

## Reports for AGM

### Newcastle upon Tyne, January 2006

#### *PRESIDENT'S REPORT*

My first task is to welcome the incoming council members and thank the outgoing. We are delighted to welcome as Secretary, Dr Stephen Murphy, as Treasurer, Dr Muftah Eltumi, as Hepatology Representative, Dr Paddy McClean and as Trainee Representative, Dr Richard Russell.

Many, many thanks go to Stephen Hodges, outgoing treasurer, who was treasurer for two terms and steered the Society into a very positive balance!

We were very, sad to lose Dr Mark Beattie whose great enthusiasm and drive and endless e-mails were of great benefit to the society, but we are delighted that he will continue to be part of the Paediatric Section of the BSG and will chair the scientific committee for the joint Indo-British meeting in October 2006.

Dr. Nikhil Thapar stepped down as Trainee Representative but stays with us as BSG Paediatric Section Trainee Representative.

Most of 2005 was taken up in completing the action plan, generated by the Strategy Day in June 2004. One of the main aims of this plan was to increase financial stability for the Society. I am delighted that due to the generosity of our major sponsors we have assured income for the next three years. We can now establish the society on a professional basis to work in partnership with our sponsors to develop a constructive approach to education and research. We still need to formulate plans to develop user representation and Stephen Murphy is taking this forward. We plan a second strategy day in February 2006 to review progress and to consolidate our strategy for research initiatives. The new Medicines for Children initiative will be an important aspect of this. We are delighted that Stephen Murphy will chair the Clinical Study Group on Paediatric Gastroenterology, Hepatology and Nutrition which should enable us to work together to improve outcomes for children.

We have also (after a false start) obtained an excellent administrator, Mrs Carla Lloyd whose efficiency and sense of humour is already much appreciated by the Executive Council.

#### **BSG Matters**

Our links with the BSG strengthen daily. We have a joint meeting twice a year with the Paediatric Section of the BSG and the BSPGHAN council. This has allowed us to provide a unified input to the BSG committees and structure and ensure a higher

profile for paediatricians. Christine Spray has represented us at the Education Committee and Nigel Meadows at Clinical Services and Standards Committee. Mike Thomson expertly represents us on the Endoscopy Committee. We have also contributed a separate paediatric section to their strategy due to be published in 2006.

We have developed an exciting programme for our joint BSG/BSPGHAN Symposium at the BSG Annual Meeting in Birmingham, (21<sup>st</sup> March 2006). The symposium is based on the management of Intestinal Failure and Small Bowel Transplantation and includes national and international speakers from both adult and paediatric disciplines. Any ideas for future joint symposia are gratefully received and should be sent either to myself or Chris Spray ([d.a.kelly@bham.ac.uk](mailto:d.a.kelly@bham.ac.uk) or [christine.spray@ubht.swest.nhs.uk](mailto:christine.spray@ubht.swest.nhs.uk)).

### **Trainees to the BSG!**

We also have a budget from the BSG which the Executive Council has proposed to spend on supporting trainees' attendance at the BSG so that we increase paediatric involvement. The registration fee is already at a reduced rate, and we have agreed that £100 will be available per trainee for registration/other expenses to attend the annual BSG meetings so please apply to Dr Stephen Murphy ([m.s.murphy@bham.ac.uk](mailto:m.s.murphy@bham.ac.uk)). First come, first served!

### **Society Meetings:**

The Society has planned a busy year of meetings, dates for your diary are:

### **The Indo British Conference on Pediatric Gastroenterology, Hepatology and Nutrition (Ibcon-Pedgastro 2006) 26<sup>th</sup> to 28<sup>th</sup> October, 2006 in Delhi**

The BSPGHAN and the Indian Academy of Pediatrics are planning a joint meeting in New Delhi to celebrate our long association with trainees and colleagues from India.

Please join us in this exciting event which is being held in New Delhi, India. The conference has a comprehensive scientific program, nurses and dietician's symposia, free papers and poster sessions. There will also be opportunities to travel to the Taj Mahal, Jaipur and other sites at a time when Indian weather is good and rates are reasonable.

