



British Society of Paediatric Gastroenterology Hepatology and Nutrition

**Newsletter  
January 2017**

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***President's report  
Professor Nick Croft***

As I come to the end of my first full year as President I realise how time passes by quickly. When appointed as President Elect I was looking at a 4 year term (one year as President Elect) which at the time seemed a very long time, however the first half of this has flown by as I am now already 2 years in. In a year's time there will be an election for the next President Elect so to anyone who would consider this amazing privilege I would strongly encourage you to consider applying.

After very successful 30<sup>th</sup> Annual meeting in Bristol last year, plus Trainee and Associate Meeting and Taster days in 2016 when writing this I am looking forward to the 31st Annual meeting in Glasgow and so in advance send thanks to the organisers ably led by Richard Hansen and as always Carla. I was delighted to be able to personally test out our new online application system which worked very easily, finally we have completed this. I hope all of you did the same.

I commend to you below the reports of the BSPGHAN council members, you will see highly productive and effective working groups which are all aimed at improving our ability to provide top quality care for children with GHN disorders. These include publications, research grant successes, quality improvements and responses to external organisations such as NICE. We should thank them all for all their hard work over the last year. In this year of referendum and election shocks BSPGHAN sails on unhindered and (if you speak to senior members of ESPGHAN) is regarded as a model for an effective and functioning National Society. We can only do this with the input from all members of BSPGHAN so when asked to contribute we really do want to hear from you whether or not you are on council or one of the working groups.

First I must thank enormously our outgoing members of council for their fantastic hard work and loyalty. In particular Nadeem Afzal (Convenor) and Girish Gupte (Treasurer) have been rocks of support on the executive to me (and previously Alistair Baker) for the last 3 years and have continued to bring all of us along with them with clear headed, sometimes firm but always practical and sympathetic advice. Thanks also to Marcus Auth (Gastroenterology) and Suzanne Davidson (Hepatology) who have contributed enormously and very effectively to the Society and all we represent. Final thanks go to Kay Crook (Associates) for all her hard work as the Chair of the Associates group who had to step down early for personal reasons.

We are grateful to have had excellent applicants to take their places which will be ratified at the AGM. For the Associates Nicky Heather from Southampton has stepped up as chair and I look forward to continue working with her and this very important group for the Society, over the next couple of years.

Lastly two others I must give thanks to are Andy Barclay the lead of the eBANS for the last few years who has also come to the end of his term, the new appointee will be announced at the AGM and Richard Russell for a very productive 3 years as chair of the IBD working group and welcome and thanks to Rafeeq Mohammed for taking on this role.

There are two initiatives I would like to briefly highlight now.

First are the BSPGHAN-RCPCH Quality Standards for Paediatric Gastroenterology, Hepatology & Nutrition. The key aim of this are to ensure all children with GHN disorders have equitable,

appropriate and timely access to high quality specialist GHN care wherever they live. We are only the second speciality to undertake this with the RCPCH (Renal being the first) and in doing so wished to ensure that by working with the RCPCH we develop high quality, robust and useful standards that are strengthened by having the RCPCH stamp in addition to our own. The process was brilliantly led by Melissa Ashe from the RCPCH and John Fell on behalf of BSPGHAN. The agreed processes of developing the standards are now complete, these included an initial literature review, provision of 3 key standards by each working group, initial drafting, workforce survey of all Trusts providing paediatric care, extensive consultation of the draft (including all members of BSPGHAN, patients and their families, Trusts, external stakeholders such as charities, NICE, BSG, BAPEN etc) and final editing and ratification by BSPGHAN council and various RCPCH committees. The final version has now been confirmed by the RCPCH and BSPGHAN council and will be available on the BSPGHAN website. The next steps include a soft digital launch in the next month or two, formal 'hard' launch at the RCPCH annual meeting and a mailing of hard copies of the document which will also be sent out to all Trusts providing paediatric services. I am sure these can lead to significant changes and improvements both for patients but I also hope for all of us looking after them by supporting our requests for resources to deliver the service. It is now the responsibility of all of us (BSPGHAN council and members) find ways to ensure our services will achieve these standards. While many are simple to achieve some will not be easy and not be feasible immediately, but I feel confident as the motives behind this are all about improving patient care, that we will all do whatever we can to make a success of them.

A simpler task we have also completed that has been planned for some time is BIG; the BSPGHAN Innovation Grant, again this has been discussed for some years and we have now finalised an application process which we will launch in the New Year. These are small amounts intended to allow individuals to get some funding to try out a good idea which may directly improve patient care. The broad principles are these funds are not for research, are intended to directly benefit patients and if successful can be readily applicable across other units. We will look forward to receiving some novel ideas in the New Year.

In addition to thanking all the council members and BSPGHAN members for keeping the Society as productive as it is a final thanks as always must go to Carla for her never ending patience and hard work in keeping everything (and everyone) in order.

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

I would like to extend a very warm welcome to all of you to the 31<sup>st</sup> BSPGHAN annual Winter Meeting with a big thank you to Richard Hansen and the Glasgow team for not only hosting but also arranging an excellent programme. I am most eagerly looking forward to attend the event.

I will start by welcoming all new BSPGHAN members. To all new members joining us please actively contribute to BSPGHAN activities. This is your society and you can do so in ways which suite your work style. This may range from actively working with a working group to giving regular feedback to requests sent out on the BSPGHAN forum which can of course be done in the comfort of your home. We always aim to share any national adverts which might interest you and that would of course directly or indirectly help BSPGHAN too.

Our current membership now stands at 451 (Associates 138, Full members 287, Overseas 6, Honorary 20).

Now for sharing some good news! It gives me great pleasure to share the wonderful news of two paediatric gastroenterology chairs. First is Professor Mark Beattie who continues to help BSPGHAN with the ACCEA process. Professor Beattie runs a wonderfully active research programme in Southampton and is the life and soul of our MDT meetings, challenging our thoughts and certainly not making it easy for me to Google, tweet or check the latest on news on my Iphone during any of our meetings. Second, is Professor Nick Croft, who continues to enthuse with his dynamism and no

nonsense straight talking. Nick is a very busy academic and confess has a guru status in my eyes. He has supported me in everything from some major ARCP issues as a registrar (well who doesn't!) to use of Advanced Word (writing thesis) and now in 2016/2017 again for all his help, time and advice as the president.

A few people will also be leaving the council in 2017.

I will start by thanking Suzanne Davison for all her help, and her wisdom at some very difficult decision points in the council. I appreciate her efforts in taking the oesophageal varices guidelines forward, and so wonderfully representing BSPGHAN in our work with many other organisations such as the BSG. Suzanne gave a fantastic talk at the RCPCH, and has been scoring the abstracts for RCPCH over the last three years. I would like to thank Richard Russell, extremely keen, enthusiastic and driven about developing and writing anything and everything about pIBD. Richard has taken the IBD WG wonderfully forward giving us some great publications which include updating the pIBD guidance and setting a 'new performance bar' for all of us. I would like to thank Marcus Auth for all the support and help. Marcus has effectively 'job shared' BSPGHAN input to NICE at the same time efficiently co-ordinating the WG work. I will like to thank Dr Girish Gupte. My initial respect for Girish was quite superficially based, simply on the basis that he held the key to all BSPGHAN funds and I knew therefore 'deserves total respect'. In 2017 today, I have come to know Girish more as a friend with a 'debatable' sense of humour. I greatly appreciate Girish's, great advice quite often shockingly spontaneous, for all difficult matters.

I would like to thank Andy Barclay who has driven the intestinal failure registry for us and is now stepping down. E-Bans is now at a place where it can be driven further and we need everyone's active participation and contribution to make it work for us.

With some leaving, there are new members joining the council.

I will start by saying thank you to Nicky Heather for most ably stepping up to be the Associates lead, organising and leading a very successful Associates and Trainees Meeting with Kelsey in Liverpool. I would like to thank Kelsey for his help with the RCPCH Guidance and planning to formulate another exciting programme for 2017. It gives me great pleasure to welcome Rafeeq as the new IBD WG chair. Rafeeq, as usual, is up to his old tricks, constantly thinking how to progress and hasn't lost a single second dialoguing with the BPAIG on a potential joint piece of work. Please watch the space on that one. I would like to welcome our new treasurer Astor who I envy greatly, particularly as he is walking into the job with a healthy balance. For me it nearly always tends to be the other way around, walking into jobs without much money at all. I would like to welcome Naeem our new Gastroenterology Rep well known to colleagues as has also previously served on Education. Finally, I am delighted to announce our new BSPGHAN convenor Keith Lindley who with his very strong clinical and academic background will lead us forward. Keith, welcome to the 'ocean of convenor emails', it's all yours now.

