e-BANS (Paediatric electronic-British Artificial Nutrition Survey) - Andy Barclay  
- less registrations than expected

- part-time pharmacist (0.2WTE) might take up the post in Southampton funded by £10,000 from BSPGHAN and funding from Southampton
- ethics still needed for Scotland and Northern Ireland
- the group agreed that funding for support in setting up the register would facilitate centres in registering cases.
- centres need to be reminded to report cases
- any artificial feeding, i.e. enteral as well as parenteral can be reported
- to consider a workshop at BSPGHAN annual meeting to get centres started if not already registering
- to have a prize at the annual meeting for the centre that has reported the most cases.

## 2). BAPEN paediatric meeting

BAPEN is holding regional meetings this year. Rather than concentrating on including transition in each regional meeting we have requested that we could have one regional meeting for paediatrics. The group has selected Newcastle. Agreed with BAPEN.

3). collaborative project on transition of home PN patients completed by members of the NIFWG and adult gastroenterologists has been written up and submitted for publication.

4). The group is supporting and working on the Decision Tree for 'Managing the neuro-disabled child with Intestinal failure'/deteriorating intestinal function.

## **4. Allied Health Groups.**

### **5.**

1). Pharmacy – BPNG (British Pharmacy Nutrition Group):-

- addressing stability issues in PN
- discussing the issues around capacity with out-sourcing PN
- use of standard bags in older children as well as neonates is being considered as companies, e.g. Fresenius Kabi, Baxter are manufacturing suitable bags
- new National Framework for home PN is in the process of being drawn up. Venetia continues to represent paediatric pharmacists on the Framework (Angela Cole – home PN nursing, Susan Hill- medical)

## 2). Dietitians – Sarah Macdonald

Blenderised food –the NIFWG plans to address the use of blenderised food given via feeding tubes.

- issue frequently raised by patient's families
- some artificially fed children appear to tolerate food instead of/better than a commercially available liquid feed

### **Action Sarah Macdonald**

Weaning from artificial/tube feeding

The group will aim to put together a consensus document together with the allied health professionals.

### **Action Sarah Macdonald**

### **3). Nutrition nurses**

- educational meeting September 28-29<sup>th</sup> as above
- standardisation of nursing practices in PN e.g. several different methods used for connecting and disconnecting PN at home - depending on the centre managing the patient
- wide variety of equipment requested under the National home PN Framework

Guidelines are needed, including the number of nurses/patient at home as well as standardisation of equipment and methods used.

## **6. RCPCH Nutrition**

New MRCPCH nutrition questions needed

The group would like to meet to devise some new questions. A meeting at the RCPCH is planned for early January 2016. (Diana Flynn, Susan Hill, Jonathan Hind, Theo Wong planning to attend.) Unfortunately the RCPCH nutrition committee no longer exists.

## **7. Neonatal Nutrition NNN**

Planning to arrange a neonatal nutrition meeting linked with the Bristol BSPGHAN meeting.

## **8. Research**

Discussed application for CTIMP to possibly include:-

- PN standardisation
- Taurolock
- Weaning from PN to enteral feed
- Lipids in PN
- 

to discuss with CTU at GOSH

### **Action – Jutta Koeglmeier, Julian Thomas**

The group is supporting and working on the Decision Tree for 'Managing the neuro-disabled child with Intestinal failure'/deteriorating intestinal function.

## **8. Feedback from BSPGHAN, ESPGHAN, BIFA, ESPEN, DDF**

DDF meeting: insufficient amount of paediatric relevance at DDF needs to be addressed for next meeting. SH has brought this to the attention of BAPEN Council

ESPEN planning a paediatric session at their next meeting

Other Meetings - National Intestinal Failure meeting organised by Jonathan Hind & Jutta Koeglmeier held September 2015 was a success.

Next National meeting to be held in Newcastle – provisional date 16<sup>th</sup> September

## **9. Other Plans**

- to meet early in 2016 to complete the Consensus based guidelines for IF - possible date late February

## **10. Priorities for 2016**

- To register intestinal failure patients >28 days with Paed e-BANS.
- To progress and complete consensus-based guidelines on intestinal failure - aiming to finalise the guidelines by April 2016
- Take forward the taurolock study

Susan Hill 23.12.15  
NIFWG Chair and Nutrition Representative on Council

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### ***Website***

Paul Henderson has now stepped down as the BSPGHAN webmaster and calls were put out to members for suggestions and nominations for a new webmaster.

