BSPGHAN
working for children with digestive and liver disorders

British Society of Paediatric Gastroenterology Hepatology and Nutrition

Annual Newsletter

Reports for AGM

Annual Winter Meeting

Southampton

23-25 January 2008

PRESIDENTS REPORT 2007

There is no doubt that the Society is a much more complex organisation than when I finished my term as Convenor 6 years ago. Not only are there more members, but the roles and responsibilities of the Society have also increased dramatically.

Huge credit is due to my predecessor Professor Kelly for her drive and inspiring leadership and, under her presidency, the Society has developed specific areas of responsibility and focus with annual strategy meetings, to help define and then refine the priorities for the future. We also owe a debt to Stephen Murphy as Convenor (who is demitting office in 2008) and he, along with Carla Lloyd, our Administrator, deserve our plaudits for ensuring that the organisation has maintained a high profile in so many different areas. I would like to pay tribute to all the Council members for their hard work and diligence, and give particular thanks to Muftah Eltumi (as Treasurer), Nigel Meadows (the Gastroenterology Representative on Council and Chair of the Clinical Standards Group), Paddy McClean (Hepatology Representative) and Richard Russell (Trainee Representative) who are also finishing their terms of office in 2008.

You will see from the accompanying reports that there are many specific areas of activity within the Society. I briefly wish to highlight a number of these as priorities for the next 12 months.

The first of these is the Society's relationship with the BSG and RCPCH. The President of BSPGHAN is now a member of the Council of the BSG and there are representatives on several BSG committees. There will be a joint paediatric IBD/nutrition section meeting held at the BSG meeting in Birmingham on March 13th 2008 and I urge as many of you to attend as possible. The BSG itself is undergoing reorganisation and there is a proposal that the paediatric section of the BSG may mutate to an adolescent/transition section, which will be discussed over the next 12 months. In the meantime, it has been agreed by the BSG that Membership of the Paediatric Section Committee will, in the main, mirror that of the BSPGHAN Council, which will make communication between the two much easier in the future. We continue to enjoy a good relationship with RCPCH, with representation on several committees, and advice is sought from RCPCH from the Society at almost weekly intervals.

Second is the area of specialty training and, in the main, our Grid training posts have been successful and the ratio of grid trainee posts to Consultant vacancies is perhaps better in our specialty than in others.

Third, there continue to be many challenges on the research front and these are detailed in the attached report, and this will be a priority for our future strategy meetings.

The fourth priority area is that specialty paediatrics is moving towards the development of Managed Clinical Networks and we need to debate, as a Society, the particular service models by which high quality care within our specialty can be delivered in all the Regions of the UK.

The fifth and final urgent priority is the organisation of paediatric endoscopy services in the UK. The Joint Advisory Group on endoscopy has suggested very specific recommendations for performing endoscopy and there is a need for us as paediatricians undertaking these procedures to work jointly with them, in order to ensure that high quality is maintained. At the same time we must be sensible and practical regarding the designation of units where paediatric endoscopy should be performed as well as the specific training recommendations for paediatric trainees (and Consultants) which will be acceptable to JAG.

It is a tribute to the excellent structure laid down for the management of the Society that the first 9 months of my Presidency has not been overly traumatic. It is still important to recognise that the Society represents a "broad church", comprising tertiary specialists, secondary care consultants with an interest in gastroenterology, trainees and, in addition, Associate Members who have given the Society fresh impetus over the last 7 years.

Finally, perhaps the most striking feature to me is that although BSPGHAN has become a more complex and much better structured organisation over the last 6 years, it is a tribute to the Membership that the Society has managed to maintain the friendliness and co-operation that has made it the envy of other specialist societies within paediatrics. Long may that continue.

I wish you a happy and fulfilling 2008 and I know that the Society will continue to go from strength to strength.

Dr Huw R Jenkins MA MD FRCP FRCPCH
Consultant Paediatric Gastroenterologist, Cardiff
& President of BSPGHAN

CONVENOR'S REPORT 2007

This is the last time that I will produce the annual BSPGHAN Newsletter. I will soon have completed my three year term of office as Convenor. It is interesting to look back at all of the changes, but organizational and otherwise, that have taken place over this short period of time. The national education and training, clinical service and research environments have changed significantly, and there is every reason to expect that change will continue. BSPGHAN is now better fitted to respond to this.

2007 was an active year for BSPGHAN. The Society's role as the organisation representing our professional views was increasingly recognized. Throughout the year we were approached repeatedly by various organisations and authorities for advice and feedback. The RCPCH has engaged with us for advice of the future organisation of specialty services. We have now produced an updated and highly detailed document at the request of the DoH regarding our specialty and its role and scope – the Specialised Services National Definition Set. We have repeatedly been asked for advice by the National Institute for Health and Clinical Excellence (NICE) regarding various technical appraisals and clinical guidelines. We have been able to advise on the 'scope' of planned guidelines, as well as functioning as a Stakeholder organisation, commenting on the details of draft NICE recommendations. We continued to work with CICRA/NACC on the transition guideline which is now complete.