It is not possible to include all the great work done in this report and please read the individual working groups' reports for this but will mention some of the notable achievements this year.

The work of the Standards Group under John Fell's leadership needs special mention. I would like to thank all members of the Standards Group for producing this Herculean work, sticking to some very tight deadlines working alongside RCPCH. I greatly appreciate the BSPGHAN members input into this helping to shape the 'paediatric gastroenterology standards document' which should serve us well to help and improve our practices offering even better care for our patients.

The endoscopy WG has been very active developing a new Paediatric GRS for our GI units. Importantly the GRS focuses on the 'quality of endoscopy' and not the 'number of endoscopies'. I am sure that this online tool will help to enhance our paediatric endoscopy services. I can tell you now that the group has painstakingly gone through validating each and every single question in this tool with JAG. I seriously doubt the Royal College would have worked this hard on the MRCPC questions. The paediatric version is incredibly tailored for our use and is much easier to use compared to the

adult GRS tool (In my head the rule was quite simple at the outset, pGRS v GRS is comparable to real life, and kids are half the size of adults, hence pGRS should be half sized too). Thank you Priya for taking this very important piece of work forward. I can also share with this info that there has been international interest expressed in use of this tool and hoping that one day it will become international.

The motility group has formulated and submitted the impedance guidance for publication. This will serve as excellent guidance for us and I hear there are plans to develop more motility guidance in the future.

I would like to thank Steve Allen for supporting research in BSPGHAN. Please read Steve's report for more details on this and details of the grants distributed in BSPGHAN. I would like to thank and congratulate Jutta for a very successful first year as the Nutrition WG chair. I would like to thank Mike Stanton for BAPS representation on the BSPGHAN council. Also, Michael Hughes has done a great job with our website with smooth running links and removal of any glitches. Hopefully with time we will be discussing a facelift of the website as well.

I would like to thank Anna Pigott for all her hard work and her fantastic support. She has always been at the forefront of giving positive and extremely useful feedback which is most greatly appreciated. I hear that the PEGHAN WG has formulated a 'whatsapp group' for communication. We should all hear the groups experiences on its use and perhaps other WGs to adopt as suited.

Here I will like to mention a couple of things/current issues please. First it is about paediatric GI trainees, and lack of them in paediatric gastroenterology. We all need to encourage students at grass root level to join the speciality. I am grateful to Rafeeq to have the vision to organise our first BSPGHAN Taster Day, most successfully organised in Birmingham this year. This appears to be a nice route to attract more trainees. Please do discuss further developments and help our cause with Sue Prothro (CSAC). I will like to thank Sue for CSAC representation on the council.

Second there has been considerable debate on sponsorship and funding last year at the RCPCH. The policy is now available on the RCPCH website which came out in October 2016. Many thanks for your feedback regarding this matter and it appears that our opinions were considered in formulating their new charter.

We have a great RCPCH 2017 Spring meeting programme. It is in May in Birmingham (not April) with the Gastroenterology day on Wednesday the 24<sup>th</sup> of May. This year we are jointly hosting with the Paediatric Endocrinology team. We have a very interesting debate on management of Obesity with Richard Hansen talking about role of Microbiome v Endocrines supporting role of medical management in Obesity. Fevronia will be giving a talk on Coeliac's disease, focusing particularly on screening in Diabetes a topic which continues to be debated in the endocrine circles. We have once again had a healthy submission of 30 plus abstracts in 2017. Please mark the date in your diaries and do come and support.

Nearly at the end now and this newsletter wouldn't be complete without saying my heartfelt thank you to Carla who has been absolutely wonderful in her support and advice and greatly appreciate all her help in running the day to day BSPGHAN affairs.

Last, I would please say thank you to everyone. Your regular feedback, advice made my job so much easier. At the time of my first newsletter I sort of understood the reasons but today I know why BSPGHAN continues to thrive progressing in a forward direction.  
See you all in Glasgow !

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

1) BSPGHAN final accounts for 2016:	Appendix 1
Total income:	£224,268
Total expenditure:	£199708
Net balance:	£026,562

2) Annual meeting, Bristol  
 Outstanding amount from MJN has been received and the amount has been transferred to the account

3) Direct debit subscriptions  
 Return of direct debit authorisation forms still continues. 85% of the BSPGHAN members have been moved from standing order to direct debit

There are still 106 members who have not cancelled standing orders. This means that some of the members are paying direct debit and standing orders. As agreed at the last AGM, standing orders refunds will not be issued. This will be considered as a voluntary donation to the society

4) Online registration for BSPGHAN Annual meeting, Glasgow

Online registration for the meeting has been set up by the webmaster. There will be some minor issues which will be reviewed and presented to the council in April 2017

5) The society remains in a healthy financial position with a total bank balance of approximately 240,000 pounds

Achievements:

1. Online payment by BACS
2. Moving from standing order to direct debit
3. Research grants of 20,000 pounds – matched grants with CLDF and CICRA
4. BSPGHAN Innovation Grant (BIG)
5. Maintaining society in healthy balance by being financially vigilant with working group activities (apologies to the chair of the working groups and also many thanks for complying to keep costs under control)

**Girish Gupte**  
**BSPGHAN treasurer**

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**Committee and Group Reports:**

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

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

**Coeliac group**  
 Prof Simon Murch, *Chair*  
 Peter Gillet - *Secretary*  
Members  
 Marcus Auth  
 Mark Furman  
 Mary-Anne Morris

Maureen Lawson  
 Assad Butt  
 Sarah Sleet  
 Huw Jenkins  
 (Bruce McLain, Ronald Bremner, Mark Beattie, Matthew Thorpe, Stephanie France)

The coeliac working group meet at BSPGHAN in Bristol, in London on 9<sup>th</sup> March 2016, and communicated actual developments of the group interfacing with coeliac UK, ESPGHAN and participated in projects that members of the group are representing BSPGHAN for.

There was consensus that the NICE, BSPGHAN and ESPGHAN guidelines needed auditing and adjustment regarding the relevance and interpretation of genetic tests associated with coeliac disease. This was felt to be resolved in partnership with Immunologists/geneticists, and upon review of the European multi-centre trials on antibody testing and genetic screening for patients with coeliac disease. Both of these studies (ProCEDE and AbCD) have been completed and submitted for publication, one of the papers is currently under review in Gastroenterology. Both studies have indicated limitations of the genetic analysis as a wider screening, and shortfalls in the interpretation and correlation for local histology results with reference pathologists.

The group has inquired about submitting an article to providing guidance for clinicians in ADC. Further topics the group have identified as issues to address are lack of dietetic support in some regions, gluten-free diet not prescribable in some regions, practical issues relating to referrers starting patients on gluten-free diet prior to completed testing as recommended in NICE 2015, HLA DQ2/8 reports written for geneticists but not guiding practically clinicians

Preliminary results will be discussed in the WG meeting in Glasgow. Furthermore PG is participating in the WG to prepare new ESPGHAN guidelines and it is anticipated that these will be translated into BSPGHAN actions from the WG both clinically and scientifically.

The group was represented in the NICE Quality standards for coeliac disease which have been successfully completed and published. One of the outstanding issues is how the WG on behalf of BSPGHAN can implement the Quality standards to provide a national coeliac register and/or audit, with what support, and if the group could use the experiences from the IBD audits and register.

As the chair is at the end of term, the WG will elect a new chair and PG has expressed his interest to chair the group.

**IBD Working Group:**

*Outgoing Chair: Richard Russell*

*Incoming Chair: Rafeeq Muhammed*

**Membership 2016**

Chris Spray	Bristol	Secretary
Marcus Auth	Liverpool	Gastro (GI representative) (outgoing)
Vikki Garrick	Glasgow	IBD Nurse (outgoing)
Sibongile Chadokufa	GOS	IBD nurse
Jochen Kammermeier	Evelina	Gastro
John Fell	Chelsea	Gastro and Clinical Standards (outgoing)
Vijay Iyer	University Hospitals of North Midlands	Paediatrician
Paul Henderson	Edinburgh	Gastro
David Devadason	Nottingham	Gastro
Mark Furman	Royal Free	Gastro
Thankam Paul	St George's	Gastro
Anastasia Konidari	Liverpool/Manchester	Trainee

**Corresponding member:**

Rita Shergill-Bonner	GOS	Dietitian
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Michael Stanton  
Steve Allen

Southampton  
Liverpool

BAPS representative  
BSPGHAN Research

The group held 4 meetings in 2016. During the last 12 months, the group has focused on the following priorities:

1. New Prospective incidence study commencing 2017 - PINPOINT study (Prospective Incidence of Paediatric-Onset Inflammatory bowel disease). We have worked hard to generate and submit a proposal for funding to CICRA to support this proposed study using the IBD registry to support data collection. Paul Henderson is leading the initiative on behalf of the group and will be in touch with more details to let everyone know how to take part. Successful completion of this project would have benefits for all members.
2. National Biologics Audit, the previous data from the biologics audit has been submitted for full publication. National results for the latest audit including biosimilar data are being presented at BSPGHAN 2017, have been submitted to ESPGHAN 2017 and will then be prepared for publication later in the year.
3. The guidance on management of Crohn's disease and ulcerative colitis was published in ADC 2016 with free open access. Furthermore the group has prepared an algorithm for investigation of early onset IBD and finalised the document on azathioprine surveillance which will appear on the website soon.
4. Research. The group has set up an informal clinical research network (UKPIBDnet) in the UK for paediatric IBD distributed by IBD leads in 26 paediatric gastroenterology centres. UKPIBDnet is integrated into the international networks PIBD-net and has established funding from the EU Horizon 2020 project. The 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 from 2017. An inception cohort as part of the same funding initiative has been set up by Nick Croft and will soon be actively recruiting. The group continues to participate in several national studies on inflammatory bowel disease: PRED4, PANTS, and GEM with Predict soon to follow.
5. IBD Registry. The IBD registry is taking over the national IBD data collection from the IBD audit. Several sites have installed the whole data collection system (patient management system) but for most units simple data collection will be facilitated by the web tool. The IBD WG have worked with the registry team to add specific paediatric data points and all members of the group are now able to enter data either by PMS, web tool or via their own hospital system. The WG aims to have all units able to input data using the registry in 2017 to support local data collection and facilitate participation in the PINPOINT incidence study.
6. With several members of the group coming to the end of their terms or ended their membership within the last 12 months I would like to thank Astor Rodrigues, Mark Furman, John Fell, Vikki Garrick and Mary-Anne Morris for their time and input they have given to the group. The working group has called interested BSPGHAN members to apply for membership and successful applicants will be decided at the winter meeting.

Richard Russell Chair of IBD WG Jan 2017

Other achievements in past 3 years:

7. 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.
8. The group have produced on 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.

9. 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. UKPIBDnet 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.

10. 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.
11. During 2015 NICE required feedback and the group responded to several consultations from NICE.
12. 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.

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

*Chair: Dr David Rawat*

Current members

Mohamed Mutalib (Secretary)

Nikhil Thapar (previous chair)

Arun Urs

Christine Spray

Subramanian Mahadevan

Maureen Lawson

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 reports.

The motility working group addressed the following topics :

The motility working group met in 2016 twice to prepare and finalise the paper on ‘BSPGHAN Motility Working Group position statement: Paediatric multichannel intraluminal pH impedance monitoring: indications, methods and interpretation’. Mohamed Mutalib, David Rawat, Keith Lindley, Osvaldo Borrelli, Steve Perring, Marcus KH Auth, and Nikhil Thapar on behalf of BSPGHAN Motility Working Group.

The manuscript addresses the overdue guidance on this important diagnostic tool in diagnosis and management of gastro-oesophageal reflux disease and associated conditions. The manuscript is currently under review in Frontiers in Gastroenterology. If the paper is accepted, the next step of the group is to work on the manometry (anorectal and oesophageal) in a similar manner.

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 continuing 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 working group lead has held a study day for functional abdominal pain-related GI disorders in June 2016 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 2017 with involvement nationally of psychologists.

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 Nikhil for further information.

Other interface of Gastroenterology with ESPGHAN working groups:

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.

ESPGHAN WG on Eosinophilic oesophagitis conducted both a prospective and retrospective European audit and establishment of a European register on EoE. 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.

The data from the retrospective EoE register have led to an abstract submission to ESPGHAN 2017 and a manuscript is in preparation, which will help to guide BSPGHAN members for treatment of the condition. Furthermore collection of data for the prospective pEERs EOE register is active and other projects, including a separate adult European EoE register are rolled out among the group.

Guidelines and Quality standards:

One major achievement of BSPGHAN has been to prepare and finalise Quality standards for pGHN. These provide a milestone for aspiring, developing and implementing equitable delivery of care in pGHN utilising or establishing clinical networks, providing a 24/7 capacity for transfer, adequate transition policies, timely access to endoscopy and to tertiary care if IBD is suspected, access to a specialist and specialist dietician, multidisciplinary TPN management, and access to specialist hepatology care. All of these are relevant for gastroenterological conditions and I am sure that these standards will provide centres and society members with a powerful and objective tool to raise the profile of gastroenterological patients and obtain support for their management.

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.

I am coming now at the end of my term as gastroenterology chair and will hand over to the newly elected chair this year.

This AGM in January 2017 will represent nearly the end of three years for me as gastroenterology chair. I have contributed closely to the strategy and administration of BSPGHAN. I hope that the membership and our patients will benefit from the initiatives – both the ones I have been able to deliver and finalise in the working groups, and the ones to which I contributed in the council.

It has been a privilege and constant inspiration to set new targets for research, training and education and setting standards in clinical diagnostics and activities. Mediating the interests of various groups and compromising between aspirations and setting realistic targets for across the country has been often challenging but it reflects the diversity and overall good will of our society and profession.

It was unforeseen that I was unable to conduct my professional and voluntary work in the second half of 2016, and I apologise that I have not been able to contribute and continue to the outcome of some projects. But during that time I received wonderful support and backup from the council, particularly from Carla, Nadeem and Nick, and from a number of deeply valued colleagues – this remains unforgotten in gratefulness.

If you excuse the short excursion, I am certain that we will all remember 2016 as a year of profound political changes both nationally, in Europe and in the world, which already exert a deep impact on the health system, our national and international relations, and the wellbeing of our patients and our workforce. I know our society to be a diverse, tolerant and open assembly with a shared vision and stimulating ideas and I hope that we are united to challenge and professionally stand up for these achievements and values. Many of our tasks and challenges can only be resolved in international collaboration and Europe is and remains our geographic and cultural heritage as much as the roots and connections of the British Empire. We cannot risk our outstanding achievements in research, training, education, workforce planning due to political restrictions, and are responsible to our little patients and their families – but so have the society and their decision-makers to our patients and to us.

At the end, by with all my heart, I am grateful to my many colleagues in the council and the society for their understanding, support, patience, and guidance. To Carla for being always there and finding an answer, link or resource. To Nadeem for being a source of wisdom and inspiration. To Alistair and Nick for their leadership and facilitation to do the right thing. To Rafeeq for providing structure and accountability. To Sue for helping and guiding in difficult times and sharing her profound experience. To Suzanne, Susanne, Priya and Anna for setting examples of being professional and in such a nice and polite manner. To Steve developing research (and for being a gentleman). To Fiona, Kelsey, Kay, Emma, Christos and Carla for bringing the Associate and Trainee Members Meeting (ATM) to Liverpool and addressing the needs of associates and trainees.

To my working group chairs and members: to Richard for setting and achieving outstanding standards in guidelines, pathways, and research. To Simon and Nikhil for being a source of wisdom, enthusiasm, and both for being the ultimate gentlemen. Please forgive me that I have undoubtedly forgotten to highlight some of you – I do regret it and will aim to compensate for my lapse of memory.

“You must be the change you wish to see in the world.” (Mahatma Gandhi)

Many thanks to the WG chairs, WG members, and contributing society members for three years of vibrating and successful activities and achievements with the society, and to the council for supporting the working groups.

Liverpool, January 2017

Marcus KH Auth

***Endoscopy Working Group  
Dr Priya Narula***

This year has seen significant progress on the development of a paediatric endoscopy GRS (P-GRS) as a quality improvement tool which in time will also define standards for accreditation of paediatric endoscopy services.

A draft P-GRS was developed in close collaboration with the Joint Advisory Group in GI endoscopy (JAG) and was piloted nationally in nine sites in 2016. All pilot sites underwent training organised by JAG in May 2016 before the pilot period. Results of this pilot will be presented at the annual meeting. There will also be representatives from the JAG team at this meeting. A further meeting of the pilot sites is planned with the JAG team in March 2017 following which the P-GRS will be available for all paediatric endoscopy units to use. We look forward to start developing an accreditation pathway for paediatric endoscopy services in collaboration with JAG in the coming years.

The EWG held a short meeting at the BSPGHAN annual meeting in January 2016, two face to face meetings on the 6<sup>th</sup> May (London) and 10<sup>th</sup> October (Sheffield) and multiple teleconferences between the members of the GRS working group and representatives from JAG.

The EWG were represented at the JAG executive meetings by the EWG Chair, who was also invited to provide paediatric representation at the JAG stand in the BSG annual meeting in June 2016.

A paediatric formative DOPS for Upper GI endoscopy and Ileocolonoscopy has been developed and was launched in the JETS website along with the new adult DOPS in 2016. All trainees and trainers are encouraged to use the new paediatric formative DOPS and send any feedback to [askjets@rcplondon.ac.uk](mailto:askjets@rcplondon.ac.uk).