We received enquiries from a few companies who showed interest in developing and maintaining the BSPGHAN website and the contract was formally awarded to Health Touch Limited of Chislehurst.

They have now had opportunity to refresh the website and members will be given opportunity to review and feedback during the Annual Meeting before its official launch in early February.

Future development plans include online registration and payments for BSPGHAN meetings and abstract submissions.

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### ***Hepatology***

***Dr Suzanne Davison***

This year has seen significant progress on several collaborative projects.

The Annual Audit meeting, hosted by King's in June, was attended by representatives of NHS England Specialised Services Team. This focussed on management and outcomes of acute liver failure, and provided an opportunity to share experience and data. The guideline on the website will be revised this year. The Annual Education day was hosted by Birmingham in November. This was a joint event with the Midland Gut Club, and was extremely well attended.

Work on transition continues: multidisciplinary team have worked together on developing and implementing self-management tools. In response to the Lancet Report, further work is ongoing in revising the NHS England Generic Framework for transition to a more liver specific document.

Agreement has also been reached that a module on paediatric liver disease should be included in the adult hepatology training curriculum, the content of which is now being devised.

The group interact with national organisations: NICE in guideline scoping, development and consultation including those for NAFLD, cirrhosis and cystic fibrosis. Pat McKiernan led a fixed term working group on behalf of the Liver Advisory Group which reported on the effects of organ allocation revision on adolescents and young adults. We are concerned that this age group are already disadvantaged, and reducing likelihood of timely transplant adds to the morbidity seen during transition. Marianne Samyn has been appointed paediatric hepatology representative on the committee of the British Liver Transplant Group.

Work on guideline development is progressing, with Alastair Baker representing Hepatology on the BSPGHAN Clinical Standards Group, and I am working with the BSG on a guideline for abnormal LFTs and the RCPCH on Key Practice Points in their Paediatric Care Online initiative.

The Children's Liver Disease Foundation (CLDF) continues to provide an important role including as advocates for children and their families. Led by their Chief Executive Officer Alison Taylor the Yellow Alert campaign has seen the development of an App, and there has been a focus on training midwives and health visitors in early recognition of neonatal jaundice. This, together with their energetic campaign for routine childhood immunisation against hepatitis B are also components of the Lancet commission recommendations.

Finally Mona Abdel-Hady has been appointed by the RCPCH as CSAC hepatology representative and will work closely with the college on curriculum development. We were pleased to welcome two new hepatology trainees to the Grid this year, and are grateful to the trainee representative Lauren Johansen for her continued input to the liver group.

In the year ahead we look forward to progressing our work on management of variceal bleeding in conjunction with the endoscopy group. This will be the focus of the audit meeting of the three national centres which will take place in June 2016.

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#### ***Trainees***

***Dr Fiona Cameron Trainees in Paediatric Gastroenterology, Hepatology and Nutrition (TiPGHAN)***

#### **Committee Members**

Chair: Fiona Cameron, Glasgow (2013 – 2016)  
New chair: Dr Kelsey Jones, Oxford (2016 – 2019)  
CSAC rep: Ed Gaynor, London  
Secretary: Protima Amon, London

#### **Trainees' Meeting**

The trainees' meeting was held this year on the 27-28<sup>th</sup> September at St Marks/Northwick Park Hospital in London. St Mark's hospital is a world renowned centre for endoscopic training and advanced techniques with excellent endoscopy training facilities which met our

requirements based on the feedback from the WIMAT in Cardiff last year. We were hugely grateful to Dr Warren Hyer and Dr Adam Haycock who facilitated and supported our meeting raising the additional sponsorship required.

This year we were able to offer polyp removal for the senior trainees with our adult colleagues as trainers as well as members of the endoscopy working group. The junior trainees again had the opportunity to develop basic hands on skills with paediatric and adult trainers, including adult endoscopy nurses, using endoscopy simulators and basic models. The feedback we have had from the day was extremely positive with trainees gaining exposure to advanced skills that many have not previously had the opportunity to undertake.