The ACCEA national awards process is again well underway for 2008. Again this year Professor Booth has very kindly chaired the BSPGHAN group which nominates members for national awards. For the second year BSPGHAN was able 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. The use of both routes is clearly an advantage.

We have two excellent meetings to look forward to this spring. As part of the BSG annual meeting in Birmingham, the Paediatric Section of the BSG will hold a joint meeting with the IBD and Nutrition Sections on 13 March 2008. We have an exciting programme which will incorporate focuses on nutrition and transitional care of young people. The Gastroenterology session at the RCPCH Annual Meeting in York takes place on 15 April 2008. This year we again received more than 40 abstracts, and the selection process is currently underway. Several abstracts were forwarded to the College for consideration as possible plenary presentation. I am delighted to say that Professor E. Seidman from Montreal has agreed to be our guest speaker. He will tell us about his wide experience with videocapsule endoscopy in children. We look forward to seeing you all at both of these meetings.

During the year the BSPGHAN was strengthened by a growing membership. We now have almost 300 Members and Associate Members compared with 250 just 2 years ago, and this despite our increased membership subscription fee! This is a sure sign that our Society is thriving.

At the 2007 AGM you voted for a number of Constitutional changes intended to formalize our new working arrangements on Council. Council Members are now formally appointed to various specific roles, including research, education, gastroenterology, hepatology, nutrition, and DGH, trainee & associate membership representation. This arrangement has proved very effective.

Five members of Council have or are now about to complete their three-year terms of office. Richard Russell hands over the role of trainee representative to Ronald Bremner. Nigel Meadows has worn two hats – as gastroenterology representative and representative for Clinical Standards. Paddy McClean has been hepatology representative. Muftah Eltumi, our Treasurer, also finishes his term of office. The time has come for me to stand down as Convenor. We had one nomination each for the gastroenterology, hepatology and Treasurer roles. There were two nominations for the role of Convenor, and in accordance with our constitution a postal ballot has been undertaken. The nominations and the results of the election will be revealed at the Annual General Meeting on 24 January 2008.

I have very much enjoyed my time as Convenor over the past three years. It has been a period of rapid change for our Society and I will watch with interest to see have we progress from here. Best wished to my successor!

M Stephen Murphy
Convenor, BSPGHAN

TREASURER'S REPORT
To be circulated shortly.

NUTRITION REPORT 2007
Mark Dalzell stood down as BSPGHAN Nutrition Representative in March 2007 and the Nutrition Working Group has been chaired by Sue Beath since then. John Puntis has continued in his lead role in matters related to intestinal failure and is the Chief Investigator in the British Intestinal Failure Survey (BIFS). The pilot study for BIFS was carried out in 2006-07 and involved seven participating centres in England only, which reported children dependant on parenteral nutrition for more than 28 days. 80 children were registered, which captured approximately 35% of children thought to be dependant on parenteral nutrition nationally (compared against a small bowel transplant assessment database held at Birmingham Children's Hospital). The abstract for the BIFS pilot study can be found in Appendix*. The BIFS project has MREC approval and as from June 2007, it is intended that all gastroenterology units in England will able to participate either via a secure internet link www.bifs.org or through the BIFS administrator. Some units have experienced difficulties with local ethical approval and other logistical issues;

the new BIFS project administrator Mr Henry Gowen (email address: henry.gowen@bch.nhs.uk) is available to assist colleagues with such problems.

Members of the Nutrition Working Group have contributed to the advisory document for commissioners of specialised paediatric gastroenterology services, which was updated by BSPGHAN in June 2007 (Specialised Services National Definitions Set 3rd Edition).

The Nutrition Working Group and members of BSPGHAN and BAPS also met colleagues at the National Specialised Commissioning Group (NSCG) at their offices in London on 9th October 2007 to discuss the document "Intestinal Failure: recommendations for tertiary management of infants and Children", produced jointly by BSPGHAN and BAPS. The NSCG provides an oversight and coordinating function for the 10 Specialised Commissioning Groups (SCG). The 10 SCGs in England are coterminous with the 10 Strategic Health authorities, which cover all the PCTs in their SHA. The SCGs commission specialised services (i.e. services with catchment populations greater than one million) on behalf of their member PCTs and in future will commission a much larger number of specialised services including services like paediatric intestinal failure services. At this meeting, it was agreed that paediatric intestinal failure is a service which should be commissioned by SCGs and work is being carried out on an appropriate staffing model. John Puntis has agreed to be the clinical contact/advisor for the NSCG in this project. The Nutrition Working Group including Associate Members of BSPGHAN and other allied health professionals such as pharmacists, dieticians and nurse specialists amongst others, will continue to contribute to this issue.