A PDF export from the JETS e-portfolio can be saved by the trainees on the Kaizen timeline.

An application for BPSU survey on GI Haemorrhage is being submitted led by David Devadason and Mike Thomson.

I am grateful to Ronald Bremner who served as vice chair 2012-2016 and represented the EWG on the CSAC. I am very grateful to Raphael Broughton, Debbie Johnston, John Green and Neil Hawkes from JAG for their support.

I am also very grateful to all the members of the EWG and the GRS pilot sites for their enthusiasm and active contribution, the BSPGHAN council members for all their support, Carla Lloyd for her ongoing support and help and Nick Croft, Girish Gupte and especially Nadeem Afzal for their guidance, advice and support.

Priya Narula  
Chair Endoscopy Working Group

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

Research Working Group (RWG) Annual Report

The RWG is a joint group between BSPGHAN Research Group and the NIHR Children GHN Clinical Studies Group

The RWG held 3 meetings in 2016: one face-to-face ("Liverpool-in-London"; June) and two by teleconference (March and October). For the face-to-face meeting, NIHR Children covered the cost of the venue in London plus lunch; BSPGHAN covered travel expenses. Lucy Huckson, CSG

Administrator, NIHR Clinical Research Network: Children, University of Liverpool kindly organizes meetings and keep the minutes.

Activities have been consistent with our strategy for 2014-7 (Appx 1) and according to our workplan for 2016 as follows:

1.	Membership: Appoint a dietician with an interest/involvement in research to the Working Group.	We are delighted to welcome Joan Gavin, Paediatric Gastroenterology Dietitian, Southampton Children's Hospital to the group. See Appx 2 for current membership
2.	Website: Develop the BSPGHAN research section of website as a useful first port of call for issues related to paediatric GHN research in the UK. Focus on engaging trainees – including through using social media.	Research content updated. Links provided for NIHR Clinical Research Network: Children, RCPCH Research Charter and GHN charities. Nicola Ruth engaging trainees through social media.
3.	Promoting research amongst members:  I. Continue to support PICO sessions at the BSPGHAN meetings including the TiPGHAN meeting in Liverpool.  II. Request BSPGHAN provides funds to support small start-up research grants (up to £10k/grant for 1 year projects). Aim for £40k/year for next 3 years. Explore possibility of matched funding with our linked charities (including CORE in 2017). Use as a means of engaging trainees and allied health professionals in research and our specialty.  III. Support Working Groups in identifying 2-3 key research priorities using a formalized consultation process to ensure credibility.	Research update and PICO presentation at BSPGHAN Annual Meeting, Bristol, January. Research presentation at PGHAN Taster Day, Birmingham in June; presentations and trainee research presentations at the ATM, Liverpool in September  BSPGHAN funds secured with some matching from GHN charities – see report Appx 3. There were 14 applications for 7 grants and, overall, this was highly successful – especially as this was the first time this scheme had been run.  Discussed at length and to be considered further in 2017.
4.	Research outputs:  I. Aim for at least one PICO to be submitted to the HTA for consideration for a themed call. Focus on existing PICOs and research priorities identified by Working Groups as possibilities.  II. Support the research projects being undertaken by the IBD Working Group and other Working Groups as required.	Support for developing PICOs provided but none submitted to HTA to date.  Jayne Kranat and Sarah Moule, PPI representatives, have contributed to research proposals.
5	Continue to respond to requests to review research proposals (inc. commercial studies) for inclusion on the NIHR Clinical Research Network to enhance study effectiveness and efficiency.	The Group has provided feedback on several proposals.

Other activities in 2016:

Steve Allen represented the group as a member of the RCPCH Research Consultation Committee; RCPCH London Sept 19<sup>th</sup>

Plans for 2017 (see workplan Appx 4)

BSPGHAN AGM January, Glasgow; Research session (30 mins) will review the RWG Workplan for 2017 and include progress reports from the 3 Joint BSPGHAN/CORE grants awarded in 2015.

Research funding:

- 2017: Steve Allen met with CORE at BSG Office, RCP London in September to discuss the possibility of joint research funding (provisionally a total of £80k for 2 projects). Discussions to be continued.
- 2018: Based on the success of the start-up grants in 2016, Sarah Sleet exploring the possibility of establishing a consortium of BSPGHAN + GHN charities to increase funds available

Other

- Critical review of RWG member contributions to the activities of the group; consider replacing some members if appropriate

Appx 1: Joint BSPGHAN / NIHR – Children Gastroenterology, Hepatology and Nutrition Research Working Group (RWG)

Strategy for period January 2014 – December 2017  
Revised July 21<sup>st</sup> 2015

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:

1. Ensure that all research is informed by the opinions of children and their parents/carers
2. Support a broad range of research activities including identifying high priority research topics, appraising current evidence and developing proposals for funding
3. Establish clinical networks with sufficient capacity to assess disease burdens and deliver multi-centre trials efficiently and to a high standard
4. 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
5. Maintain close links with relevant research charities both to inform their work and as possible sources of research funding
6. Whilst maintaining independence, work closely with commercial partners especially to inform the design of commercially sponsored trials at an early stage
7. Review research proposals (commercial and non-commercial) to encourage good governance and trial progress, especially regarding recruitment, to maximise efficiency in reaching trial endpoints
8. 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

9. Maximise opportunities to build capacity in research by involving trainee researchers in the group's activities wherever possible

Mechanism: The RWG will develop a workplan each year setting-out specific targets and timelines to achieve the strategy

Appx 2: Membership of Joint BSPGHAN / NIHR – Children Gastroenterology, Hepatology and Nutrition Research Working Group

	Name	Job Title	Role on Committee
1.	Steve Allen <a href="mailto:Stephen.Allen@lstm.ac.uk">Stephen.Allen@lstm.ac.uk</a>	Honorary Consultant Paediatrician	Chair
2.	Julian Thomas <a href="mailto:Julian.Thomas@nuth.nhs.uk">Julian.Thomas@nuth.nhs.uk</a> <a href="mailto:julian.thomas@newcastle.ac.uk">julian.thomas@newcastle.ac.uk</a>	Consultant Paediatric Gastroenterologist	Deputy-Chair; BSPGHAN Working Group representative - Nutrition
3.	Jayne Kranat <a href="mailto:jaynek@ntlworld.com">jaynek@ntlworld.com</a>	PPI representative	PPI representative
4.	Sarah Moule <a href="mailto:smoule46@gmail.com">smoule46@gmail.com</a>	PPI representative	PPI representative
5.	Sarah Sleet <a href="mailto:sarah.sleet@coeliac.org.uk">sarah.sleet@coeliac.org.uk</a>	Coeliac UK	Charity representative
6.	Claire Lee <a href="mailto:claire.lee@addenbrookes.nhs.uk">claire.lee@addenbrookes.nhs.uk</a>	Paediatric Gastroenterology Research Nurse, Addenbrooke's hospital, Cambridge	Research Nurse representative
7.	Sarah Tizzard <a href="mailto:sarahann.tizzard@nhs.net">sarahann.tizzard@nhs.net</a>	Clinical Nurse Specialist for Paediatric Viral Hepatitis; King's College Hospital NHS Foundation Trust	Associate Health Professional representative
8.	Joan Gavin <a href="mailto:joangavin@btinternet.com">joangavin@btinternet.com</a>	Paediatric Gastroenterology Dietitian; Southampton Children's Hospital	Dietician representative
9.	Nicola Ruth <a href="mailto:nicolaruth@doctors.org.uk">nicolaruth@doctors.org.uk</a>	Wellcome Trust Clinical Research Fellow in Paediatric Hepatology	Trainee representative
10.	Alastair Baker <a href="mailto:alastair.baker@nhs.net">alastair.baker@nhs.net</a>	Consultant Paediatric Hepatologist	BSPGHAN WG representative - Hepatology
11.	David Rawat <a href="mailto:David.Rawat@bartshealth.nhs.uk">David.Rawat@bartshealth.nhs.uk</a>	Consultant Paediatric Gastroenterologist; Royal London Hospital	BSPGHAN WG representative - Motility
12.	Jochen Kammermeier <a href="mailto:j.kammermeier@ucl.ac.uk">j.kammermeier@ucl.ac.uk</a>	Clinical Research Fellow; ICH, UCL and GOSH	BSPGHAN WG representative - IBD
13.	David Devadason <a href="mailto:David.Devadason@nuh.nhs.uk">David.Devadason@nuh.nhs.uk</a>	Nottingham Children's Hospital	BSPGHAN WG representative - endoscopy
14.	Simon Murch <a href="mailto:s.murch@warwick.ac.uk">s.murch@warwick.ac.uk</a>	Warwick/Coventry	BSPGHAN WG representative - coeliac disease
15.	Vanessa Poustie <a href="mailto:V.Poustie@liverpool.ac.uk">V.Poustie@liverpool.ac.uk</a>	Assistant Director Medicines for Children Research Network	NIHR-Children