In addition to endoscopy, the first day of the meeting included educational and training updates as well as management skills workshops, with separate sessions for our senior trainees and junior trainees. On the second day, a joint meeting with the associates was held at Northwick Park. The trainees program ran in parallel with the associates program and delegates were free to go between sessions to suit their educational needs. The trainees theme this year was nutrition and covered topics from micronutrient deficiencies to nutrition in liver disease and malnutrition.

The trainees committee would like to thank the following people for their help and support of the meeting which continues to go from strength to strength: Kay Crook and the associate committee, BSPGHAN council and the local organising committee as well as our speakers for delivering such interesting and interactive presentations. We remain very grateful to our sponsors for their financial support allowing us to provide such an inexpensive high quality meeting for our trainees.

The meeting will be held next year in Liverpool on the 26-27<sup>th</sup> September 2016. Dr Marcus Auth has kindly agreed to be involved as the local organiser and we are currently in discussions with the adult trainers to continue to build on the endoscopy skills we have been offering our trainees. As the success of the endoscopy sessions continues to grow, the cost involved increases. We remain grateful to the society for the continued financial support and to our sponsors who have given so generously. We would ask the society to continue to support the trainees to offer the advanced endoscopy which provides our trainees with an opportunity which is often not readily available to them. We are thankful for the continued support of the endoscopy working group for providing trainers for this meeting and hope this will continue for future meetings.

#### **JETS/JAG/Endoscopy**

We are delighted that Rachel Levi is the new trainee representative on the endoscopy working group and would like to wish Rachel good luck in her new role.

#### **Trainee secretary**

Protima Amon continues to be the 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. However, as I am now finishing my term on BSPGHAN council I plan to hand this role over to Kelsey as the new trainee chair. Last year the BSG education weekend featured

an after dinner speech by Professor Kelly and two other paediatric speakers including a specialist nurse. The feedback for all the paediatric speakers was excellent. The next education weekend will be held in Cardiff in October 2016 and I continue to work with the BSG trainees committee in order to include topics of interest to both sets of trainees and promote paediatric speakers.

#### **New trainee chair**

After 3 years on BSPGHAN council my time, unfortunately, has now come to an end. I am delighted to announce Dr Kelsey Jones as the new trainee chair who I know will be excellent in the role - congratulations Kelsey! I have thoroughly enjoyed the experience as trainee rep and learnt a huge amount. I would like to take this opportunity to thank those who have served with me on council and who have helped, supported and guided me. In particular, I have greatly appreciated the help and support from Dr Rafeeq Mohammed, Kay Crook, Mick Cullen and Carla Lloyd in organising the joint ATM meeting which has been my pleasure to see grow year on year with increasing success.

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

**Dr Anna Pigott**

***The Annual Report of the Chair of PeGHAN 2015***

I have enjoyed taking my seat on council in my first year as PEGHAN Chair.

#### **Communication within PEGHAN Group**

I have updated members over the year via the website. I have agreement from council that documents which are already in the public domain can be shared on the website with a disclaimer that this is signposting not an endorsement.

I look forward to meeting with PeGHAN members and developing better communication as a group.

#### **Strategy Day**

I was pleased that the strategy day highlighted the need to raise standards in the management of PGHAN conditions across all hospitals. The aspiration is to have a named consultant responsible for PEGHAN in every hospital in Britain. This work is going to be taken forward in the Clinical Standards Group.

#### **SPIN**

The SPIN Module continues to be popular. At the most recent count there are 18 trainees following the module and 1 Post CCT SPINee. Retrospective accreditation has finished, however Post CCT applicants can count 3 years of retrospective evidence with prospectively collected evidence. Please see the RCPCH SPIN page which has all the details on how to apply, administration and FAQs. Please continue to encourage trainees to register for the SPIN module, and to supervise those following the SPIN module. I am working on ways to help applicants present supporting information including a log book for clinics and observed procedures.

I will be working with Subra Mahedavan (who advises the General Paediatric CSAC ) on updating Bim Bhaduri's original SPIN module including revisions relevant to the new coeliac disease guidance.

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### ***Associate Members***

#### ***Ms Kay Crook***

The associate members are in an extremely good position to be recognised as an integral part of BSPGHaN and as so we aim to continue to be an active arm of the BSPGHaN family.

#### **Blended diets**

As we are all aware this is an area that is becoming more prominent. The associate committee would like to take the lead in a partnership with the nutrition working party and produce a BSPGHaN position statement/consensus document. A starting point would be to survey members and find out what their current experience is and what advice is being given on the subject plus any evidence and publications.

