



Annual Newsletter

Reports for AGM

Annual Winter Meeting

Forest of Arden Hotel & Country Club, Warwickshire

7-8 February 2007

PRESIDENTS REPORT 2006

In this, my last annual report, I would like to focus on the achievements and progress of the Society over the last three years. I have been supported by an outstanding group of individuals on the Council and together we have raised the profile of BSPGHAN and ensured that it is regarded as a professional organisation, regularly contacted by RCPCH, BSG, Government and NHS agencies for advice and input.

We have improved our position within RCPCH who now make sure that we are directly consulted on all relevant issues. Through the College we are also involved in contributing to, or reviewing NICE guidelines in our speciality helping us to establish and maintain standards for our patients. Nigel Meadows is continuing this important work through the newly established Clinical Standards Committee which is reviewing and advising on the BSPGHAN Working Groups.

We have strengthened our links with the BSG. We were involved in setting their strategy in 2006 and ensuring that clear guidelines were included for management of Paediatric Gastroenterology, Hepatology and Nutrition, as well as highlighting the importance of adolescent transition. We provide valuable input into their Programme, Education, Endoscopy and Clinical Standards Committees and BSG have now agreed that we can have an observer on Council. We contribute to the annual meeting by holding successful joint paediatric/adult symposia and encouraging members to submit abstracts. Of

particular importance to trainees, we have established a budget from the BSG to support their attendance at the annual meeting.

We have succeeded in clarifying training issues, as best we can, through direct collaboration with the CSAC in PGHAN, keeping up with the changes of MMC and the increasing role of PMETB. We still, sadly, struggle with the organisation of the National Grid for PGHAN by the RCPCH, but, hopefully, this will improve in 2007 as the organisation of the Grid changes to the Yorkshire Post-Graduate Deanery.

Mark Dalzell and John Puntis have accomplished much to highlight nutritional issues nationally including setting standards for the management of Intestinal failure and establishing the Nutrition committee to continue this important work.

Nikhil Thapar is taking forward our research strategy which will be the focus of our next strategy day in January 2007. This is an important time for paediatric research as many units will be both weakened and challenged by the changes in NHS R&D strategy, 'Best Research for Best Health'. We hope to build on our strengths and friendships within the society to set up networks for collaborative research which will complement the local research networks in the Medicines for Children initiative.

We are making progress on establishing appropriate user representation in the Society and are delighted to welcome Catherine Arkley, Chief Executive of the Children's Liver Disease Foundation as an observer on Council. Catherine will represent the many patient and family support groups in our speciality and bring a much needed voice from our patients and their families.

Our educational programme has gone from strength to strength, with out-standing post-graduate courses and winter meetings, combining science with entertainment - one the great strengths of our society! The recent joint Indo-British conference in Delhi (Ibcon-Pedgastro 2006) was a particular success, celebrating the achievements of both continents with an ambitious scientific and social programme and paving the way for this conference to become a regular event.

In January 2006, we had the 20th Anniversary BSPGHAN meeting in Newcastle, ably hosted by Steve Hodges, followed by the annual dinner at York in April 2006 at which all the previous presidents assembled to celebrate 20 years of BSPGHAN.

A particular triumph has been our ability to strengthen the financial and administrative organization of the society, and to fund our educational and research programmes. We are grateful to our many sponsors and benefactors for helping us achieve this.

Financial stability has allowed us to improve and maintain our web-site, under the expert guidance of Mike Bisset, support the establishment of the new Nutrition Committee and will contribute towards the cost of developing new working groups, research networks and ensuring we interact more with the public through our family support groups.

Most importantly, we can now support the education and training of all our members through the BSPGHAN Bursary Scheme which will fund travel to vital overseas meetings and conferences. We anticipate that the scheme will be much in demand as NHS study leave budgets are cut to address the national shortfall in NHS funds.

We are also grateful to Carla Lloyd who has revolutionised the administration of the society with her calm and tireless organisation bringing us into the modern age and away from the 'back of the envelope'!

I would like to thank all of you for giving me the honour and privilege to be your President. I have learnt a great deal and much enjoyed working with you. It has been enormous fun and greatly rewarding to see so much progress in such a short time. I know our success is because of the enthusiasm and dedication of Council, and all the working groups who have given so generously of their time and expertise. I particularly wish to thank the outgoing council members, Mark Dalzell and Chris Spray for their help and support throughout their term of office.