In order to minimise costs we are in negotiation with specialist travel companies who can arrange group travel (10 adults or more). Flights will cost approximately £400 - £450 per person, which includes taxes. Hotel rates range from £75 to £100 per night.

In order to attract the best rates please tell us of your preferred travel dates. We propose travelling out on Tuesday 24<sup>th</sup> October and returning on Tuesday 31<sup>st</sup> October 2006 (or a week later). These dates are flexible and travel can be arranged to suit members' wishes, however a majority consensus will have to be agreed for group travel.

**BSPGHAN Mini Winter Meeting**, Marriot Forest of Arden Conference Centre, Meriden, Birmingham 7<sup>th</sup>-8<sup>th</sup> February 2007 which will overlap with the

**Controversies in Paediatric Gastroenterology, Hepatology and Nutrition Postgraduate course, Birmingham Meeting, 8<sup>th</sup>-10th February 2007** being held at Lucas House, University of Birmingham Conference Centre.

Deirdre Kelly

## ***SECRETARY'S REPORT***

The year began on a positive note with a highly successful and enjoyable Winter meeting organised by Muftah Eltumi in Watford in January, 2005. This has been an active year for the Society.

Deirdre Kelly's report has outlined our progress with rationalising the financial support required for the Society. With regard to commercial sponsorship, we have produced a written 'code of conduct', and this may be seen on the Website.

At the 2005 AGM the membership agreed to a significant but necessary increase in the annual subscription. Linked to that was a decision to ask all Members and Associate Members to re-register with the Society. We have established a completely new Membership Database which we believe will be of great value. Re-registration allows us to ensure that the data entered is up-to-date and accurate. By completing the Members Data Form sent to you during the year you will have provided us with important information regarding your professional status and your clinical and research interests. Designing the database involved a significant effort. It is designed to be flexible and to allow easy retrieval information. I believe it will prove an invaluable resource for the Society and its members in the future. It seems that a few Members may have forgotten to re-register! If you are one of those few, can I appeal to do so now. Old and hence potentially inaccurate information will not be entered on the new database, so *if you have not re-registered you will not 'exist' in the BSPGHAN membership records*. Consequently we will lose contact with you, as we rely more and more on email communication. In parallel with the re-registration process, we also needed to regularise the Member's subscription arrangements. You will have been asked to provide a cheque to cover the current year's subscription and also to initiate a new Standing Order arrangement for future years. Again, we appeal to you, if you have not already done so, to make the necessary arrangements immediately.

In the meantime, I am pleased to say that our Society continues to grow. This year I anticipate that at least 12 new Full Members will have joined BSPGHAN. Currently our Constitution indicates that new members are elected at the AGM. This is unwieldy, and I think an anachronism. It does not seem reasonable or necessary for aspiring member to wait up to a year to join BSPGHAN. In line with other Societies, I suggest that the decision on membership be taken at our quarterly Council meetings. I will be putting forward a proposed alteration to the Constitution in regard to this. I am also requesting your agreement to a few other minor amendments intended to merely to clarify our Society's rules regarding voting rights and also with regard to the President elect. I have written to you all about these proposed changes recently. I hope you will agree to them at the AGM.

Carla Lloyd has been working with Council for some months providing administrative support. She has quickly become an expert in matters relating to the Society, and the energy and enthusiasm she has brought to her role is obvious.

Council met four times in the past year, two of those meetings being jointly with the paediatric section of the BSG. Our links with the BSG are strengthening. In due course we envisage the paediatric section and BSPGHAN council membership being one and the same. We have been able to comment on and contribute to a number of BSG documents in the past year, highlighting paediatric aspects. In particular we have had a substantial input into a BSG 'Service Document'. There is no National Service Framework for gastroenterology or hepatology, and this document is intended to assist in negotiations regarding the specialty at Trust, SHA and national level.