The Nutrition Working Group have also prepared guidelines on the following topics: 1) Guidelines for the management of Intestinal Failure Associated Liver Disease in children – current draft is being reviewed by Liver Steering Group 2) Central venous catheter sepsis – current draft is being revised by Dr John Puntis 3) Health indicators for paediatric intestinal failure services – current draft is being revised by members of the Nutrition Working Group. The following guideline is proposed for 2008-09 "Omega 3 lipids – role in intravenous nutrition and indications for use." We would be pleased to hear from any member of the BSPGHAN who would like to see and comment on these draft documents, or who would like to propose a subject for a guideline.

Sue Beath
Council Representative for Nutrition

British Intestinal Failure Survey (BIFS)
Henry Gowen was appointed to take over from Michelle Gabriel as the BIFS registry and has been working on bringing in new centres and establishing communication networks. 20 centres have been recruited and four more are awaiting Trust R & D approval for participating in the study (Leicester, Newcastle, Glasgow, and Cambridge). All centres have been contacted (and followed up) via e-mail. Two further centres (Cardiff and St George's, London) have begun to recruit patients. 8 centres are regularly submitting patient data (further details will be provided in the meeting), and a presentation about the

work of the Registry has been made to the 10th Small Bowel Transplant Symposium in Santa Monica. A follow up process has been developed whereby details held on the central BIFS database are sent to all reporting centres seeking confirmation of accuracy and current patient status; the response to this has been variable. Norfolk & Norwich have been using a version of the database to store data and then submit this and follow up details electronically. The contract for maintaining the on-line version of BIFS has been cancelled, though the database is still available for centres that wish to use it (currently two centres). Some discussion regarding use of the database is required. Further consolidation of the registry is needed in the coming year, with the recruitment of a higher proportion of relevant centres across the UK.

Henry Gowen and John Puntis

HEPATOLOGY REPORT 2007

The Liver Steering Group met twice this year, in February during the winter BSPGHAN meeting in Warwickshire and in London in August. At the London meeting we held the second specialty training review and training day for the two National Grid trainees in paediatric hepatology. Once again we are grateful to CLDF for funding this day.

Service

In association with the NHS Blood and Transplant Liver Advisory Group (LAG) we have been looking at selection criteria for super urgent and elective liver transplant waiting lists. We have commenced work on a modified Paediatric End stage Liver Disease (PELD) score to predict mortality on the elective waiting list. We have also recommended changes to the elective liver recipient registration form to improve accuracy of the diagnostic categories. From this year children requiring a liver transplant for hepatoblastoma can be listed "super urgently" after true super urgent patients and those awaiting combined small bowel and liver transplants.

Three members of the LSG met with representatives of the DH Health Quality Directorate in October 2007. The DH has recognised that the prevalence and mortality from liver disease in the UK is rising. Our members were asked to consider areas of paediatric liver disease which need to be explored

Research

The multicentre study of prophylactic banding of oesophageal varices in children was funded by CLDF and was commenced in September. Information about this study is available on the BSPGHAN website. The Liver Steering Group will be meeting with representatives of the Medicines for Children Research Network (MCRN) within the next few months to plan further collaborative studies.

Guidelines

Two sets of guidelines, "Thioguanine induced liver disease" and "Investigation of conjugated hyperbilirubinaemia", have been completed, approved by council and posted on the BSPGHAN website. We are currently reviewing guidelines, drafted for the

Nutrition Committee, on "The management of intestinal failure associated liver disease in children".

Training
The annual specialty training review continues and the trainees feel it is helpful. In association with CSAC we have been involved in making recommendations for PMETB with respect to training in paediatric hepatology.

Dr Patricia McClean
Hepatology Representative

PINGU GROUP 2007
Over the past twelve months the DGH & 'paediatricians with an interest' (PINGU) group met on two occasions. Once in Middlesborough and once at Kings College in London. The group has changed its name to 'PINGU' (Paediatricians in non-grid units) thus clarifying its membership constituency and its area of concern. The group exists to consider issues in paediatric gastroenterology that are specifically of importance to practitioners of paediatric gastroenterology who are working outside of units that are offering national grid training in paediatric gastroenterology. The membership of the group has been defined by self nomination, the numbers nominating themselves making election unnecessary. Members will serve for three years.

Work on writing the training syllabus for paediatricians with an interest in paediatric gastroenterology continues, as does consideration of the issues surrounding managed clinical networks. A request from the general membership to develop a common repository of GE protocols has not been well enough supported to come into existence.
The group maintains representation on the BSPGHAN's education group and its endoscopy group, in addition to the BSG paediatric group and the RCPCH Paediatric gastroenterology CSAC.