Finally I would like to warmly welcome Huw Jenkins as President –Elect and soon to take over as President of BSPGHAN from March 27th 2006

Deirdre Kelly
President BSPGHAN
2004-2007

CONVENOR'S REPORT

This year we completed the process of re-registering the membership of the Society on our new database. This means that we now have available a comprehensive and readily searchable record of all members and associate members, with information on their professional roles and their clinical and research interests. This should be a useful resource for the future.

BSPGHAN is increasingly recognized as the organization best reflecting professional views on matters related to paediatric gastroenterology within the UK. In 2006 we were asked to comment on and contribute to many documents and publications from societies and organisations including the BSG (IBD electronic records; coeliac disease guidelines, manometry), RCPCH ('Modeling for the Future' clinical services strategy; policy statement on breast feeding), SIGN (hepatitis C guidelines), NICE (irritable bowel syndrome; faecal incontinence; guidelines on diarrhoea and vomiting in infants), and CICRA/NACC (transition strategy). In addition to these enquiries, BSPGHAN has been receiving a growing number of contacts from parents about specific problems. We have put in place a system for responding to these – based on the website information and a letter explaining how to obtain appropriate medical advice.

The ACCEA national awards process is again well underway. Again this year Professor Booth has very kindly chaired the BSPGHAN group which nominates members for national awards. Last year we successfully applied for recognition as a professional society permitted to make award recommendations directly to ACCEA. In addition RCPCH asks BSPGHAN to send recommendations to its nomination committee, which they may then forward to ACCEA. We therefore have two potential sources of recommendation and both are employed. Direct nomination to ACCEA has required some changes to the BSPGHAN advisory group this year – and so we now include a lay member (Mrs. Margaret Lee, CICRA) and a member who does not hold a national award (in addition to the Presidents, past and present).

We are looking forward to an enjoyable BSPGHAN meeting at the RCPCH Annual Meeting in York on 27 March 2007. This year we received more than 40 abstracts, and following an anonymised selection process, three (of four submitted to the Academic Board) were chosen for plenary presentation, and another 15 will be presented at the BSPGHAN session. Unfortunately the York meeting this year coincided exactly with the BSG Annual Meeting. We have therefore deferred a planned joint session of the paediatric and IBD sections until 2008.

It has become increasingly obvious that BSPGHAN should have proper insurance cover given our various and every increasing range of activities. This year we therefore put in place appropriate indemnity arrangements for the Society. We now have insurance cover for up to £1M (Markel International Insurance Company Ltd).

The developing Medicines for Children Research Network (MCRN) is a great opportunity for BSPGHAN. The Clinical Studies Group (CSG) for gastroenterology,

hepatology & nutrition is tasked with developing a portfolio of clinical research for possible adoption by the network. This group is now been established and has medical and allied health professional representation in accordance with the MCRN guidelines. The members are Mary Fewtrell, Peter Aggett, Nikhil Thapar, Mark Beattie, David Wilson, Richard Thomson and Jenny Gordon. This group has held two meetings and has had an opportunity to review six clinical trial proposals during the year, some of which were potentially suitable for adoption. Increasingly it is to be expected that national funders such as the MRC and DH will expect applicants to have worked with the MCRN through the relevant specialty CSG (there are 10 in total) when developing proposals. During the year we again wrote (email) to all members and associate members, explaining the processes and inviting comments and views on research priorities. This year we plan to work actively with BSPGHAN in partnership with the Research Committee to develop proposals for collaborative clinical studies. If any member or associate member would like to discuss a proposal whether it be in embryonic form or a fully developed proposal, please contact me and I will discuss the ways in which the CSG may be able to assist. The ground rules for MCRN adoption are subject to change.

Council elections were again underway in the autumn of 2006 with Mark Dalzell and Chris Spray completing their terms of office. Mark and Chris represented nutrition and education respectively on Council. Those interests will need to be represented when the new members are elected.

During the year we recognized that as the Society has been evolving, certain changes to Council would be advantageous. I have therefore circulated to the membership proposed changes to our Constitution which I hope may be accepted by the Society's membership at our AGM 2007.