We feel strongly that there is great benefit to involving patients and their representatives in our Society. During the year I have written to the Directors of various patient support groups relevant to our specialty, asking for their views on how this might best be done. We are now in the process of meeting with them to develop a strategy for 'user representation'. This will be crucially important in developing clinical practice and standards and in prioritising and designing clinical research studies.

The Medicines for Children Research Network (MCRN) has now been established, and is based in Liverpool, under the umbrella of the UK Clinical Research Network (UKCRN). This is part of a major initiative to reinvigorate clinical research in the UK. It is an exciting venture, and one long needed to promote clinical studies in children. It is part of the UK's response to European and international concerns about the dearth of clinical research in children. Professor Rosalind Smyth approached BSPGHAN during the year for advice on promoting clinical studies in our specialty. I have been invited to set up a Clinical Studies Group (CSG) for gastroenterology, hepatology and nutrition. There will be around 8 CSGs many representing more than one specialty. We are fortunate that the MCRN agreed to our having our own group. The purpose of the CSG is to act as a point of entry for multi-centre clinical trials and other clinical studies for 'adoption' by the MCRN. The CSG will be working towards providing the MCRN with a portfolio of clinical trials. It is anticipated that adoption by the MCRN will allow researchers access to the support infrastructure that is currently being developed round the UK through the Local Research Networks that have now been appointed. A core membership has now been appointed to the CSG, and over the coming months I hope to be in touch with you to invite your active participation.

Over the years a number of sub-groups and working groups have been established. Nigel Meadows as chair of the Clinical Standards Subcommittee is currently taking an overview of the place of these various groups, and will be reporting to us at the AGM.

Stuart Nicholls has very recently resigned from Council as DGH representative. The DGH group, chaired by Graham Briars, will discuss nominations for Stuart's replacement, and I anticipate that a new representative will be elected at the AGM.

Mervyn Griffiths has also recently stepped down as Council Member representing BAPS. BAPS will now be represented by Simon Huddart.

Lastly, in accordance with our constitution, we must now choose our next President a year prior to their taking up office. For that reason, a Presidential election is currently underway. The result of the postal ballot will be announced at the AGM. The President elect will be able to attend Council meetings for a year before taking office in April 2007.

Finally, our Spring meeting in York will take place on Tuesday 4<sup>th</sup> April, with Dinner the night before. Our guest speaker will be Professor Christopher Day, to speak on non-alcoholic steatohepatitis (NASH). Many interesting abstracts have been received and it should be an excellent meeting. I hope you will be there.

Stephen Murphy

### ***TREASURER'S REPORT***

The Society's financial situation remains buoyant. Profit income was at its highest from the last winter meeting at Watford. As you probably know at the last AGM meeting membership fees were increased to £75 for members and £15 for associate members per annum. The Society is currently in negotiating regular and yearly sponsorship from the industry, this would be paid in addition to sponsorship we already receive for the winter meeting. It is estimated that the amount of sponsorship we could achieve could be in the region of £30,000 per year. With this increase in income, by law, the society will require an independent auditor. Contacts have been established with a firm and details will be discussed in the next council meeting for approval. Over the last financial year expenditure has increased, the main cost being the secretarial support which the society needed. The society remain committed to pay for expenses of the working groups although this proves to be an expensive and therefore need to be regulated. Members and associate members may apply for reimbursement which will be paid in line with the RCPCH regulations. Expenses will be paid ONLY if original receipts were submitted together with completed and authorised claim form of the Society expenses, which could be download from our website. I would like to remind trainees that the society will pay a grant of up £750, in total, towards expenses when presenting at overseas meetings. Please try to exhaust all other route of finance. Finally, I would like to thank Mead Johnson Nutritional for their generous and on going support of expenses related to council meetings.

Muftah Eltumi

### ***NUTRITION COUNCIL REPRESENTATIVE REPORT***

There have been developments in two main areas: attempts to standardise enteral and parenteral nutrition reporting to the British Artificial Nutrition Survey and to the British Intestinal Failure registry. Both projects are at the pilot stage, and supported by the development of an electronic reporting system. Comprehensive demographic paediatric nutritional data should become available.