Appx 3: Start-up research grants 2016

A total of 14 applications were received for 7 grants of up to £10k each were available as follows:

## **Joint BSPGHAN/CLDF**

3 applications for 2 grants; awarded as follows:

1. Congenital porto-systemic shunts and the development of liver tumours; Richard Thompson, King's College Hospital, London
2. Association of stool microbial profile with short-term outcome in infants with biliary atresia; Anil Dhawan and Vandana Jain, King's College Hospital, London

## **Joint BSPGHAN/CCUK**

8 applications for 4 grants with CCUK; awarded as follows:

1. Investigating the use of CD8+ T-cell DNA methylation profiles as disease prognostic biomarkers in paediatrics with IBD; Claire Lee, Cambridge
2. Early measurement of faecal calprotectin as a predictor of primary non-response to treatment on paediatric Crohn's disease: a pilot study; Astor Rodrigues, Oxford.
3. Mechanisms of pain in paediatric IBD; Nick Croft, Barts/London
4. Exploring the inter-kingdom relationships of gut microbiota in Crohn's disease; Kostas Gerasimidis, Glasgow

## **BSPGHAN "stand-alone" grant**

3 applications for 1 grant; awarded as follows:

A pilot study of Racecadotril in short bowel syndrome with high intestinal fluid losses; Helen Garrett, Alder Hey, Liverpool

Many thanks to CLDF and CCUK for administering the application process. Submissions were judged by joint BSPGHAN/charity panels where appropriate. Many thanks to the panel members who judged the applications.

Appx 4: Joint BSPGHAN / NIHR – Children Gastroenterology, Hepatology and Nutrition (GHN) Research Working Group (RWG)

## **Workplan for 2017**

Building on progress to date, we will continue to promote research in paediatric GHN as follows:

1. Join forces with paediatric GHN and child health charities to provide research grants available to all members. In 2017, we plan
  - a. a joint funding scheme with CORE
  - b. to explore the possibility of facilitating a consortium of charities to support research in 2018
2. Include the perspectives of children and their parents/carers to inform our research activities
3. Report outcomes and provide progress reports of BSPGHAN/linked charity -supported research projects to members through our website and during BSPGHAN meetings
4. Support and promote the research activities of our linked charities wherever possible
5. Encourage Associate and Trainee members and those new to research to engage in research by
  - a. supporting PICO sessions at Associate and Trainee Meetings
  - b. a survey of barriers to research
  - c. use of social media

d. providing personal profiles of research active members on our website across a range of disciplines, staff cadres and at different career stages

6. Explore means of providing practical support to BSPGHAN Working Groups in identifying 2-3 key research priorities informed by published guidance
7. Highlight funding opportunities (e.g. NIHR themed calls) to members at meetings and through the website
8. Continue to respond to requests to review research proposals (inc. commercial studies) for inclusion on the NIHR Clinical Research Network to enhance study effectiveness and efficiency

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### ***Education***

#### ***Dr Sandhia Naik***

- PGHAN Taster Day June 2016- extremely successful with positive feedback. We plan to hold this annually for ST1-5. 2017 meeting June 20 – Venue London-TBC
- In collaboration with RCPCH –we have increased the number of validated PGHAN Bank questions for START
- Thought stimulating highly Educational Programme planned for BSPGHAN 2017 with a record number of abstracts submitted. Our Glasgow hosts have raised the bar even further
- First ever Standards for PGHAN soon to be published – joint RCPCH and BSPGHAN work
- Planning a mentorship scheme specifically for PGHAN (to mimic not duplicate current schemes )

#### **Another Call to join Educational Working Group:**

- Nursing /AHP rep
- Second Trainee rep - Ed Gaynor has agreed
- Consultant rep- < 5 years experience

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### ***Nutrition***

#### ***Dr Jutta Koglmeier***

Nutrition and Intestinal Failure Working Group:  
Report to BSPGHAN Council January 2017

1. NIFWG roles:

Representative roles for the group:-

- i. Chair – Jutta Köglmeier (since April 2016)
- ii. BAPEN E&T Reps – Tony Wisikin/Protima Amon
- iii. BIFA – Sue Protheroe
- iv. CSAC – Sue Protheroe
- v. Dietitian – Sarah Macdonald/Tracey Johnson (alternating)
- vi. e-BANS – Andrew Barclay
- vii. General Paediatrician with an interest – Himadri Chakraborty

- viii. Neonatal – Pamela Cairns
- ix. Nurse –currently not filled
- x. Pharmacy – Venetia Simchowitz
- xi. RCPCH – Diana Flynn
- xii. Research – Julian Thomas, Tony Wiskin
- xiii. Trainee Rep - Nkem Onyeador
- xiv. Surgical – Catherine Richards

## 2. Meetings 2016

The Nutrition and Intestinal Rehabilitation Working Group (NIFWG) met in January 2016 at the annual meeting and on 1<sup>st</sup> December prior to the intestinal failure and rehabilitation study day in Newcastle. The working group is planning to hold three meetings in 2017

## 3. BAPEN

BAPEN Activities include:-

1) Council: Jutta Köglmeier (JK) attended the council and Think Tank meeting in Birmingham on 8<sup>th</sup> June 2016 and the council and core group meeting on 7<sup>th</sup>/8<sup>th</sup> November. BAPEN is hoping for more paediatric involvement within BAPEN. The NIFWG has been asked to publish position papers on the BAPEN website. BSPGHAN is part of the BAPEN core group and BSPGHAN members can attend the BAPEN annual meeting at BAPEN member rate. BAPEN has been approached by Jane Crossley (NHS England) regarding the development of a universal paediatric malnutrition screening tool. NHS England is also keen for an obesity tool and Jane Crossley has suggested that a paediatric obesity screening tool should be developed in parallel.

### 2) BAPEN meetings

There were two meetings jointly held with BAPEN. The BAPEN paediatric day prior to the main BAPEN meeting in Brighton took place on 8<sup>th</sup> November and focused on nutrition and gut function and hospital nutrition support. The third paediatric intestinal failure and rehabilitation meeting organised by Julian Thomas was held in Newcastle on 2<sup>nd</sup> December. The program was wide spread and included talks about immune dysregulation of the gut, a consensus approach to decision making in long term PN for children with neurodisability including a workshop, non-transplant surgery in IF and outcome of small intestinal transplantation in UK children, motility disorders, and the current state of eBANS. Blenderised diets and child protection concerns amongst children on home PN were discussed in workshops.

### 2) Education and Training.

Tony Wiskin and Protima Amon will continue to represent the NIFWG of BSPGHAN on the E & T committee.

Tony Wiskin organised the two BSPGHAN symposia which were part of the BAPEN annual meeting held on November 8<sup>th</sup> in Brighton.

3) Paed e-BANS (Paediatric electronic-British Artificial Nutrition Survey). Andy Barclay (AB) will soon to step down as lead on e-BANS and the advert for a new chair has been circulated to the BSPGHAN members. Andy gave an update on eBANS at the Intestinal Failure and Rehabilitation Study day in Newcastle and summarised what has been achieved to date. AB has written a report and made recommendations what the next chair should take forward. The NIFGW would like to express profound thanks to Andy for his hard work and achievements.

#### 4. Allied Health Groups.

##### Pharmacy:

– BPNG (British Pharmacy Nutrition Group):-

- Revised National Framework for home PN has been published.

Venetia continues to represent paediatric pharmacists on the Framework.

Angela Cole is the paediatric nursing representative and Susan Hill the paediatric Gastroenterologist.

- The paediatric chief pharmacist group has developed three regimes for standard bags in neonates and children. An industry manufactured standard bag is being developed and may be commercially available in 2017

##### Dietitians:

- Blenderised diets are attraction great attention at present. The BSPGHAN Allied health professionals group dietitians have presented the current evidence from the literature at the Trainee/AHP meeting in Liverpool and are planning to write a position paper which will be published on the BSPGHAN website
- Weaning from artificial/tube feeding

A further aim of the group is to put together a consensus document on weaning from artificial/tube weaning

##### Nutrition nurses:

The nutrition nurses are working on a number of projects:-

- standardisation of nursing practices in PN
- equipment and methods used for connecting and disconnecting PN at home. A wide variety of equipment has been requested under the National home PN Framework.

Guidelines are needed, including the number of nurses per patients cared for on PN at home.