- The proposed changes formalize arrangements for representation on council not only (as in the past) for gastroenterology, hepatology and nutrition and DGH paediatric gastroenterologists, but also the important areas of education and research.
- The trainees' representative is elected by the trainee group. Currently our constitution requires ratification of the chosen trainee at the AGM. We are asking that Council be allowed to take on the ratification role in order to avoid delay.
- Our Constitution currently requires that a surgical representative nominated by BAPS will sit on council as a member. This is an unsatisfactory arrangement. We now have a representative from BASL and a 'user representative' who sit on council in an advisory capacity, and it is possible that Council might wish to co-opt representatives from other bodies in a similar capacity in the future. The BAPS representative and other representative may not always wish to become members of BSPGHAN and in that circumstance it would not be appropriate that they should have Council voting rights. We are therefore suggesting that such invited representatives will attend Council meetings in an advisory (non-voting) capacity.
- In parallel with a Constitution rule regarding BSPGHAN membership and the need to attend meetings in order to remain in good standing, we are proposing that

- the Constitution should stipulate certain obligations with regard to Council meeting attendance.
- We now hold two of our four BSPGHAN Council Meetings jointly with the BSG Paediatric Section Committee (the membership of which increasingly corresponds to the Council membership) as part of our strategy for strengthening our association with the BSG. There is a statement to this effect in the proposed alterations.
 - Finally, in keeping with a recent decision of the BSG in relation to its various Sections (including the Paediatric Section), and in a spirit of openness, Council would like to publish a summary of the Council meeting minutes on the BSPGHAN and (in the case of joint meetings) BSG websites. The constitution currently states that the proceedings of meetings will be treated as confidential. A proposed alteration to the constitution would allow Council to publish the minutes as it considers appropriate.

Looking ahead, we now have a process whereby BSPGHAN has a President Elect who attends Council in an observer capacity for a year prior to taking office as President. During the past year there was some discussion on Council about the possible advantages of moving instead to establishing a Vice President role. This would allow the elected individual to undertake an active role in the work of Council. We anticipate that this proposal will be discussed further in Council during the coming year.

M Stephen Murphy
Convenor, BSPGHAN

TREASURER'S REPORT

The Society's financial situation is as its best with a credit balance of seventy four thousand pounds by 31 December 2006. The last year financial report verified by our auditors will be handed to members at the 2007 AGM, this showed no significant increase in the society's expenditures though generated income was at a record high. Three-year regular sponsorship agreements are now in place with Mead Johnson, Nutricia, SMA and Healthcare with total yearly funds of £45,000. Thanks to CLDF for their generous sponsorship of £5000 per year towards the postgraduate Hepatology training courses, associate members and trainee annual conference and to their sponsorship for the winter meetings. Surplus from the last winter meeting at Newcastle was again at its heights of £12,000. Thanks to the hard work of the organising team in particular Dr Hodges.

The society is currently drawing fixed arrangement plans for organising future annual meeting. These will involve centralising funds and establishment of meeting organising group to report to the council. The society had a successful joint Indo-British meeting held in October 2006, sponsorship of £3000 was granted by our Society to the local organiser.

You are aware that the new standing order (STD) reflecting increase in membership fees and completed by members and associate members became active from November 2006. Although we made it clear in your signed (STD) form that your bank should cancel any prior STD's paid to the society, unfortunately this has not happened and therefore some members have now overpaid. I kindly ask all of you to check with your bank and make sure that only November 2006 STD is active and any STD before that should be cancelled. If you think that you have overpaid, please contact me to arrange for a refund.

The Society is committed to support and encourage members in particular the trainee and have allocated £20,000 fund agreed at last council meeting towards education and research. A number of bursaries have currently been drawn and hopefully will be announced at 2007 AGM.

The society remains committed to refund expenses of the working groups. 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 the BSPGHAN website.

Muftah Eltumi

Treasurer

CLINICAL STANDARDS COMMITTEE

This year has seen a further strengthening of our links with the BSG. I have attended meetings of the Clinical Standards Committee, and have sought agreement that in future the Society will be involved in joint clinical guidelines into common GI conditions. The last year has also resulted in the establishment of our own clinical standards committee. This has resulted in plans to review our working parties and groups. The idea is to foster a more focused approach with the ultimate aim of producing more in the way of published reports. This will be presented to the society for discussion at the winter meeting.