Mark Dalzell

## ***HEPATOLOGY SUBGROUP REPORT***

The Liver Steering Group met twice this year, in January during the winter BSPGHAN meeting and at the ESPGHAN meeting in Porto in June. Alistair Baker and Stuart Tanner stepped down as BSPGHAN Council Representative and Chair of the LSG respectively. These roles will be undertaken by the same person in future and Paddy McClean has been elected to fulfil them for the next 3 years.

One of the main outcomes of the LSG is the facilitation of several collaborative studies. Currently funding is being sought for 2 new trials: "Prophylactic banding of oesophageal varices in children" and "Metformin in fatty liver disease". The trial of steroids in biliary atresia is ongoing. The hepatitis B Adefovir trial is now closed to new recruits. Euro Wilson is "live" and the database is accepting patients.

The prevalence of liver disease in children in the UK is unknown. A Liver Register is being piloted in Birmingham to iron out issues with consent and the amount of information that should be collected.

Ongoing issues surrounding the availability of donor organs for paediatric transplantation are raised by members of the LSG at the Liver Advisory Group. Waiting list times are increasing in both adult and paediatric programmes. Donor transplant coordinators are targeting ICU's to increase donor numbers. Living related donation is being considered.

There are now 3 hepatology national grid trainees in the UK, one at each supra regional centre. CLDF have agreed to fund a Postgraduate Appraisal and Assessment day at the BSPGHAN winter meeting for these trainees.

Patricia McClean

## ***ASSOCIATE MEMBERS REPORT***

2005 has been another successful year for the Associate Membership, with continued growth and addition of new members. As a Society all membership details are being renewed and you are all encouraged to return your details to the BSPGHAN administrator to ensure a current updated database is available for the benefit of all members.

The Winter Meeting in Watford was well attended by Associate Members and this has now become our official forum for feedback regarding the Associate Members progress and a fantastic networking opportunity.

We continue to be involved in the Nurses and Dietitians programme at ESPGHAN, which was well attended with the UK Nurses and Dietitians making up almost 50% of

delegates present. This year for Dresden our representative on the Committee is Tracey Johnson.

Our Annual Conference held jointly with the Trainees in October was very well attended (over 70 delegates) and topics covered included pseudo obstruction, neonatal liver disease, and allergic colitis. This year awards for the best Trainee and Associate Abstracts were presented. The evaluation was excellent and we now plan to continue with the joint format for future conferences.

On behalf of the Associate Members I would like to thank SHS who continue to support us financially enabling members to attend national / international meetings. Information on applying for the funding is available on the BSPGAHN website (Associate Members page). We are also very grateful to them for their generous sponsorship towards our Annual Conference and Committee Meetings throughout the year. For those planning to attend the Winter Meeting in Newcastle we have available £100 Bursaries, on receipt of Certificate of Attendance (Application form on Website). Financially our Account stands at £6893.89 (December 2005).

I would like to thank Liz McLean and Pam Rogers who step down from the Committee and welcome: Elaine Buchanan, Senior Paediatric Dietitian, Yorkhill and Leonie Cunningham, GI Specialist Nurse, Barts and the London who will officially take post at the Winter Meeting, Newcastle.

Finally I would like to thank the Committee for their continued hard work and support and I hope to see many of you at the Winter Meeting (18 - 20 January).

Jackie Falconer

### ***DGH SUBGROUP REPORT***

At the last BSPGHAN Winter Meeting two meetings of the group were planned, an initial meeting in the northern half of the country and a second one in London. There were practical difficulties in organising the meeting in the North, and the group met only once in September. The group does not have a specific issue as its remit, rather to represent the views of the non-teaching hospital paediatric gastroenterologists to council. Three main issues were discussed, these were:

- 1) Mechanisms for using the group to conduct multi centre research on secondary care populations. It was concluded that this could take place either by group members presenting studies to the group for other members to take up, or alternatively through multi-centre studies sanctioned by the BSPGHAN with group members being a resource to the society.
- 2) Choose and Book; useful discussions took place on the variation of the implementation of this Government project. Feedback from group members as the system is implemented will clarify whether there is a need to request a further clinic type in the clinic categories.