Graham Briars
Chairman of PINGU Group

IBD WORKING GROUP 2007
This group met three times in 2007; BSPGHAN meeting in Birmingham in February, at the end of March (RCPCH Annual Meeting, York) and in May (ESPGHAN, Barcelona). I was elected chair of the group in March 2007 after David Wilson resigned. Many thanks to David whose tenacity has kept the evidence based review alive. Terms of reference have been devised for the group and the elected chairperson has tenure for three years.

The main aim this year has been to finish the evidence based review of management of paediatric IBD and to write guidelines for IBD management. Writing groups were created to do this in March 2007. A draft of the guidelines for paediatric IBD management has been circulated to all members of the working group for their comments before the next

BSPGHAN in Southampton with the aim of submitting to the BSPGHAN website by the annual RCPCH meeting in April 2008. An abstract of the evidence based review was submitted last month to DDW and the world congress of PGHN in 2008. The draft of the evidence based review will be circulated to the working group before BSPGHAN meeting on Jan 24/25 for comments.

Several aspects of paediatric IBD have needed input from the working group in 2007:
a) I wrote a statement on Infliximab usage in children with Crohn's disease (CD) for the NICE technology appraisal of biologics for CD (and now, UC) in July 2007. A paediatric perspective was sought only a few weeks before the deadline for input from interested parties because the European license for use in children had just been granted. This statement was incorporated into that from NACC. Subsequently, I was nominated, and accepted, as clinical specialist/expert witness for the technology appraisal. During the appraisal, I and others will be pushing for mandatory registration of all patients receiving biologics which may lead to a biologics register for children with IBD.
b) Richard Driscoll from NACC developed IBD transition guidelines into which Huw Jenkins and I contributed. These have been submitted to Gut and are ready to be piloted by interested centres.
c) As the IBD working group representative on the BSG IBD committee, I attended my first meeting in November 2007. Stuart Bloom discussed his work for developing a web-based national database of IBD patients for prospective gathering of clinical information and research samples. He has approached several drug companies for sponsorship. It is unclear how paediatric IBD data could be usefully incorporated into this but he is keen to include any existing software used for data collection in paediatric IBD.
d) The paediatric IBD register has recently had its funding extended by CICRA and Dave Casson, as chair, is currently applying to the national ethics committee (NRES) for an amendment for existing patients on the register to be followed beyond sixteen. Several GI physicians looking after adult patients in existing centres have agreed to participate in this study. The following was published in JPGN in 2007 - "The natural history of paediatric inflammatory bowel diseases over a 5 year period: A retrospective review of data from The Register of Paediatric Inflammatory Bowel Diseases."
e) The second round of the national IBD audit will be underway this year and for the first time will include paediatric data but which topics have yet to be decided. Suggestions will be sought from the group.

Sally G Mitton
Chair, IBD working group

ENDOSCOPY WORKING GROUP 2007
The training landscape for paediatric GI endoscopy in the UK is extremely variable in terms of standards of trainers, training facilities, and training units. The variation is historical. Very few trainers have attended JAG approved Training the Trainers Courses and only recently have training Hands On Courses for paediatric GI endoscopy started in the UK. Our adult GI colleagues have moved much further down the path of structured endoscopic training and more importantly the supervision of this process with formative

and summative assessment of skills. Furthermore they are engaging with the concept of policing of those already trained and their skill level.

In order to address some of these imminent and important issues a conjoint meeting of BSPGHAN Endoscopy Working Group and BAPS?BAPES and Joint Advisory Group on endoscopy training in the UK (the latter have now been given responsibility for all endoscopy training in the UK, including those intending to practice on children, by the DoH) was held in Sheffield in October 2007 and included participants from all endoscopic backgrounds. Trainees, DGH, adult GI, paediatric referral centre GI, and paediatric surgeons).

In this context the areas discussed crystallised into the following 3 main areas:
1. How best to train the next generation of paediatric GI endoscopy trainees and who they should be.
2. How to usefully bring together the training of gastroenterologists and paediatric surgeons wishing to train in endoscopy.
3. The imminent imperative which is re-licensure and re-accreditation of existing practitioners which is going to be in place by Jan 2009.

The majority of the pertinent discussion surrounded colonoscopy, both diagnostic and therapeutic, rather than upper GI diagnostic, although some discussion took place regarding upper GI therapeutic especially in view of the paediatric surgical skill mix required to undertake procedures such as dilation and foreign body retrieval. It was felt that ileo-colonoscopy (IC) was the main ingredient of proficiency which required our focus.

Ileo-colonoscopy in paediatrics in the UK:
Trainees' RITA assessment does not include a specific GI, let alone a specific endoscopic, assessment and is not unusually undertaken by an educational supervisor who is not of a GI background. No formal DOPS-like skill assessment occurs at present.
No formal training syllabus for paediatric GI endoscopy exists at present. The status of those performing paediatric colonoscopy in the UK is variable and unknown. MT will survey membership anonymously and report back to future meeting.