Nigel Meadows

NUTRITION REPORT

The intestinal failure group (chaired by John Puntis) has produced a report which has been circulated to the membership and should be available on the BSPGHAN web site. John will report independently on the British Intestinal Failure Survey project www.bifs.org which seeks to establish a national paediatric baseline of children dependant on parenteral nutrition. This information links with the British artificial nutrition survey (BANS) of both adults and children who are both parenteral and enteral nutrition dependant. BANS has produced an annual report www.bapen.org.uk and both projects rely on consistently identifying and reporting patients.

The intestinal failure group has metamorphosed into the 'Nutrition working Group' which had its first meeting in October 2006, developed terms of reference and concentrated on defining topics of interest to the group. The Evidence based Unit in Liverpool assisted members in developing strategies to develop best practice guidance documents which the group felt should be its main remit. The objectives of the group will be published on the website www.bspghan.org.uk and the group would welcome expressions of interest.

A Mark Dalzell

BRITISH INTESTINAL FAILURE SURVEY

The BIFS registry has now recruited 22 reporting centres giving widespread (if not complete) coverage across the UK. Michelle Gabriel, the registry administrator, left Birmingham to work in Oxford in the summer and a replacement is anticipated but still awaited; our thanks go to Michelle for all her hard work in getting BIFS off the ground. In the mean time Carla Lloyd has been continuing to manage the collection of data on patients receiving parenteral nutrition for more than 27 days. Priorities when a new administrator is in post include: 1) regular contact with and feedback to reporting centres; 2) identification and recruitment of any centres currently not involved with reporting to BIFS; 3) attention to obtaining regular follow up information on those patients registered;

4) a quarterly e-bulletin for reporting centres keeping them informed of progress with the register; 5) a decision regarding the future of the online submission portal. In the meantime, any queries regarding becoming a reporting centre, registering new patients or follow up data, please contact Carla Lloyd or John Puntis.

John Puntis

HEPATOLOGY REPORT

The Liver Steering Group met twice this year, in January during the winter BSPGHAN meeting in Newcastle and in Leeds in June. At the June meeting there was also an appraisal and training day for the three National Grid trainees in paediatric hepatology. The trainees had an opportunity to talk individually to the National Grid supervisors, to discuss speciality related issues with each other and to have an academic session in the afternoon with case presentations and a journal club. They felt this was a beneficial exercise and would like to repeat it on an annual basis. We are grateful to CLDF for funding this day.

One of the main aims of the LSG is the facilitation of collaborative studies. Funding is still being sought for 2 new trials; “Prophylactic banding of oesophageal varices in children” and “Metformin in fatty liver disease”. These are clearly important studies, the results of which could advise the future management of many children with liver disease. The trial of steroids in biliary atresia was presented at BAPS this year. It did not show a significant benefit in the steroid arm of the trial, however a further European collaborative study using a higher dose of steroid, perhaps in combination with ursodeoxycholic acid, is under discussion.

There was a meeting of the EuroWilson group in London in June. This is a European database of newly diagnosed patients with Wilson’s disease which aims to facilitate epidemiological data and future treatment trials. Please encourage your adult colleagues to contribute their patients to this database.

We have been working on 2 sets of guidelines which will be posted on the BSPGHAN website. “Thioguanine induced liver disease” has been approved by council but there are still some changes to be agreed on the “Investigation of conjugated hyperbilirubinaemia”.

Ongoing issues surrounding the availability of donor organs for paediatric transplantation are raised by members of the LSG at the Liver Advisory Group. It has been agreed that all suitable livers must be offered for splitting before being used as a whole graft. The UK transplant service is making recommendations re increased funding of donor coordinators to decrease the rate at which bereaved relatives refuse to allow donation. Publicity about the need for people to be on the donor registry is being prioritised by UKT and CLDF.

Dr Patricia McClean

DGH GROUP REPORT

Over the past year the group has conducted email consultations and has agreed on the range of training regimes which would in the group's view result in recognition of a trainee having gained an interest in paediatric gastroenterology.

The group itself has been defined by the willingness of self nominated consultants to attend meetings, usually in London. Over the coming months it is the intention to define the process of nomination, election, and term of office for members of the group. The electorate for any member elections and the eligibility for membership of the group are likely to be defined as consultants who are working in a centre which is not training registrars on the national grid.