3) Definition of a paediatrician with an interest in gastroenterology. The view of the

Paediatric Gastroenterology CSAC that a year of training in a centre accredited for national grid training in paediatric gastroenterology (or equivalent) was the minimum requirement for a candidate for a consultant job to describe themselves as a paediatrician with an interest was reported to the group. Further views on this will be solicited.

Graham Briars

## ***EDUCATION REPORT***

We aim to increase the educational role (not only in relation to training) of the BSPGHAN.

1 i) Register of courses and training days published on BSPGHAN website (October 2005) (attached)

This document gives a summary of educational meetings available to postgraduate trainees in Paediatric Gastroenterology & Hepatology with expectation of attendance to meetings within 3-year training period.

ii) Look into possibility with the trainees committee of creating a "rolling programme" for the postgraduate courses over the 3-year training programme

2 Consolidate relationship with BSG

i) Raising the profile of the Paediatric session at BSG Tuesday 21<sup>st</sup> March 2007

Programme agreed with invited speakers

Encourage paediatric trainees to submit abstracts (some sponsorship available)

ii) I have attended 2 BSG education Committee meetings. At these meetings programme of intended courses and conferences are discussed. In addition funding of events is discussed. Significant emphasis is placed on developing relationships with developing countries such as Russia and China both for educational and research purposes in addition to continuing good relations with North American colleagues via AGA. BSG education committee are very welcoming to increased paediatric input into some of these meetings. I have suggested potential speakers from paediatric gastroenterology that could be approached with regard to future BSG meetings.

List of future courses/conferences to be discussed at educational committee of BSG with opening to involve potential paediatric speakers.

Postgraduate courses:

2008 theme "Bugs in the gut" programme tbc

AGA/BSG Research meetings:

2007 theme "stem cells" programme tbc

iii) Use of the website for self- learning. Presently BSG website has a case presentation of the month. These presentations were submitted by trainees at BSG meeting and the 12 successful cases published on the website. BSPGHAN will look at taking this idea forward for their web site in due course but paediatric trainees are encouraged to look at BSG website in addition to BSPGHAN.

iv) Presently abstracts from the Winter Meeting are not published. I have been asked by the Richard Russell on behalf of the trainees to see if the BSG educational committee would be agreeable to publish the abstracts with the BSG abstracts in GUT. I will take this forward at the next educational committee meeting in March.

Any suggestions or questions that may help are welcome.

Christine Spray

### ***INTESTINAL FAILURE WORKING GROUP REPORT***

The intestinal failure (IF) working group is comprised of twelve BSPGHAN members and associate members from around the country, and has met four times this year. The group was established following feedback to the 2005 AGM of the overall negative views of BSPGHAN and BAPS members regarding the possibility of National Specialist Commissioning Advisory Group (NSCAG) funded supra-regional IF units. The results of this survey determined that IF services would remain regionally based, however NSCAG requested clarification regarding indications for referral of IF patients to a regional centre. The Working Group has therefore considered the expertise, staff, and facilities necessary for a unit to provide a regional IF service (including home parenteral nutrition) together with indications for referral. A report has now been completed and should be available to the membership of the BSPGHAN on the website in advance of the 2006 AGM. It is hoped that this document will be endorsed by the Society, and will be of value to commissioners of services for children with IF. The report emphasises the need for appropriately funded, regionally based services for this group of patients. The working group would like to continue to meet in order to develop evidence based guidelines for the management of IF, subject to approval by the Society.