Sarah Cunningham has stepped down and there is currently no nurse representation on the NIFGW. We are hoping for an enthusiastic nurse to come forward and join our group. I would like to thank Sarah on behalf of the group for her dedication to nutrition.

#### 5. BIFA

Sue Protheroe (SP) is currently representing BSPGHAN

The BIFA position statement 2016 on Home Parenteral Nutrition (HPN) has been published and is available on line ([www.bapen.org.uk](http://www.bapen.org.uk)). Sue Protheroe would also like to hand over her role as BIFA representative and the group would like to express sincere gratitude to Sue for her dedication.

## 6. Research & Training

The projects planned by the group include:-

-Taurolidine project: JK and Julian Thomas (JT) met with Claus Herdeis, Tauropharm and discussed the study protocol. JT is currently working on current draft version of the protocol. The final protocol is to be agreed at next NIFWG in January

Further projects currently considered include:

- Weaning from PN to enteral feed
- Lipids in PN
- Intestinal failure rehabilitation guidelines have been on hold since it was announced that the 2005 ESPGHAN/ESPEN guidelines on PN will be updated. However, as the ESPGHAN/ESPEN guidelines publication has been delayed and may not be available until late 2017, the group agreed that BSPGHAN should publish its own IF rehabilitation guidelines. Susan Hill will forward what has been written to date to JK and the group aims to publish their own guidelines on the BSPGHAN website in 2017.

The group is also supporting the Decision Tree for 'Managing the neuro-disabled child with deteriorating intestinal function' lead by Sue Protheroe. SP has presented what has been achieved to date at the 3<sup>rd</sup> paediatric intestinal failure and rehabilitation in Newcastle on 2<sup>nd</sup> December. A separate workshop held at the meeting was dedicated to the same topic.

Members of the NIFWG are also part of the ESPGHAN working group NITE (Network of intestinal rehabilitation and transplantation Europe) and attended the NITE meeting in Madrid December 7<sup>th</sup> – 9<sup>th</sup>.

Several European multicentre trials including oral insulin in short bowel syndrome and gut microbiota after small bowel transplantation are planned and UK involvement is encouraged.

## 7. Feedback from meetings:

BSPGHAN, ESPGHAN, BIFA, ESPEN, DDF

An insufficient amount of paediatric relevance at the last DDF held in London was raised at BAPEN Council. Consequently BSPGHAN had two symposia at the BAPEN Annual meeting in Brighton in November. BAPEN is strongly encouraging more paediatric involvement (see above) and a further paediatric day has been approved at BAPEN council.

## 8. Priorities for 2017

To elect a new eBANS chair and to update the BSPGHAN website with a link to eBANS.

To confirm a new nurse joining the NIFWG and BIFA paediatric representative

to complete IF guidelines in alignment with ESPGHAN/ESPEN PN guidelines

to complete the document on managing the neurodisabled child with deteriorating intestinal function

to progress the taurolidine project: JK and Julian Thomas

strengthen links with BAPEN (nutrition screening tools, BAPEN website)

To support the allied health professionals group in writing up their planned position papers/guidelines on blenderised diets and weaning from artificial/tube feeding support

Organise the 4<sup>th</sup> national intestinal rehabilitation and transplant meeting

Organise the BAPEN paediatric symposium

Jutta Köglmeier  
NIFWG Chair and Nutrition Representative on Council  
13.01.17

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### **Website**

#### **Technology report**

**Mike Hughes**

[Webmaster@bspghan.org.uk](mailto:Webmaster@bspghan.org.uk)

As webmaster, my role is to keep the site secure, available and up to date. It's my first year with the society and I have very much enjoyed working with Carla, Nadeem, Girish, Stephen and many others - I would like to thank you all for making me feel so welcome, and for your patience this year as we have gradually stabilised and improved the site and the processes behind it.

### **Security**

The website, as with all websites, is consistently subject to attempted attacks from companies attempting to send spam emails or redirect pages. We also regularly receive 'phishing' emails asking for security information for the website – many thanks to Carla for her vigilance in spotting these when they come in. If you see anything unusual to do with the website, please do contact me straight away.

### **Content updates**

We have become more systematic about updating content on the site (and archiving old information), due to clearer ownership of each area of the site. We will build on this process next year, to standardize content more, making it easier for members to find and use relevant content.

### **New Booking Form**

This year we implemented an online booking form for the Annual Meeting, and the vast majority of bookings have been made through this form, which has helped streamline the booking process. We'd love to hear any feedback or ideas to refine the form for next year – email Mike at [webmaster@bspghan.org.uk](mailto:webmaster@bspghan.org.uk) or Carla [carla@bspghan.org.uk](mailto:carla@bspghan.org.uk)

### **Plans for 2017**

We are considering updating the website to a more modern format, more visual, mobile friendly, and interactive with new features such as community forum and discussion boards, news and login and membership management. If you have ideas for the website or want to get involved, please contact Mike at [webmaster@bspghan.org.uk](mailto:webmaster@bspghan.org.uk) or Carla [carla@bspghan.org.uk](mailto:carla@bspghan.org.uk)

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

This year has seen ongoing collaborative projects between the Liver Specialist Centres, BSPGHAN and many other national bodies including NHS England, NICE, BSG, and the RCPCH. The liver steering group continues to provide a valuable forum for these activities to be raised, discussed, debated, co-ordinated and communicated, with a very welcome input from the Regional centre representative. I welcome my successor into the important role of chairing this group.

Activities over the last year that I wish to highlight are:

**Guidelines and audit**

NHS England Commissioners attended the Audit Meeting of the Liver Centres in June, where each centre presented its management of oesophageal varices, including surveillance, prophylaxis and treatment. This will lead to a national guideline being agreed, which should be finalised early this year and will be available on the website.

The group have updated the neonatal cholestasis guidelines, and the acute liver failure guideline will be updated this year.

**Teaching**

The Taster Day provided an opportunity for Mona Abdelhady, as CSAC representative, and myself to practise our marketing skills to attract the next generation of hepatologists. We had an interactive CBD format, to showcase the amazing variety of clinical challenges that a hepatologist encounters. I forward to this being an annual event, and hope we see increasing numbers of trainees considering a career in hepatology.

It is apparent however, that trainees in hepatology, as in other specialist services, are finding it increasingly difficult to have sufficient specialty exposure due to working patterns. We continue to interact with the Royal College and our own Trusts as advocates for specialty trainees and to ensure quality of training.

**Interaction with national bodies.**

This year, I have represented the group in a joint venture with the BSG to devise guidelines for investigation of abnormal LFT, aimed at primary and secondary care. Working groups have included patient representatives as well as GPs, and it was clear from the outset that this guideline should encompass both adults and children. The resulting draft guideline will be circulated for comments early in 2017.

There is a considerable amount of work ongoing to address the areas highlighted in the Lancet Commission report, particularly transition, with Marianne Samyn, Deirdre Kelly and Paddy McClean being the major forces.

Representation on British Liver Transplant Group and Liver Advisory Group is provided by Sanjay Rajwal, Tassos Grammatikopoulos, Marianne Samyn and Sue Beath. It has become apparent that there has been a reduction in the number of deceased donor livers that are being split for two recipients, thus reducing the number of possible transplants. This issue is being further investigated, with paediatric input being vital.

Finally, I would like to thank Alastair Baker for representing hepatology on the Clinical Standards Group and we look forward to the draft documents being finalised. I am grateful to all those who provided feedback during the consultation process, not least Sue Beath for her typically thorough and imaginative input.

I wish my successor very best wishes, and hope that the role proves as interesting and rewarding over the coming years as it has to me over the preceding three years. I wish to thank the Society, Council and close colleagues for their patience and support.

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### ***Trainees***

***Dr Kelsey Jones Trainees in Paediatric Gastroenterology, Hepatology and Nutrition (TiPGHAN)***

### **Trainees**

**Chair: Kelsey Jones**

### **Committee Members**

Chair:	Kelsey Jones
Secretary:	Huey Miin Lee
IBD WG:	Anastasia Konidari
Research:	Nicola Ruth
Endoscopy:	Rachel Levi
Hepatology:	Lauren Johansen
Nutrition:	Nkem Onyeador
BSG Rep:	Amar Wahid
CSAC rep:	Ed Gaynor, London

### **Associates' and Trainees' Meeting 2016:**

The Associates' and Trainees' meeting was held this year on the 27<sup>th</sup>-28<sup>th</sup> September at the Alder Hey Hospital in Liverpool. As in previous years the first day was targeted at Trainees, with morning sessions on training requirements and a practice session for START, alongside some clinical talks. In the afternoon the group split: some Trainees headed off to the Royal Liverpool Hospital for practical endoscopy sessions that were tailored to more junior or senior training levels. The more junior trainees focused on basic endoscopy skills, while the experienced endoscopists practiced upper GI bleeding interventional skills with animal models.