It was generally felt that the operator should have sufficient experience of IC in training to operate independently and attain ileal intubation in the vast majority of cases. Discussion took place around the number of ongoing exposure and case mix to keep up skills. No agreement was reached on this topic. Constraints on DGH IC naturally imposed by the absence of paediatric GI histopathology and paediatric anesthetics were discussed. Action: to be discussed at future meeting.

Training of gastroenterological and surgical trainees wishing to train in IC should occur in a seamless fashion with no discernible difference between standards of training or training assessment. It was felt that this group could provide the ideal forum for taking this proposal forward, and to identify a syllabus and training structure that could be

subscribed to by both bodies i.e. BSPGHAN (CSAC RCPCH) and BAPS (CSAC JCHST RCS).

Training supervision and over-arching responsibility:
It was felt that a much stronger relationship between BSPGHAN and BAPS on the one hand and JAG on the other should pertain, and HJ would seek to clarify with RCPCH, and SH with RCS whether paediatric GI and paediatric surgical training interests could better be represented by a formal membership on JAG, instead of the present co-opted status on JAG. RB felt that this would be warmly received as a proposal by JAG.

- A DOPS-like assessment document should form the cornerstone of future endoscopic assessment and a template will be drawn up which can be discussed at the next meeting.
- Hands-On courses should occur at the start of endoscopic assessment and update Courses for those already practicing should also occur.
- Trainers should attend Training the Trainers Courses.
- Training Centres should have available colon mannequin models (approx cost £1000) – BSPGHAN Council to explore funding:

Revalidation and re-accreditation is imminent, and it was generally felt that if the present standards applied in adult GI were to be applied in paediatric GI endoscopy today then there would be a widespread failure to meet these standards. HJ felt that this required urgent attention and would be tabled at the next BSPGHAN Council meeting for urgent action but that this group were not yet ready to ratify a policy that would lead to such changes in the time frame proposed i.e. by Jan 2009. The first steps towards this however were generally agreed as urgently required.

It was agreed that this expanded BSPGHAN/BAPS/JAG/BSG group would be the body which would deal with these issues and attempt to meet on a regular basis every 2-3 months with representatives of each constituent group present at each meeting.

Mike Thompson
Chair, Endoscopy Committee

TRAINEES REPORT 2007

Committee Members

Richard Russell	richardrussell@nhs.net	(Chair, to step down Jan 2008)
Ronald Bremner	ronaldbremner@hotmail.com	(new Chair, from Jan 2008)
Jonathan Hind	jhind@nhs.net	(CSAC representative)
Jane Hartley	janehartley@doctors.org.uk	(secretary)

2007 has been a very successful year for the Trainees in Paediatric Gastroenterology, Hepatology and Nutrition (TiPGHAN). The majority of the initial cohort of Grid trainees has now completed their specialist training with 5 out of 15 having being successful in achieving a permanent UK consultant post. Others have locum post or are working overseas.

The Postgraduate day at the BSPGHAN winter meeting was extremely successful both in educational value and the number of trainees able to attend, despite the snow. The October, joint Associates and Trainees meeting had a very educational and interesting program but unfortunately not many trainees were able to attend. The reason for this is being explored with the trainees. Despite this there was lively debate and discussion with the guest speakers.

The TiG management course has again been successful and useful to those in the last year of their training. Two places reserved for paediatric trainees are likely to continue in the coming year.

This year competencies have become available for trainees on the BSPGHAN website. These are designed to work along side the log book and portfolio and to be reviewed at the yearly regional trainee meeting. This process has been implemented following piloting of hepatology trainees who had a very successful second annual training and review meeting at King's College in July. Any trainee who has not had a yearly review should contact a member of the trainee committee. A list of lead training consultants for each region has now been finalised to oversee and ensure optimal training in each region and to run the regional training day. Trainees are aware that financial support can be applied for though BSPGHAN for educational meetings so encouraging and supporting attendance.

There have been a number of changes in the TiPGHAN committee this year. David Devadason stepped down as CSAC representative following completion of his training. The trainees voted at the trainees' winter meeting for Jonathan Hind (Paediatric Hepatology Trainee) to become the next CSAC representative and he commenced his duties in March 2007.

The trainees committee was initiated to be a voice for trainees at CSAC and BSPGHAN. The committee has come a long way, with improved training, formation of the grid, 2 designated training days and a 'louder' representative voice. Much of this was driven by the initial members of the committee which included Richard Russell who was initially the CSAC representative and for the past 3 years has been Chair of the committee. We can not say thank you enough to Richard for all he has done for our training. Richard has also completed his training and secured a Consultant post and will be stepping down from his position as Chair, at the BSPGHAN winter meeting. A postal vote was held to select the next Chair and Ronald Bremner will be handed over the post to commence at the BSPGHAN winter meeting.