John Puntis

### ***IBD REGISTER REPORT***

The Register of Paediatric IBD has undergone considerable restructuring. It was felt that the large number of contributing centres presented an unfeasibly large workload

to register staff. Furthermore we felt that it detracted from a sense of ownership of the register by contributors.

The precedent for the reformulation of the register was laid by a project undertaken by specialist registrar Liz Newby between August and September 2004 in which we obtained MREC approval for her to visit the 6 most active centres and collect data on various topics to include growth, progression to surgery, need for a multidisciplinary team and change in diagnosis. This paper has been submitted to Archives.

Following a well-advertised trial period during which we monitored contributions to the register, centres were selected based on the absolute numbers of patients and track record of obtaining consent. The 7 selected centers are: Royal London Hospital, St George's Hospital, Royal Liverpool Children's Hospital, Leicester Royal Infirmary, Birmingham Children's Hospital, Yorkhill Hospital and the South Wales Network (comprising of: University Hospital of Wales, Singleton Hospital and Royal Gwent Hospital). Some centers that have not been included felt aggrieved by this process and I offer my apologies to them. However a radical restructuring was vital if the register was to continue. Once a more robust system is established and has been demonstrated to support research, there will be the possibility of introducing other centres.

All selected centers were invited to submit research proposals and based on this we are in the process of establishing a further retrospective review of notes. We envisage that data collection will start in March 2006.

We hope that further developments will include a committee chairperson rotating amongst the 9 hospitals. We also envisage that the register will progress to prospective studies concerning the natural history of paediatric IBD as well as possible intervention studies.

We are indebted to CICRA for their continued support and are also most grateful to SHS and the Royal Liverpool Children's NHS Trust for their generous contributions.

David Casson

### ***COELIAC DISEASE WORKING GROUP***

The group met last January, since then discussion among some active members has been happening on a regular basis. Last year the group adopted the extensive NASPGAH guidelines for coeliac disease. The North American Coeliac Group have kindly agreed for us to use these for the UK. It was decided not to re-invent the wheel and to try to produce shorter and more practical guidelines though this proves difficult. The group is currently in discussion to ratify a set of recommendations, perhaps for the whole of the UK, thanks to the excellent initiative from the Welsh network group who already set the wheel in motion.

Muftah Eltumi

## ***CHILDHOOD CONSTIPATION WORKING GROUP REPORT***

The group had 3 meetings this year.

The original remit of the group was to produce national guidelines for the management of childhood constipation.

### **Work undertaken in 2005**

Childhood Constipation was recently proposed as a suggested topic for NICE work programme. The group has been involved in consultation as part of the process. Confirmation of the status of this topic was due in September 2005. In December it was confirmed that Childhood Constipation was not considered of sufficient priority in the last bid but will be considered again in January 2006.

Members of the Group have completed a systematic review of the childhood constipation literature. It was presented at 2005 BSPGHAN Winter Meeting. Currently there is insufficient evidence to allow support for any recommendations for practice. There is a need for national guideline development, based on clinical experience, current evidence available, and consensus, to standardise current practice.

The group have therefore collected local childhood constipation management guidelines and are currently using them to compile a list of practice statements to obtain consensus by a Delphi Process. There are major issues that have prevented progress to date:

There are considerable resource implications (time, financial, expertise etc) required to develop an evidence-based guideline. Funding is required to facilitate the Delphi to ensure an acceptable time frame for completion. It is anticipated that approximately £10,000 would be required. Appropriate representation for Delphi process given the diverse multidisciplinary involvement in management. ( GP's, HV's, School Nurses, Pharmacists, GI Teams, CFMHS, Acute Service Health Professionals, Parents, Children etc.)

### **Group Remit**

Given the challenges of guideline development the group discussed the future viability of the group. The conclusions are:

The BSPGHAN group is most appropriate to continue guideline development because of the impact childhood constipation continues to have on Paediatric Gastroenterology. More effective management would lead to decrease in inappropriate referrals.

Childhood constipation has a low priority and likelihood of it being accepted as a topic for NICE is remote. However the condition causes considerable suffering to children and their families and results in high use of healthcare services. Therefore guidelines are essential to improve the management of these children.