With these definitions in place the group can then move forward in presenting its views to the society on issues such as the organisation of managed clinical networks, procuring PCT funding for expensive drugs. It may also be in a position to facilitate multi- regional studies on conditions which are predominantly managed in secondary rather than tertiary centres for example constipation and recurrent abdominal pain.

PAEDIATRIC IBD REGISTER COMMITTEE

The register is presently pursuing a compressive retrospective study of all consented patients from the contributing centres. This aims to collect data on many aspects of natural history, therapeutic strategies, impact on health-care services and change in diagnosis.

This major project has entailed the construction of a user friendly computer interface which allows direct data entry into a database from the hospital of registration. The details were outlined in a meeting of contributors held at Liverpool University on the 4th December 2006 and was met with enthusiastic support.

We aim to have data collected and a preliminary analysis performed in time for the York BSPGHN meeting such that we can devise a subsequent prospective study along the same lines. The ethical and logistical challenges raised by such a project are being addressed. We would also look to increase the number of contributory centres gradually.

At the same meeting, use of the register infrastructure for clinical trials was considered. Although the need for such a facility within the BSPGHN was accepted, it was generally felt that the time was not right to involve the register in such an initiative.

Neil Gooding of our major sponsors CICRA also attended the meeting. He suggested that further funding might be considered on the outcome of the retrospective study and the feasibility of the prospective study.

David Casson

TRAINEES REPORT

Committee Members

Richard Russell richardkrussell71@hotmail.com (Chairman)

David Devadason daviddevadason@hotmail.com (CSAC representative)

Jane Hartley janehartley@doctors.org.uk (secretary)

2006 has been a very successful year for the Trainees in Paediatric Gastroenterology, Hepatology and Nutrition (TiPGHAN) due to the support and enthusiasm of the trainees. The designated national training days for trainees (Postgraduate day at the BSPGHAN winter meeting and the joint associates meeting in October) had a very good turnout, although not all were able to attend, the meeting in October was sold out! The nature of the meetings and the keenness of the trainees lead to good debate with speakers and a number of trainees were also able to present their own research. We look forward to the forth coming postgraduate day to be held in Birmingham on the 7th of February.

Sian Kirkham has now stepped down from being a TiPGHAN committee member, due to her Consultancy appointment. As the work load of being a committee member is not onerous it was felt that the work could be covered by 3 members only – secretary, CSAC representative and chairman. This was proposed and accepted by the trainees at the trainees meeting in Newcastle.

The TiG (our adult counterparts) management course has remained popular and a number were able to go on the course this year. It is hoped that this will continue and we may get more places in the future.

An important issue raised and in the process of being implemented is the mini RITA. A formal assessment of progress was requested by trainees as it was felt that the local deanery RITA was not able to give any helpful advice on careers and training for those in speciality training. Regional mini RITA's for gastroenterology trainees should now be implemented. A national RITA has also been proposed and accepted by CSAC in the 4th SpR year. The logistics of how this will be run have yet to be finalised. Linked to this, each regional now has a designated lead consultant for training to ensure each trainee is given the training opportunities necessary.

For those in Hepatology training, Dr Sue Beath has become the lead consultant nationally. This post commenced with a national hepatology training/RITA day in June, held in Leeds. This was an extremely successful day with the RITA being a 2 way process of gaining information of the trainees experiences and helpful careers advice. It is hoped that this will be a yearly event.

Training and facilities in each region are now over seen by the post graduate medical and education training board (PMETB). This is of concern for the trainees. It is proposed that

until PMETB is fully established and difficulties with training placements should still be reported to the CSAC representative who can bring it to CSAC's attention.

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 me or any of the committee members to give advice regarding training and to welcome them to TiPGHAN.