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 2007

Committee Members

Nikhil Thapar (Chair and Council Rep)
Stephen Murphy (MCRN, Chair of CSG)
Jenny Gordon
Patrick McKiernan
Nick Croft
Muftah Eltumi

As many of you know there has been a considerable drive towards promoting and integrating research activity within the NHS. As part of this the National Institute for Health Research was established as part of the Government's strategy, 'Best Research for Best Health' which aims to "create a health research system in which the NHS supports outstanding individuals, working in world-class facilities, conducting leading-edge research, focused on the needs of patients and the public". Furthermore, there are specific drivers for research into childhood diseases and their management including the creation of a Medicines for Children Research Network (MCRN) created to 'improve the co-ordination, speed and quality of randomised controlled trials and other well designed studies of medicines for children and adolescents, including those for prevention, diagnosis and treatment'. Apart from issues of clinical governance it is clear that the long-term survival and promotion of our sub-speciality will require us, both as individuals and a society as a whole, to engage in robust high quality research activity. Changes in funding of clinical research will inevitably mean that BSPGHAN needs to be engaged in collaborative multicentre research and link into networks such as MCRN.

Over the last year it is clear from the responses to both the BSPGHAN member and BSPGHAN associates research questionnaires that the vast majority of the society members and associates acknowledge past obstacles but are extremely keen to engage in collaborative research. More exciting is the realisation that there is a tremendous mix of research skills and expertise within BSPGHAN which will be invaluable. Although the research committee is very grateful to all those that returned their questionnaires it is critical that we get adequate feedback and representation from all the key groups within BSPGHAN for any strategy to succeed. In this respect the committee aims to work further with the DGH group and the trainees to ensure that they inform and are involved in any future BSPGHAN research strategy. This will be essential to engage patients and the public at large and maintain both short and long-term research and academic momentum.

The barriers to research are clear. We are too busy, our jobs have unclear or insufficient dedicated time to drive and carry out research effectively, our critical mass is relatively small, and funding is difficult. Over the coming year the committee will seek to facilitate the process by addressing these practical obstacles which may involve securing administrative/research support and funding (e.g. pump-priming), identifying key directions for research, and the development of research proposals. It is clear, however, that any initiative will only work if we are committed to work together and ride the first

few big waves. Apparently a big blue ocean awaits, the sharks are quiet and the sky is a brilliant blue!!

Nikhil Thapar
Representative for Research

ASSOCIATE MEMBERS REPORT 2007

Committee Members
Jenny Gordon (Chair)
Jo Grogan (Secretary)
Elaine Buchanan (Treasurer)
Angharad Vernon-Roberts
Sara McDowell

2007 has been an excellent year for the Associate Members, our membership goes from strength to strength and we are well represented on BSPGHAN working groups and committees. Our membership stands at 94, 38 dieticians, 50 nurses and 6 others (1 psychology / 3 speech and language, 1 pharmacist, 1 PPP rep). Many thanks to Carla who has worked tirelessly to ensure we have an up to date current database.

This year saw the launch of the AM quarterly e-bulletin with the first issue in December. The bulletin is a succinct, easy to read way of keeping up to date with the work of the society, a means of advertising courses, study days, research projects and anything else you can think of - Items for inclusion in future issues - Spring (March), Summer (July), Autumn (September), Winter (December) should be sent to the Chair or the editor (Angharad Vernon- Roberts).

A BSPGHAN-AM Yahoo Group has been set up to enable members to network and have discussions with other Associate Members. This has been started as a support forum to allow contact between members on anything from asking a quick clinical question to requesting further information or references on topics. Members will be able to participate in discussions that are already taking place or post queries and/or requests Members can log on anytime and have messages forwarded to their work email for easy access. Only BSPGHAN Associate Members can participate and all applications are approved prior to joining. Members can apply to join by emailing: bspghan_am-subscribe@yahoogroups.com

ESPGHAN in Barcelona was as usual well attended by UK nurses and dieticians, with many participating either as speakers or chairs. The Nurses and Dietitians Symposium covered acute liver failure including nutritional management of ARF, motility disorders, innovative practice, nutritional screening tools and transitional care. Other sessions of interest were the SHS Symposium on paediatric Crohn's disease and the Nutricia Clinical Symposium and the Mead Johnson Nutritionals which included early nutrition programming and epigenetics and neonatal intestinal growth. Overall this was a very full and stimulating conference and those who attended thoroughly enjoyed all aspects of the conference and the full range of entertainment and social activities that Barcelona had to offer!