Guideline development would also identify key research areas for future work.

The group needs to identify and co-opt appropriate representation for the Delphi as quickly as possible.

## ***TiPGHAN***

The support and enthusiasm of the trainees has help make 2005 a successful year for the Trainees in Paediatric Gastroenterology, Hepatology and Nutrition (TiPGHAN). The designated national training days remain the winter meeting (Watford for 2005) and the joint Trainees and Associate members meeting held in October at the Royal Institute of Architects. Many trainees were able to attend and also to submit abstracts which were accepted for presentation. The informal nature of the Joint Associates meeting allowed interesting debates between trainees and with the guest speakers. To ensure a rotation of topics for national training days, Dr Christine Spray has been nominated to be the permanent educational supervisor.

As trainees we are encouraged to carry out research projects and present at scientific meetings. The costly nature of this has been recognised by BSPGHAN and sponsorship is available though application to Dr Muftah Eltumi (address is on the BSPGHAN trainee's website).

The committee has met on three occasions in the past year March, June and October. The main topic of discussion has been the introduction of a method of impartial mentoring, which may take the form of a specialist RITA. This has yet to be implemented on a national level but some areas are holding there own. A training agreement document is currently being piloted by a number of trainees and if successful will be introduced nationally.

The link with the Trainees in Gastroenterology remains strong. Richard Russell attends their meetings to ensure a good link. The British Society of Gastroenterologists meeting in spring has a paediatric section and trainees have been encouraged to submit abstracts and to attend the meeting. The Trainees in Gastroenterology have also allowed a number of places to be available for trainees in paediatrics on their management course. This remains a free course. This was attended by three of our members this year and the feedback was extremely positive. This has been re-advertised to encourage more trainees to go on it in the final year or to go on a waiting list for trainees in years 3 and 4.

As well as introducing impartial mentoring or RITA's the trainees committee will also be promoting the British Society of Gastroenterology paediatric section of the annual meeting and the management course during 2006.

2005 saw the standing down of the original committee and the appointment of new members. We thank Nikhil Thapper, Helen Evans and Diana Flynn for their exceptional work in forming the original TiPGHAN and for all their support during the hand over to the new committee members. Richard Russell stepped down as CSAC representative to take on the role as Chairman for the committee. New members are David Devadason as CSAC representative and Jane Hartley as secretary.

Sian Kirkham has remained a committee member. The fifth committee place was felt to be unnecessary and this post has not been replaced.

As always, if you know of any SHO's or core trainees who are interested in paediatric gastroenterology, hepatology or nutrition please put them in touch with either myself or any of the committee members to give advice regarding training and to welcome them to TiPGHAN.

Jane Hartley

### ***CSAC REPORT:***

CSAC in Paediatric Gastroenterology, Hepatology and Nutrition. The current CSAC committee for Gastroenterology, Hepatology and Nutrition is as follows:-

Professor Deirdre Kelly (Chair) 2004-2007

#### **Training Advisors:**

Dr Huw Jenkins (Gastroenterology) (2005-2008)

Dr Sue Beath (Liver) (2005-2008)

Dr John Puntis (Nutrition) (2005-2008)

Dr A Evans (General Paediatrician) (2004-2007)

Dr G Briars (General Paediatrician with a special interest in gastroenterology) (2005-2008)

Dr Adam Harris (Adult Gastroenterologist) (2006-2009)

Dr David Devadason (Trainee Representative) (2005- 2008)

#### **Accreditation:**

The specialist training authority (STA) has now agreed to correct the error in the accreditation status for paediatric gastroenterology, hepatology and nutrition. The CCST is in General Paediatrics with a sub specialist interest in **paediatric gastroenterology, hepatology and nutrition.**

Accreditation in Paediatric Gastroenterology, Hepatology and Nutrition is obtained as follows:-

The accreditation is entitled:-

CCST/CCT in General Paediatrics with sub-specialisation in Gastroenterology, Hepatology and Nutrition.