On the second day there were parallel sessions for Associates and Trainees. The Trainee programme covered all our favourite organs – even the pancreas got a showing! Talks were uniformly of a very high quality and there were many stimulating and thoughtful questions from the floor. The afternoon saw a session on research including a great talk on how every GI clinician can expand their personal research portfolio, and some very interesting abstracts. Associates and Trainees came together for a fantastic final session on IBD.

I remain enormously grateful for all the many people who were involved in organizing this meeting, who generously gave their time to help on the day, to the presenters, to the Sponsors, and to all the attendees for coming and engaging so well with the Programme. Special thanks must go to our local hosts Marcus Auth, Christos Tzivinikos and Emma Jones for their generous welcome, and to Education Chair Sandhia Naik. Being across several sites, this was a rather more complicated meeting to administer than usual, but Carla Lloyd made it look easy, as ever!

### **Taster Day 2016:**

In June I attended the new Taster Day, organized by Rafeeq Muhammed in Birmingham. It was wonderful to see so many prospective PEGHAN Trainees so enthused and excited. I thought the Day was enormously useful and hope it can go on to become a regular event, I really congratulate all the organisers.

### **Plans for 2017:**

Key priorities for 2017 are

- i) To reinvigorate the trainees' section of the BSPGHAN website
- ii) To develop a formal terms of reference for the Trainee section
- iii) To deliver a great ATM in 2017. I'm delighted to say that the meeting will take place in Sheffield in September, more details soon

I'm hugely grateful for all the help and advice I've received over the year from so many of you, and will continue to draw on many of you for counsel in the new year.

Kelsey Jones

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### ***Paediatricians with an interest*** ***Dr Anna Pigott***

#### **PEGHAN Report for the Annual General Meeting**

January 2017

Last January at the PEGHAN Annual Meeting we all saw a need for better networking and communicating. Himadri Chakraborty started a "What's App" group and this has been a great success for the PEGHAN Group resulting in sharing solutions to problems and sharing information.

#### **SPIN**

The SPIN module continues to be popular with trainees with more than 20 doctors enrolled. I continue to need support from Paediatricians with an Interest and Paediatric Gastroenterologists to provide me with reports on trainees completing SPIN modules, as appropriate supportive letters from supervising consultants makes signing off SPIN modules a much less arduous task.

I spoke on the role of PEGHAN consultants and SPIN modules at the very successful taster day for trainees considering a career in paediatric gastroenterology organised by Rafeeq Muhammed. Similarly, I spoke at the importance of paediatric gastroenterology research for non-academics at the AM-TIPGHAN meeting in Liverpool which was again a fantastic meeting.

#### **RCPCH Standards**

I have reviewed and contributed to the proposed Paediatric Gastroenterology and Nutrition RCPCH Standards with the aim of improving standards for children and their families regardless of the distance from large tertiary units.

#### **Working Groups**

Thank you to Dr Himadri Chakraborty for representing the group on the Nutrition Working Group and Dr Vijay Iyer for representing us on the IBD working Group. I have contributed to the endoscopy-WG and piloted the GRS on behalf of PEGHAN centres.

Thanks to all who have supported me throughout the year,  
Anna

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***Associate Members***  
***Mrs Nicky Heather***

2016 has seen a change in the committee of the Associates with Kay Crook standing down in February due to work commitments and family circumstances. We thank Kay for all her hard work and passion for our group and wish her all the very best for the future. The Associate Members remain committed to actively support BSPGHAN with increasing new members in the last 12 months. Also thank you to Nick Croft who took the time to come to Liverpool during the ATM to express his support for the Associates and give some guidance in the future direction of the group.

**Education (ATM meeting)**

The ATM 2016 meeting held in September in Liverpool was a very successful event. With Kelsey and I relatively new to our roles we were very grateful to Carla in guiding us with the programme and, as always, expertly organising the logistics of the 2 days. The Associates day had a morning focusing on blended diets as this is an area which increasingly is becoming more predominant in our field of work. We had presentations on the advantages and disadvantages of this form of nutrition followed by compelling anecdotal evidence from 2 parents of children established on blended diets. In the afternoon we joined with the Trainees with a varied programme of research based feedback. We had increased numbers of attendees this year so hopefully the format of the meeting had appealed to our members.

For 2017 we are planning to host the event in Sheffield and Kelsey and myself have already been in preliminary discussions with Pryia Narula. Again, we aim to have a program that will appeal to the interests of as much of the membership as possible. It is always a challenge 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 who are all working at a highly specialist level. We hope our choices of topics this year will encompass most specialists and repeat, what appeared to be, the same successful format as 2016. We would always welcome suggestions and ideas from our members as well as from the entire BSPGHAN group on topics they would like to see explored at the ATM. The AM committee are planning an outline of topics for the programme ahead of the Annual Meeting to present to the Associates AGM.

**Joint working**

The topic of blended diets continues to gain momentum within the UK. The BSPGHAN Associates, on behalf of the wider BSPGHAN community, have initiated a multi-society group to try to produce a position statement that best addresses this topic. The other groups who are represented on this working group are PENG, BDA Paediatric Group, DISC group and BSPGHAN. The first meeting was held at BAPEN and was very productive. We are aiming to produce a statement in the new year which will then be circulated around all of the groups with the aim to find common ground and a statement that is useful and reflective of the current situation.

In combination with the Paediatric group of the BDA plans are also being made to create a national database of adverse events to try to record situations or scenarios to provide more information on this emerging topic.

**Associate committee**

We remain as a committee of 4. After Kay stepped down as Chair I took the role initially on a temporary basis but my fellow committee members supported my continuation as permanent role. I am however mindful I am unelected in this post if a future challenge was made.

Emma Jones (Dietitian at Alder Hey) and Jo Brind (CNS at GOSH) joined the committee following the Annual meeting in Bristol 2016. Jo has volunteered to take the role of our secretary with the support of the committee. Emma did a fantastic job as part of local organising team for the 2016 ATM in Liverpool. My thanks go to Chris Smith, Emma and Jo for their support and commitment with the Associates in, what has felt like, a year of many changes with all of us finding our way with these new challenges. We hope 2017 will feel more settled with us established in our posts and be able to provide more informed support to BSPGHAN.

We would welcome any interest in joining our committee and I hope to meet some interested members at the Annual Meeting. We would like to also include on the committee the AM representatives from the BSPGHAN working groups who can inform and link us more closely to the initiatives that are being developed in these groups

### **Membership**

We have had 30 new applications for members during this year with particular interest just before the ATM and winter meetings.

We continue to explore novel ways in which we can interact with our members at times other than meetings. We plan to run a survey/ questionnaire with 4 key questions for our members including whether there is interest in forming a Dietitians and a Nursing group each with committee representatives on the main Associates committee allowing more focused interests to be met. Also we would like our members to think about whether running some parallel Associate sessions at the annual meetings would be helpful.

Hopefully next year will be able to report on some of our innovations.

Nicky  
Lead Dietitian for Paediatric Gastroenterology  
Southampton Childrens Hospital

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

#### **PPP Report 2016**

Patient Charities have been involved with a variety of BSPGHAN initiatives this year, including providing feedback to working groups and the standards project, alongside jointly funding a number of collaborative research rounds.

### **CICRA**

**Research** - Following CICRA's annual summer-autumn 2016 call, grant applications have gone forward for Peer Review, with eventual decisions being made during Feb 2017 and following which both successful and unsuccessful applicants will be notified. During 2016, 3 Research Fellowships, 4 PhD studentships and 4 Research Projects are being funded

**Bursaries** - CICRA continued to offer all year round bursary grants of up to £400 and one annual endowed international bursary grant of £1000. Further details are on the CICRA website.

**Outreach** - Very successful family days were held across the UK in Cardiff (in March), Manchester (in June including the mandatory AGM) and near Cambridge (in November).

In year 2017 IBD Family Days are scheduled to take place in Edinburgh on Sat 25th March, in the southern part of the London suburbs in June and in the West Country in the autumn. For more details see the website: [www.cicra.org](http://www.cicra.org) The charity is grateful as always for the support of the Paediatric IBD Gastro teams across the UK and for the distribution of Parent Packs to IBD families.

**Pilot collaboration "CICRA going forward strategy"** -During 2016 CICRA have established a collaboration with Oyster Health Care in which over a period OHC are helping the charity to review and redevelop the information CICRA offer to young people with IBD and their families. To assist some of the Oyster HC team have already visited our IBD Family Days to meet with parents, children and young people and has also resulted in the collection of feedback and led to feedback from across the wider paediatric IBD community, including the 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. This includes the important area of "Transition" and additionally a review of the website and associated facilities.