Our annual meeting held jointly with the trainees at RIBA in London went extremely well. The topics covered included Nutrition, Growth and a nursing case study of children with IBD; Metabolic Liver Disease from medical and dietetic perspectives, and a session on eosinophilic oesophagitis. The abstract session covered Irreversible Intestinal Failure and Human Gut

Microbiota. The prize for best abstract went to Vikki Garrick from Glasgow with her abstract titled 'Designing a Patient Care Pathway for Methotrexate Administration' which was an excellent example of innovative practice.

We had some excellent feedback and ideas for our next conference. Thank you to all who attended and made the day a success. We will use the results of the evaluation forms, and the suggestions you made, to shape next years meeting.
The response to our research questionnaire at the October meeting was excellent and provided us with valuable information about collaboration opportunities and common areas of research that could contribute to working groups, small projects and best practice statements. We are also planning to develop some web based resources/study days to help support research for associate members.

Funding is now available for BSPGHAN Associate Members to carry out their own research project. Whether a systematic review, audit or trial, all applications will be considered. Support will be provided where possible for research methods and analysis. Applications need to be submitted by the BSPGHAN Winter meeting in January. If you would like more information please contact Angharad Vernon-Roberts.

On behalf of the Associates I would like to thank SHS / Nutricia Clinical Care/Children's Liver Disease Foundation 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 Southampton £100 bursaries are available, on receipt of a Certificate of Attendance. Financially our account stands at £11,500 (December 2007)

This has been my first year as Chair and I would like to thank all the Committee for their hard work and support: long may it continue! Presently we are balloting members for a vacancy on the committee as Jo Grogan steps down. We would like to thank Jo Grogan for her unstinting support and valuable contribution to the Associates and hope that she will continue to be an active member! We look forward to welcoming our new committee member at the winter meeting. If you would like to be more actively involved in the work of the AM's please contact any of the committee members.

Jenny Gordon
Associate Members Representative

EDUCATION REPORT 2007

In 2007, education was considered a large and important remit for BSPGHAN and hence establishing an Education Steering Group was considered necessary to develop and implement BSPGHAN's education strategy. This group would be organised and chaired by the Education representative on Council. This was my first task on taking over as Council representative for Education when Chris Spray stood down in March 2007.

I'm pleased to report that a steering group encompassing society members from the Associates, Trainees, DGH Consultants, the Winter Meeting Organizer, Web page, CSAC chair and Public Patient Partnership (by invitation) representation has been convened. The group has corresponded by email and our first meeting will be at the

Winter Meeting on Thursday 24/1/08 at 10.30. The Steering group encourages active input from BSPGHAN membership.

The aim of the group is to co ordinate, advertise and deliver an education programme in paediatric gastroenterology, hepatology & nutrition for the whole society, patients and the general public via meetings, courses, the web page and so on. In doing so, the group will support learning and assist in achieving CPD for all members.

In addition to these aims, The Education Group will advise on the development of new assessment systems, which are required to reassure the public as well as employers and regulatory bodies that practitioners and trainees are fit to practice. We recognise that it is important for BSPGHAN to develop a working relationship with PMET, RCPCH and CSAC with regard to standards of training.

Agreed roles for the chair to start on this year, are firstly, to assist RCPCH in developing the new Assessment Strategy (for our Speciality Trainees). There will need to be a range of work place assessments (to test what a trainee actually does) prior to eligibility for CCT in the penultimate year of training. We will endeavour to ensure that assessments will be reasonable, achievable and validated for our particular paediatric speciality practice. Colin Campbell has kindly agreed to assist the Education Representative in developing Case Based Discussions designed to assess a trainee's clinical reasoning, and analytical approach to diagnosis and management.

I am most grateful to the keen group of 5 members of the Society who accepted our invitation this summer to become the *Specialist Question Writing Group* to devise speciality specific questions for the MRCPCH examination parts 1a, 1b and 2.

The Society continues to improve links with the BSG and provides paediatric representation on the BSG Education Committee. This allows the Society to have input into the programme selection for the BSG and WCG/UEGW 2009 symposia to promote subjects relevant to the care of young people.

Promotion of web-based learning is a key strategic aim. We hope to adopt relevant BSG web based learning and assessment material. Recent links have been made with the *BAPEN Education and Training group* who are developing self-assessment and *e-learning* packages in nutrition. We have a link with the UK representative on the *ESPEN Lifelong Learning Initiative.* We recognise that there is an unmet need amongst the trainees and perhaps developing modules through *Drs. Net* will reach a wide audience as many trainees use that site.

The Education Steering Group is keen to develop our own web-based learning. We intend to start the BSPGHAN "Lesson of the month" and have invited three members of the society to take on a joint role in developing this. In 2008, User (Public Patient) Partnership needs to be considered in promoting aspects of patient education. Initially, we will work with the web site group to improve signposting on our website to existing useful material for patients and families.

In particular, this year, we recognise the increasing difficulties some trainees may face in attending endoscopy sessions or courses, and we hope to work with the Endoscopy Steering Group, to explore use of web based lesion recognition software.