The training programme consists of a core programme consisting of:-

- 6 months of Gastroenterology and 6 months of Hepatology.
- 24 months in either Hepatology or Gastroenterology.
- 12 months research in either specialty may be substituted for 12 months clinical training.

Subsequent accreditation of clinical training during research years is as follows:-

If additional time (ie more than 12 months) is spent in research, trainees may count part of their research time towards their clinical training if they spend at least 20% of their time in clinical activities as indicated below:

- 1) The clinical time must have a clear educational objective related to the training programme in paediatric gastroenterology, i.e. an endoscopy list or other GI/hepatology/nutrition investigations session, and outpatient clinic or a grand round. On call duties are not counted towards training
- 2) At least two sessions per week should be spent on supervised daytime clinical duties; any less a period would not allow any realistic clinical training. Evidence of satisfactory formal assessment (RITA) of clinical training will be required
- 3) No double counting of time spent in a research post will be allowed. If a candidate spends two sessions per week on clinical work with the balance of the time spent on research then the year would count as 20% clinical training and 80% research, similarly if 5 sessions per week were spent on clinical work and the remainder on research the year would count as 50% clinical training and six months would be approved as time counting towards a CCST
- 4) The arrangement to count clinical training time during a period of research must be approved prospectively by the Postgraduate Dean and the CSAC in paediatric gastroenterology, hepatology and nutrition for the Royal College of Paediatric Child Health
- 5) Trainees appointed to research posts are advised that they should obtain written prospective approval from the Regional Advisor of the proportion that will be creditable for clinical training.

### **PMetB.**

The new board for medical postgraduate training went live on the 13<sup>th</sup> September 2005. The CSAC committee worked tirelessly to ensure that the accreditation status for all posts was up to date and all recommendations had been fulfilled.

It is likely that there will be **no visits to centres for the next 6-18 months** until PMetB has established a visit process.

The CSAC Committee will be advising PMetB on the criteria necessary for accreditation and the proforma for a visit. The current accreditation status of all the recognised centres is available on the BSPGHAN website in the CSAC section.

### **Career Advice and Mentorship**

The CSAC committee and BSPGHAN have agreed to offer trained mentors for trainees requiring mentorship. The mentors should not be an educational supervisor for the trainee and preferably should be a consultant in a different discipline. To date, Alastair Baker, David Casson, Muftah Eltumi, Sue Protheroe, Assad Butt, Nigel Meadows, Chris Spray, Mark Dalzell, Nick Croft, Hw Jenkins, Michael Green, Rupert Hinds, Paraic McGrogan, Afzal Nadeem, Andrew Mellon, Mike Thomson, Charlie Charlton, Sonny Chong and Dr Stephen Hodges have offered their services.

If you feel you have the time, energy and enthusiasm to help mentor trainees for the future please contact Carla Lloyd at [administrator@bspghan.org.uk](mailto:administrator@bspghan.org.uk)

Or alternatively, if you would like to discuss contacting a mentor, please contact me on 0121 333 8253, e-mail [d.a.kelly@bham.ac.uk](mailto:d.a.kelly@bham.ac.uk) for a preliminary discussion and I will help you make contact.

### **National Grid Interviews**

The process of national grid interviews continues to improve. It is a very complex process but the CSAC committee has worked hard to ensure that the paediatric gastroenterology, hepatology and nutrition rotations are defined and that there is a lead consultant for each rotation who will be the contact point for trainees and the programme directors. Details of the lead consultants are available on the BSPGHAN website in the CSAC section.

The closing date for grid applications will be 27<sup>th</sup> January 2006. Interviews will take place on 24<sup>th</sup> March 2006.

### **Retiring Members**

Professor Kelly and the CSAC committee would like to offer their thanks to Dr Anil Dhawan who has stepped down from the CSAC committee in 2005. The committee is grateful for Anil's enthusiasm, dedication and support.

Deirdre Kelly