Jane Hartley
Secretary, TiPGHAN

RESEARCH COMMITTEE

Membership

Nikhil Thapar (Chair and Council Rep)
Patrick McKiernan
Nick Croft
Muftah Eltumi

The research committee was set up as part of BSPGHAN's strategy and future planning. The remit of the committee is to

- Audit current research activity within the society
- Identify areas of research strength and need
- Promote clinical and research networks
- Encourage and coordinate applications for funding to support activity
- Promote research/academic activity amongst the new genre
- Support academic career pathways

In order to achieve these, the committee has initially sought to explore current research activity within the society partly through the use of a questionnaire distributed to the BSPGHAN membership. This should enable some understanding of research opportunities and how best research can be supported. Furthermore it may facilitate the development of collaborations and research networks, which are becoming essential in the current funding climate. In addition the committee is exploring opportunities for collaborative funding schemes with charities and major research organisations. Interest has been expressed and will hopefully lead to the development of funding schemes, which may include research fellowships, support of research expenses, sponsoring training opportunities in national/international centres of excellence. This will be essential to raise the profile of BSPGHAN and promote its continued development.

Nikhil Thapar

ASSOCIATE MEMBERS REPORT

Committee Members

Jackie Falconer (Chair)
Jo Grogan (Secretary)
Elaine Richardson (Treasurer)
Tracey Johnson
Jenny Gordon

2006 has been an excellent year for the Associate Members. Our membership stands at 87, 34 dieticians, 47 nurses and 6 others (psychology / speech and language). Many thanks to Carla who has worked tirelessly to ensure we have an up to date current database.

The year started with a successful Winter Meeting in Newcastle, which again was well attended by Associates.

ESPGHAN in Dresden was as usual well attended by UK nurses and dieticians, with many participating either as speakers or chairs. Our thanks to Tracey Johnson, who was on the organising committee, and again this year is working on the programme for Barcelona.

Our Annual Conference held jointly with the Trainees in October was an extremely successful day with over 80 delegates. Topics covered included neonatal surgery and nutrition, intestinal failure related liver disease, and fat malabsorption syndrome. We also had various case presentations and an Abstract session. Evaluation was excellent and we will continue with the joint format for our future conferences.

On behalf of the Associates I would like to thank SHS / Nutricia Clinical Care who continue to support us financially enabling members to attend national / international meetings. Information on applying for funding is available on the BSPGHAN Website (Associate Members page). We are also very grateful for the generous sponsorship towards our Annual Conference and Committee Meetings throughout the year. For those planning to attend the Winter Meeting in Birmingham £100 bursaries are available, on receipt of a Certificate of Attendance.

Financially our account stands at £12,210.60 (December 2006).

In July a Strategy Day was held to look at the future direction of the Associate Members. From this we as a Committee will put together a 3 year strategy plan and will feedback to the Members at this year's AGM in Birmingham.

Both I and Tracey Johnson will be stepping down from the Committee. Presently we are calling for nominees and will be sending out a postal ballot in the near future. I would like to thank Jo Grogan who has agreed to stay on for a further year as Secretary.

Finally I would like to thank the Committee for their continued hard work and support over the past year.

A Merry Christmas to you all and I look forward to seeing many of you at the Winter Meeting in Warwickshire (7th – 8th February 2007)

Jackie Falconer

ENDOSCOPY WORKING GROUP

Many thorny issues have been raised over the last year to two years, mainly centered on training and skill levels of those already trained. These can be summarised in bullet point below and as always any input from any on the membership is highly valued.

There is no doubt that we cannot sit tight and wait for standards to be applied from outside the paediatric gastroenterology community in the UK and we must get our own house in order as soon as possible. These important measures are set out below and it is now not a question of 'if' but 'when' re-accreditation and re-validation will come into force for skill-based practical procedural issues in our specialty –obviously endoscopic competence and ability to train are the prime issues here.

1. Training:
 - a) Proposal for Joint Advisory Group on endoscopy training (JAG) to oversee paediatric endoscopic training. (www.thejag.org.uk)
 - b) Unit visits in conjunction with CSAC to ensure adequacy of trainers and training facility.
 - c) Recognise importance of formative and summative DOPS-like assessment.
 - d) Abandonment of number-led criteria for recognition of adequacy of skill acquisition in favour of competency-based assessment model.
 - e) Short Hands-On Courses to be *mandatory* for trainees at start of training.
 - f) Recognition of two levels of end-of-training capability as per JAG document.
 - g) 'Training the trainers' Courses to be *mandatory* for those wishing to train.
 - h) Work towards endoscopy-specific CCST.
2. Revalidation and re-accreditation:
 - a) To be adopted as integral part of ethos of BSPGHAN and for 5-yearly peer-review of skill level of consultants, as has begun with BSG.
 - b) Re-training to be offered for those falling short of recognised minimum standards.
 - c) As for trainees, web and multi-media based lesion recognition software can be used to ensure periodic review of standards and skill levels.
 - d) Recognition that minimum numbers of procedures per unit time are necessary to maintain skill level. Peer policing required.
3. ESPGHAN Summer School 2007 in Endoscopy in Lumley Castle, Durham from 1st-6th of July 2007. Details can be found on ESPGHAN and BSPGHAN Web pages.
4. Close collaboration with ESPGHAN Working Group on Paediatric GI Endoscopy.