#### **Education**

The newly rebranded ATM meeting attracted a good number of associate members who were able to go between the associate and the medical programs. It would be really nice to see some of the medics come into the AM program next year.

It is unclear if the increase was due to the name change, programme content or location however the change was encouraging and we hope to see the same trend when we go to Liverpool this year.

Thank you Fiona for all your support with the programme and we look forward to working closely with Kelsy for the 2016 ATM in Liverpool. We have a program that we feel will appeal to many of the various AM's with linked talks on feeding issues. It is extremely difficult to appeal to the wide range of professions represented by the AM - 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. However we hope our choice of topic this year will encompass most specialists. For those with wider interests we would like to encourage them to look at the medical programme and select sessions from either that are appropriate for their learning needs.

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**

We are sadly losing 3 members of the AM committee. Ana Kristina Skrapac, has done a fantastic job as secretary for the last 3 years but now has served 4 years and therefore is stepping down. Both Clarissa Martin and Deepa Kamat have had to step down due to their work loads. We would like to thank them for all of their input into the AM committee.

We have had some interest in the posts so hopefully by the time I present this we will be welcoming new committee members.

#### **Membership**

We have had 16 new applications for members during this year with particular interest just before the ATM and winter meetings.

We are currently looking at novel ways in which we can interact with our members at times other than meetings given the difficulties in getting time out of work. Hopefully next year will be able to report on some of our innovations.

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)***

BSPGHAN Year 2015: PPP Representative's Annual Report

#### **Changing Heads**

Sarah Sleet will be stepping down as the PPP representative to BSPGHAN council. It has been a great pleasure to work with everyone at the Council and see how the Society has gone from strength to strength. Alison Taylor, CEO of the Childhood Liver Disease Foundation, will be taking over as the PPP representative for the next 3 year term.

#### **Joint Patient Groups/BSPGHAN meetings**

Two were held in year which proved a useful exchange of priorities and it was agreed to share more information on research and transition service experience which all agreed needed improvement.

#### **Research**

The tempo of research activity has increased significantly in the year and active involvement of BSPGHAN members sought.

#### **CICRA**

A call for applications for the 2016 grants in 4 funding streams was advertised on the CICRA website ([www.cicra.org](http://www.cicra.org)) on 1st July 2015

In addition to the usual Research Training Fellowships, PhD studentships and Research Projects CICRA is offering funding for a Postdoctoral Fellowship aimed at the non-clinician scientists with a PhD wishing to undertake scientific research that must be relevant /involve children with IBD. This initiative is designed to attract basic scientists (e.g. immunologists, microbiologists, geneticists etc.) CICRA continue to offer all year round bursary grants of up to £400 and one annual bursary grant of £1000. For further details see the website ([www.cicra.org](http://www.cicra.org))

#### **Coeliac UK**

Further rounds of joint MRC/Coeliac UK Fellowship funding were offered in year and research call completed with over £150k of research funds awarded.

**Crohn's and Colitis UK**  
A major research call was issued for a £790k fund in 2016.

### **Children's Liver Disease Foundation**

A PhD Fellowship round was run during the year and for the first time researchers funded by CLDF attended our National Conference and Family Day. Families and Young People gave very positive feedback to the Lay Poster presentations outlining currently active CLDF funded projects

### **Clinical care**

Patient groups continued to work alongside professional bodies including BSPGHAN to improve clinical care.

### **IBS Standards Group**

Work is underway to refocus the IBD Standards Group to begin to pull together a UK wide strategy for IBD - early stages at the moment but hopefully planning to bring together all parties for a workshop in Dec. in addition the BSG are just kicking off a piece of work to look at possible accreditation of IBD services. Workshop taking place in November.

### **My Crohn's and Colitis Care**

My Crohn's and Colitis Care is a new guide for people with Inflammatory Bowel Disease which identifies the top 10 essentials of a good IBD service, outlining how patients and families can work in partnership with the health professionals supporting them to manage your condition and care. It is embedded in the IBD Standards and we have had a great response since launch a couple of weeks ago.