### **BSPGHAN, IBD Working Group & SSPGHAN events**

The charity has again enjoyed attending events throughout the year and meeting with delegates

### **Coeliac UK**

#### **NICE Quality Standard on coeliac disease diagnosis and management**

Coeliac UK worked on the QS group alongside representatives from BSPGHAN. The Standard was published in October 2016 and the input from paediatric colleagues was essential to ensuring that there was recognition that equality and diversity considerations needed to apply to gluten-free prescribing as well as ensuring guideline recommendations were followed through in the standard on diagnosis and management of children.

### **Research**

Working with BSPGHAN and NIHR's research group to undertake joint funding where appropriate

### **Crohn's and Colitis UK**

Following a review of work with younger people and families, projects are underway to produce engaging patient information for younger people, in a variety of formats, in partnership with other Charities and the NHS. This will include developing digital capability to deliver interactive, multi-media patient information and to facilitate on-line communities.

A large Information Event for paediatric and adult patients and their families, was also piloted in partnership with the NHS, in Liverpool, Leeds and London. In 2017 Crohns and Colitis UK will continue to develop face to face events for younger people and families, including a Family Residential Weekend in 2017 in partnership with children's Charity, Over the Wall.

Ways that information and support can be offered have also been diversified in the year to include helpline, email, live chat, social media and a moderated on-line community to help us be more accessible to different ages.

Through a new research funding partnership with BSPGHAN, four joint grants to pump prime new research in paediatric IBD have been awarded

A National Blueprint for IBD in Scotland, supported by the Scottish Government, was launched in Holyrood in June. This Blueprint is designed to ensure that people living in Scotland with IBD receive equitable, timely and appropriate care, thereby improving their health and ability to partake in education, work, social and family life.

## Children's Liver Disease Foundation

During the year the charity has continued to provide research funds and funded a PhD and a joint research round with BSPGHAN that lead to two further projects being funded.

Our work with transitioning young people has become an increasing focus and alongside the three residential projects for this age group we are looking to develop a Young Persons residential conference in 2017. In December 2016 in partnership with Coventry University we launched our young persons' transition app to support young people at a crucial time.

In late 2016 we were honoured to be finalists as Children and Young People's Charity of the Year in the Children and Young People Now awards for our Talk, Tell, Transform Project. Young people continue to be the central focus of what we do and more and more they are steering our work.

Campaigning this year has been focussed on trying to secure the inclusion of Hepatitis B protection in the universal vaccination and we are incredibly pleased to know that that has been achieved and will likely roll out in late 2017.

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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 Akshay Batra	Nutrition Training Advisor
Dr John Puntis	Quality Advisor
Dr Nick Croft	BSPGHAN President

I would like to welcome Akshay Batra and Nick Croft who have joined CSAC this year. I am indebted to the knowledgeable CSAC committee and grid coordinators for their on-going responsibilities. The team works hand in hand with College officials to oversee and improve the quality of around 20 Grid and 20 SPIN trainees.

## Update on RCPCH & CSAC activity in 2016

### E portfolio

The new e-Portfolio containing combining Asset and trainee assessment tools has gone live and hopefully everyone is familiar with navigating the new layout.

### Grid training : Quality Assurance- A] curriculum

The RCPCH has recently met with the GMC and had feedback on the plans for the curriculum and syllabus work. The GMC have commented that the design and mapping to general professional competencies looks the best that they have seen so far from any College. The new draft will look quite different from the original revision we did last year. Opportunities for consultation with trainees and BSPGHAN Council will be made before the final draft is submitted to the College in 2017.

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

CSAC provided a Sub Speciality ARCP in 2016 for all grid trainees. All trainees (even if OOP) will need to ensure that they complete their 2016 Annual Speciality Specific Review soon and prepare their e portfolio to allow completion of their CSAC Progression form in March 2017.

It is essential that all grid trainees: -

i] Complete their Annual Speciality Specific Appraisal and ask for a report to be generated from the educational supervisor (from another grid centre) based on the CSAC template and attach it in e portfolio **by the deadline of February 20<sup>th</sup> 2017**. 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 populated by 20<sup>th</sup> February 2017**

Trainees should make sure that they complete the recommended number of structured educational supervisor reports in line with RCPCH guidance. If evidence for progression isn't found, then a CSAC Progression Form and subspecialty portion of the ARCP cannot be completed in March 2017. A member of CSAC should provide support at the ARCP process if a trainee is experiencing any difficulties.

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.

#### Quality Assurance- C] grid training 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 has asked centres and recently qualified consultants to complete a questionnaire in 2016. Feedback was received from 19 PGHAN Grid Centres (3 Liver, 16 Gastroenterology) and 31 trainees or newly appointed consultants. We acknowledge that service models and interests may vary which allows variety for trainee experiences. All centres reported meeting the criteria required to provide PGHAN services, with all trainees and centres declaring patient needs and safety put first. Trainees value the educational input from consultant led ward rounds, which vary in frequency between centres.

The most frequent feedback requiring improvement was that formal induction could be improved. Trainees would like more access to management meetings, governance, and quality improvement or innovation projects. Trainees may have difficulty in attending specialised or transition clinics and report that following the whole patient journey of children with chronic disease from referral onwards, over a period of time may be challenging to achieve adequate insight into chronic management by and working with the multi-disciplinary team

Trainees would like more training in assessment of others. Clinical supervision was positively reported but not all trainees have managed to arrange to meet with their education supervisor documented on e- portfolio. All have annual multi-source feedback.

When posts are offered for Grid training, the ability to achieve the necessary competencies in 3 years can be affected by the proportion of time spent within the sub-specialty. Centres reported a minimum of 70% working time was spent in the speciality, however trainees self-reported training below this requirement and spending more than 1/3 of hours in our of hours delivery of care. Poor staffing levels in acute or out of hours was cited as a cause. Although meeting CSAC requirements for at least one training list available to the trainee a week, some trainees reported differing access to endoscopy. Service and out-of-hour commitments, or other fellows or trainees limited access to endoscopy. Overall both trainees and centres rated the overall PGHAN training positively and the quality of PGHAN training remains high. I hope that Ed can further discuss findings of the survey at the Annual meeting.

## Trainee Engagement

It is desirable that trainees engage with the CSAC Chair annually at the ATM meeting and /or the BSPGHAN and an opportunity for one to one meetings is provided 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 off the grid have asked why they can't have sub-specialty equivalence. The College states that UK trainees must be grid appoint able to achieve sub speciality recognition. Time spent in non-training posts (eg Fellows) in the UK cannot be considered.

The CESR is designed for doctors who have undertaken their sub-specialty training (not experience) outside the UK and may have their training evaluated to consider if the required competencies have been achieved.

## START

CSAC provide new questions each year for the two assessments s 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.

## Grid Recruitment for 2017

We are grateful to BSPGHAN and Rafeeq Muhammed especially for supporting the Taster Day for trainees interested in the speciality. Eight gastroenterology and one Hepatology rotation were available for recruitment for 2017. Five gastroenterology posts and one liver posts were successfully filled. We are pleased that further trainees have expressed a desire to apply for the 2018 round. Nottingham has now been approved as a grid-training centre, adding further flexibility to trainees who may wish to be based in the East Midlands and rotate to the West Midlands.

## SPIN

CSAC is monitoring the progress of doctors through the SPIN process for trainees and non-trainees. Many thanks to Anna Pigott who helps 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.

## Workforce/ standards

CSAC is asked to advise the College on the number of consultants required and the future training numbers. Accurate forecasts are difficult but we hope to provide enough graduates from the grid in 2017 to fill projected vacancies.

May I take this opportunity to wish everyone a happy and healthy 2017 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 in updating the new curriculum and providing careful assessment for the ARCP process.

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**BAPS**  
**Mr Michael Stanton**

## **Report from BAPS Council Jan 2017**

Michael Stanton, BAPS representative on council

There are 2 ongoing points of discussion between BAPS and BSPGHAN:

1. Survey of acute upper GI bleeding

This was originally proposed by Dr Mike Thompson and is now being driven by Dr David Devadason. BAPS have agreed in principle to fund half the running costs, to match the funding agreed by BSPGHAN. The original estimate was that the survey will require £12k (i.e. £6k from BAPS).

The survey will run for one year and reminders will go to a lead paediatric gastroenterologist and paediatric surgery at each centre. The current aim is to start the survey in the Spring of 2017.

2. Proposed joint annual meeting with BSPGHAN – Oxford, January 2019.

We are keen to have another day of the BSPGHAN annual conference held jointly held with BAPS, as took place at the 2013 BSPGHAN meeting in London. We are making provisional plans for this to be at the Oxford conference in 2019. The plan is to again have the 3<sup>rd</sup> day (Friday) of the conference as the joint day.

I look forward to more collaborative work in 2017.

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Quality Standards  
Dr John Fell