5. Consultant Hands-On Colonoscopy Update Courses to be implemented in 2007 and offered at nominal rate.

Dr Mike Thomson

CHILDHOOD CONSTIPATION WORKING GROUP

The group had 2 meetings this year.

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

Work undertaken in 2006

Childhood Constipation was recently re-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 is due in January 2007. NICE has changed the topic selection process and it is anticipated that the new process will enhance the chances of childhood constipation being included in future guideline development.

In the meantime there is still a need for national guideline development, based on clinical experience, current evidence available, and consensus, to standardise current practice. The group has therefore collected local childhood constipation management guidelines and has drafted a list of questions for practitioners to reach consensus by Delphi process. Appropriate representation for Delphi process is required, given the diverse multidisciplinary involvement in constipation management (GP's, HV's, School Nurses, Pharmacists, GI Teams, CFMHS, Acute Service Health Professionals, Parents, Children etc.) 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. To date the group has not been successful in accessing funding.

The group has identified research priorities and potential trails for the Medicines for Children Research Network.

The group has identified from health professionals and families a need for information and support for those involved in the management of childhood constipation. The group is currently working on the most effective way of delivering information. It may be possible to set this up through the BSPGHAN website and/or through RCN information resources network. The information will complement any interim guidelines, raise the profile and encourage collaborative working.

The group has been involved in raising the awareness of childhood constipation through the Infant and Toddler Forum. They have been actively lobbying NICE to promote the inclusion of functional gut disorders, including constipation, faecal incontinence and recurrent abdominal pain in children, in the National guideline programme.

The next meeting is Jan 15th 2007, Evelyn Children's Hospital.

PUBLIC PATIENT PARTNERSHIP

Background

In 2005 the strategy plan identified the need to develop user involvement within the society. Council approached a number of patient organisations to appoint a user representative as an attendee to council. In 2006 Catherine Arkley from Children's Liver Disease Foundation was appointed.

Progress

To date Council has agreed that both BSPGHAN and the patient organisations have a shared goal of providing excellent care services and that this goal can be best achieved with both medical expertise and public patient involvement and the relationship is best viewed as a partnership in a symbiotic relationship. The term "public patient partnership" (PPP) is the term to be used in future as this is a more descriptive of the relationship.

Council has recognised there are three specific groups of users: patients, patient's family and patient organisations. Public patient partnership should be sought when developing policy, service delivery and development, guidelines, research, resources, training and development.

When planning new projects, working groups or developing on-going projects council has agreed that the need for public patient participation within that project will be considered at an early stage, preferably at the initial planning stages. The nature and form of public patient partnership will vary according to the project and its objectives. Equally, which group or groups of user is relevant will also vary according to the project and the desired outcome. Council has approved a tool, a public patient participation analysis chart, which could be useful in identifying the form and nature of public patient participation in the planning stages.

Future

The 2007 BSPGHAN strategy development meeting in January will be looking to developing this project further.

One project which has involved PPP is the development of a public area of the BSPGHAN website which will be reported elsewhere.

Catherine Arkley

EDUCATION

I'm coming to the end of my 3 year tenure on BSPGHAN council. I have enjoyed it very much and have learnt many things. Everyone works very hard but there is always more to be done.

As the education representative the main aim continues to be in identifying educational opportunities, both clinical and academic, for trainees in paediatric gastroenterology and also consultants. A list of national and international conferences and courses has been published on the BSPGHAN website and regular updates of new courses are also advertised. Collaboration between education representative, associate members and trainees will help to ensure the programme for their annual joint meeting covers a number of different topics over the course of the years. In addition collaboration with the organiser of the annual BSPGHAN winter meeting and the council will ensure a more streamlined approach to topics discussed at the post-graduate day.