See: <http://www.crohnsandcolitis.org.uk/information-and-support/information-about-ibd/my-crohns-and-colitis-care>

### **NICE Guideline on coeliac disease diagnosis and management**

Coeliac UK worked on the guidelines group alongside representatives from BSPGHAN. This proved extremely useful to ensure the Guideline reflected accurately guidelines on diagnosis in children and access to annual review. Work is now underway on a NICE Standard for coeliac disease.

### **Paediatric Liver care**

CLDF continued to be part of the Lancet Commission on Liver Disease, focussing aspects of the charities work during the year on the implementation of commission recommendations. Partnerships have been developed with Public Health England and in October an app was launched for our Yellow Alert campaign to support the early identification of neonatal liver disease.  
<http://www.childliverdisease.org/Information/Baby-jaundice/Yellow-Alert-App>

To support young people during adolescence and transition in November 2015 CLDF launched HIVE. This specially designed and moderated closed social media platform enables young people to share, befriend and provide peer support with others young people with Liver conditions in a safe way. Over 100 young people have registered and are using the platform in the first 5 weeks.  
<http://www.clfhive.co.uk/>

Work continues to support the early adoption of Hepatitis B vaccination into the childhood programme, work that is being undertaken in partnership with British Liver Trust.

The charity continues to be involved in a variety of NICE guidelines and technology appraisals.

### **Redevelopment of support information**

CICRA have recently established a pilot collaboration with Oyster Health Care in which over the coming months Oyster HC are helping the charity to review and redevelop the information CICRA offer to young people with IBD and their families.

Some of the Oyster HC have already visited one of IBD Family Days in the south to meet with parents, children and young people and this is being followed by a wider range of initiatives including as a start the collection of feedback mainly across the wider paediatric IBD community including interested health professionals.

Over time this will assist CICRA in making sure that everything it produces has the children and young people and their parents at its very heart in an ever changing environment.

Two links are provided below for those interested in the current survey:

Young people: <https://www.surveymonkey.co.uk/r/7ZNQ79D>

Parents: <https://www.surveymonkey.co.uk/r/9YLBJLN>

More is available on the CICRA website at [www.cicra.org](http://www.cicra.org)

Sarah Sleet, Patient Professional Partnership Representative, 4 January 2016

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**CSAC**  
**Sue Protheroe**  
**Chair Gastroenterology, Hepatology and Nutrition CSAC**

Dr Sue Protheroe	CSAC Chair
Dr Rajeev Gupta	Assessment Advisor
Dr Mona Abdel Hady	Hepatology Training Advisor
Dr Anna Pigott	Paediatrician with a Special Interest
Dr Naeem Ayub	Gastroenterology Training Advisor
Dr Ed Gaynor	Trainee Representative
Dr Priya Narula	Nutrition Training Advisor
Dr John Puntis	Quality Advisor
Dr Alastair Baker/ Dr Nick Croft	BSPGHAN President

I would like to welcome Anna Pigott, Mona Abdel Hady, Ed Gaynor and incoming President of BSPGHAN, Nick Croft who have recently or will shortly join CSAC. 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 Grid and SPIN training. We are currently monitoring the progress of 15- 20 grid trainees and 17 Spin-doctors.

#### Update on RCPCH & CSAC activity in 2015

##### 1. E portfolio update

The new e-Portfolio containing combining Asset and trainee assessment tools will go live in December (in W. Midlands and Scotland) or January 2016 for other users. The new version will have extra features to allow access for assessments on hand held devices. Work Based Assessments will be tagged to competencies and there will be opportunities for assessors to flag up comments which can now be seen by the supervisor.

##### 2. Grid training

###### Quality Assurance- A] curriculum

CSAC is submitting the revised sub-specialty curricula to the College in December 2015 which aims to improve support for learning and assessment tools so that the college can complete GMC processes. Opportunities for consultant with trainees and BSPGHAN Council will be made before it is submitted.

The signing off of the paediatric specific JAG certification in diagnostic Endoscopy and Colonoscopy ([www.theJAG.org](http://www.theJAG.org)) means that trainees now take a summative assessment of their endoscopy competencies. It is recommended that this be obtained prior to a CCT. CCT is not perceived as the end of training. It marks the point that doctors can practise independently and consultants would continue post CCT training acquiring further advanced therapeutic endoscopy skills.

###### Quality Assurance – B] Annual Reviews of Competence Progression (ARCP)

The CSAC Progression Form is the quality check that helps inform the Deanery ARCP on sub speciality aspects of training and progress of the trainee.

###### NEW Sub Speciality ARCP FOR 2016

The GMC have asked the RCPCH to tighten up on the ARCP procedure so that a separate independent ARCP outcome is to be recorded for sub-specialty training by CSAC which makes a recommendation to the LETB ARCP panel. A separate sub speciality ARCP meeting isn't required, but there must be appropriate input into the decision. It is essential that all grid trainees (even if OOP) complete their Annual Speciality Specific Review in good time and prepare their e portfolio to allow completion of the annual CSAC Progression form. The London Deanery will pilot the new sub speciality assessment for the winter ARCP's and generate an enhanced CSAC Progression Form. Trainees were asked if they would prefer a face-to-face assessment with CSAC and reported that they thought that the CSAC Progression form should continue to provide the platform for assessment.

It is essential those grid trainees: -

- i] Arrange their Annual Speciality Specific Appraisal and ask for a report to be generated based on the template and send to the CSAC Cahir and attach in e portfolio. This takes place with an educational supervisor (from another grid centre) who provides a written report for CSAC. Thanks to

grid coordinators for helping to arranging sub speciality reviews each year. The ATM and /or the BSPGHAN Annual meeting provide an opportunity for these appraisals to take place if specific regional meetings are not available to do these.

ii] Ensure that their e portfolio is fully maintained by early February 2016.

Trainees should check that they have completed the recommended number of WBAs, audits, endoscopy competencies, Speciality Specific Assessment, reflective learning tagged to the curriculum, regular PDP's and structured educational supervisor reports in accordance with recommendations in line with RCPCH guidance. CSAC will assess whether the trainee is meeting requirements and look for evidence of progression in February. If evidence isn't found, then a CSAC Progression Form cannot be completed nor can the subspecialty portion of the ARCP.

Thank you to educational supervisors for providing regular trainer's reports that clearly summarise the evidence to be presented to the ARCP and for releasing trainees to attend the ATM and the BSPGHAN Annual Meeting. 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

ii] Trainee Engagement

It is desirable that trainees engage with the CSAC Chair annually at the ATM meeting and /or the BSPGHAN. Contact was made with trainees by the Chair in 2015 at the recent ATM training day and the opportunity for one to one meetings is provided also at the BSPGHAN Annual Meeting.

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. A number of doctors working in the UK off the grid have asked why they can't have sub-specialty equivalence. The College states that UK trainees must be grid appointable to achieve sub speciality recognition. The CESR is designed for doctors who have undertaken sub-specialty training (not experience) outside the UK and may have their training evaluated to consider if the required competencies have been achieved. Time spent in non-training posts in the UK cannot be considered.

The Academic Training Committee (ATC) is aiming to of improving recruitment and flexibility for Academic Trainees. Currently time in research requires specific "Out-of-Programme". PGHAN has 3 years of clinical training at level 3 and trainees should be aware of this when considering whether to count any research towards training time.

Quality Assurance- C] centres

The College asks CSAC to ensure that the GRID-approved training posts are providing suitable learning environments. Inspections have not been undertaken for many years and CSAC will ask centres to complete a questionnaire in 2016. The LETB has the responsibility for quality managing the posts and trainees may speak confidentially to the deanery or alternatively member of CSAC who can liaise with the deanery in the first instance should trainees have concerns about their training environment or concern that posts might not provide appropriate experience.

Sub speciality experience

When posts are offered for Grid training the CSAC has to consider the proportion of time trainees spend working within the sub-specialty. 70% of time should be available in the sub-specialty to gain sufficient experience. The separation between "Training" and "Service" activities is artificial, and much "service" time offers training opportunities. The calculation of sub specialty training should be based on 20 working weeks during a 6-month placement, i.e. excluding annual and study leave.

#### **Applications for National training Grid 2016**

To try to improve recruitment to the Grid process, the College has taken the decision to increase the maximum number of applications a trainee may make FROM TWO TO THREE. ONLY those who were deemed appointable at interview in their second round application will be eligible to make a third round application to the same sub-specialty.

Trainees 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 that the following is arranged and approved prospectively:

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

#### **3] START**

CSAC provide new questions each year for the two assessments each year to make sure that the sub-specialty START scenarios are effective in assessing clinical competence in our sub-specialty. If you are interested in becoming an assessor please contact the team on [start@rcpch.ac.uk](mailto:start@rcpch.ac.uk) to attend a training course. If you are interested in helping write scenarios, please contact Rajeev Gupta.