The BSPGHAN recognise that in this rapidly changing NHS, funding and finding time to attend courses and meetings is becoming more difficult. Thus new ways of learning need to be looked for and the role of the BSPGHAN website for educational purposes will become more important. With time we hope that guest lectures and submission of case histories will be published and contribute to CPD. In addition BSPGHAN are looking at provision of bursaries to help people attend meetings.

Raising the profile of paediatric gastroenterology and re-establishing good working relationship with adult gastroenterologists has been another goal. To this end the educational rep now sits on the education committee meetings held within the BSG. Over the last 2 years attendance at the paediatric section at the annual BSG conference has increased. Negotiation for publication of BSPGHAN winter meeting abstracts in Gut continues.

As always there are more goals to achieve but from “little acorns large oak trees grow”. I will miss being on the Council but I wish my successor all the very best.

Christine Spray

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 John Puntis (Nutrition) (2005-2008)
Dr Sue Beath (Liver) (2006-2009)
Dr G Briars (General Paediatrician with a special interest
In Gastroenterology) (2005-2008)
Dr A Evans (General Paediatrician) (2004-2007)
Dr Jeremy Woodward (Adult Gastroenterologist) (2007-2010)
Dr David Devadason (Trainee Representative) (2005- 2008)

Accreditation:

PMETB now handles the accreditation status for paediatric gastroenterology, hepatology and nutrition. The CCT 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 (i.e. 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 13th September 2005. PMETB has accepted that they cannot delegate accreditation and setting standards to the Colleges and will do so with the advice of the College. The CSAC committee continues to work with the RCPCH to advise PMetB on the criteria necessary for accreditation, the content of the curriculum and how best to judge competencies. PMETB has agreed that they will not time limit approvals for training programmes. This means that once obtained, approval for a training programme will remain. PMETB does not intend to visitor revisit training centres unless there are issues with clinical governance or are requested by the Postgraduate Deaneries

The current accreditation status of all the recognised centres is available on the BSPGHAN website in the Training section.

MMC

The launch of MMC is imminent. The RCPCH has agreed to go live on 1st August 2007 which raises problems for CCT dates for those trainees who will be a month short of their training. Confusion reigns as RCPCH change their position on this constantly. Watch this space, but it is likely that trainees will be assessed on competencies NOT on length of time of training!

Career Advice and Mentorship

The CSAC committee and BSPGHAN offer trained mentors for trainees requiring mentorship. We are grateful that Alastair Baker, David Casson, Muftah Eltumi, Sue Protheroe, Assad Butt, Nigel Meadows, Chris Spray, Mark Dalzell, Nick Croft, Hew 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. Please either contact them directly or contact Carla Lloyd for their details.

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

National Grid

The process of national grid interviews continues to improve. 13 applications were received for PGHAN last January. 5 trainees were appointed (4 in gastroenterology and 1 in hepatology).

This year the organisation of the Grid moves to the Yorkshire Deanery, so hopefully the process will 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 and rotations are available on the BSPGHAN website in the CSAC section.

The closing date for grid applications will be 5th January 2007. There are 6 positions available

Gastroenterology vacancies

- London rotations
 - Royal Free/BARTS/GOSH with 6 months Hepatology in Kings College (1)
 - London/Oxford (1)
- Cardiff/Birmingham (1)
- Leeds/Manchester/Liverpool (1)

Hepatology vacancies

- Kings College (1)
- Birmingham (1)

Interviews will take place on 20th February 2007 in Leeds.

Succession Planning

I will be stepping down as CSAC Chair from 27th March 2007. In previous years the BSPHAN President always has been the PGHAN CSAC Chair. The College has changed procedures and prefers separate nominations for PGHAN CSAC Chair. Huw Jenkins agreed that he will nominate himself for a short term to keep the continuity between CSAC and BSPGHAN. Although the Chair will be a separate post it would be important that the PGHAN CSAC Chair should be a member of the BSPGHAN and attend the BSPGHAN Council as an observer. If Huw's nomination is accepted as PGHAN CSAC Chair, we will need volunteers for the post as Gastroenterology Training Adviser.

Deirdre Kelly
Chair CSAC in PGHAN
2004-2007