#### **4] Grid Recruitment for 2016**

Nine gastroenterology and three Hepatology rotations were available for recruitment with adjusted rotations compared to previous years as trainees had stated that less movement between centres would be more attractive. Experience has shown that regional centres need to attract trainees to consider applying for the speciality well before ST5 and target those at ST2/3. I have asked grid coordinators to look for opportunities to run teaching days and or taster weeks 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.

#### **5] SPIN**

CSAC is monitoring the progress of 17 applications through the SPIN process for trainees and non-trainees. Many thanks to Anna Pigott who is devising a template and quality assuring post CCT SPIN to assess whether the SPIN curriculum is met, ensure competences are being achieved and that SPIN trainees have placements that provide a suitable (and SPIN-focussed) learning environment. The College 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).

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 and Gastroenterology training.

## 6] Workforce/ standards

CSAC is asked to advise the College on the number of consultants required and the future training numbers. Thank you to those who responded with feedback on potential new posts coming up in the next 5 years or so.

May I take this opportunity to wish everyone a happy and healthy 2016 and extend my grateful thanks to the members of CSAC for their hard work and for working so well as a team to contribute towards the challenges, particularly for the many hours they have put into updating the new curriculum.

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### **BAPS**

#### ***Mr Michael Stanton***

I have taken over the role of BAPS representative for BSPGHAN this year. Many thanks to Mr Bruce Jaffray, who previously held this role. It has been a pleasure to work with BSPGHAN so far. I was keen to start this role in part due to my own positive experience over the last 7 years jointly managing gastroenterology patients, in particular inflammatory bowel disease and other colo-rectal conditions.

I have found the paediatric surgery and paediatric gastroenterology specialities to have an already close relationship with considerable overlap in our management and joint care of patients. A number of topics are quite common to both of us, and the main recent area of discussion from a surgical perspective has been around the management of acute massive upper GI bleeding in children. Dr Mike Thomson has proposed a one year national audit, to be administered by the British Paediatric Surveillance Unit. BAPS is keen to support this and has agreed to fund half of the running costs of the audit (approx. £6k). The proposal is at draft stage with a planned submission in the near future. Once underway, we plan to have involvement from paediatric gastroenterology and surgery at each specialist centre to ensure good data capture.

I also serve on the BAPS Research Committee. I hope we can build further positive research links between our two societies. I would also like to mention that the BAPS annual international congress will be held in Amsterdam, July 20-22<sup>nd</sup> July 2016. Preliminary discussions have started about a possible joint meeting with BAPS and BSPGHAN. We had a very successful day in 2014 in London.

I would like to wish the BSPGHAN membership season's greetings and look forward to establishing more collaborative work in 2016.

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### **Quality Standards**

#### **Dr John Fell**

Since last AGM 2015 the Quality Standards Working Group has been set up following a call for interested parties within BSPGHAN (summer 2015). We have had two meetings and have now defined our terms of reference.

In 2016 we will be initiating the first phase of a project defining service standards. The plan is to work in close collaboration with RCPCH to produce a joint document, ratified by both BSGHAN and RCPCH.

Proposed Project Work Stream:

1. In 2016 a questionnaire will be circulated to the BSPGHAN membership to ascertain the current status of referral pathways and network arrangements in the UK. It is anticipated that arrangements are heterogeneous, but this work will provide evidence of the current state of play.
2. The second phase will be to identify key service standards (approximately 10). It is anticipated that these will be evidence and/or consensus based. This methodology used to derive these standards require involvement of BSPGHAN members and working groups, plus other stakeholders. The agreed standards will need to be measurable and realistic and clearly related to the accountability of organisations and/or individuals. The project will work towards a final agreed document which will set out the rationale for network/pathways of care. This will include options for local provision and, where appropriate, the requirements for more specialised tertiary provision.
3. It is anticipated that the final document will be produced in the public domain and jointly badged by RCPCH and BSPGHAN. Collaboration with the RCPCH will also allow for cross reference with the RCPCH workforce survey.

Collaboration with the RCPCH will require a degree of funding. The level at which BSPGHAN can / wishes to offer finances to this project is yet to be agreed, although RCPCH has just (Dec 2015) made a provisional proposal.