We are pleased to have advised and ratified the programme for the Children's Gastrointestinal Nursing Course, being run at St Mark's Hospital January - March 2008 that can be used towards BSc Hons. Degree

The Education Representative is a member of the Bursary Allocation Group. Future use of society's funds requires careful consideration and taking advice from members whether the society should support other aspects of training will be considered.

It is an important future aim of the Education Representative is to advise on the development of core competencies for re accreditation and revalidation. This is a huge area to consider. The first initiative is to provide support the Endoscopy Steering Group to assist in their aim of developing appropriate revalidation tools and competency based assessment for paediatric trainees in line with the proposals from the Joint Advisory Group (JAG), on Endoscopy Training.

Last but not least, the Education Representative assists the organisers of the Winter Meeting and the Associates meeting. I am grateful to colleagues who kindly agreed to join the Abstract Selection Committee for oral presentations and posters.

I am grateful for the kind assistance of all the members of the Education Steering Group and colleagues who have helped in 2007 and look forward to continued collaboration in 2008-9.

Sue Protheroe
Education Representative

CSAC REPORT 2007
CSAC Committee-
Dr Huw R Jenkins (Chair)
Dr John Puntis (Nutrition Training Advisor)
Dr Su Beath (Hepatology Training Advisor)
Dr Graham Briars (General Paediatrician with a special interest in gastroenterology)
Dr Jeremy Woodward (Adult Gastroenterologist)
Dr Jonathan Hind (Trainee Representative)
The RCPCH General Paediatrician is yet to be appointed by RCPCH Council.

Professor Kelly outlined in last year's newsletter the specific remit of CSAC and the training requirements to be accredited as a paediatric gastroenterologist or hepatologist and these are unchanged. We will be offering gastroenterology and hepatology training posts in the National Grid interviews early in 2008 (Chaired by Dr John Puntis) and we

are continuing the discussion with the RCPCH and PMETB regarding speciality specific training standards and how specialist centres may be accredited in the future.

As outlined in the last newsletter, I intend handing over the Chairmanship of CSAC to a colleague some time in 2008 and would be happy to discuss the position with anyone who might be interested in taking this on.

Dr Huw R Jenkins MA MD FRCP FRCPCH
Consultant Paediatric Gastroenterologist, Cardiff
& Chair of RCPCH CSAC

BURSARY ALLOCATION GROUP 2007

The Bursary Allocation Group was formed in March 2007. The group comprises the President, Professor Deirdre Kelly for one year with representatives from Education, Research, Trainees and DGH group. The group was granted a budget of £7,500 per annum which would be awarded to all full members of the society. The Rules of the Bursary Allocation Group were drawn up and circulated to all the members in April 2007.

Applications to date

To date 3 applications have been received:

- Dr Babu Vadamalayan, Special Registrar at Watford General Hospital who presented his work at the International Coeliac Meting, Maribor, Slovenia 13th to 16th September 2007.
- Dr Sue Beath, Consultant Paediatric hepatologist, Birmingham Children's Hospital, who was an invited speaker and also presented work at the International Small Bowel Meeting in Santa Monica, California, September 2007
- Dr Girish Gupte, Consultant Paediatric hepatologist, Birmingham Children's Hospital who presented work at the International Small Bowel Meeting in Santa Monica, California, September 2007.

All 3 applicants were granted the maximum £750 towards their costs.

It was agreed that as this was the first operational year of the Group that any surplus funds would be carried over to 2008/09.

Process review

The Bursary Allocation Group reviewed the process via teleconference on Wednesday 23rd October 2007 and agreed to make changes to the rules.

Changes agreed:

1. Proof of attendance to be provided
2. Subsistence would not be refunded

3. Countersignature, on claim form, from Head of Department to confirm that no other funding was available
4. All successful applicants would be asked to provide short feedback on the value of the meeting which would be summarised in the Annual Report

Strategy to increase awareness of Bursary
A flyer would be produced for circulation at the Winter Meeting 2008

Global e-mail sent to remind and encourage everyone to apply for funding for next year's meetings.

Date of next meeting: December 2007 (TBC)

Deirdre Kelly
Chair, Bursary Allocation Group

PATIENT PROFESSIONAL PARTNERSHIP (PPP) 2007
During the year the following has been carried out:

- Establishment of a PPP working group with agreement as to its terms of reference, which are:
  - To deliver on the BSPGHAN strategy
  - Advise council on delivering PPP
  - Advise on the "rules", standards and expectations on PPP issues
  - Identify relevant individuals/groups for BSPGHAN projects requiring PPP involvement
- A drawing competition amongst patients was held to illustrate pages on the BSPGHAN website. Three entries were received. All three were awarded a prize. The entries will be used on the site later in the year.
- Meeting with other individuals who provide PPP within their organisations to learn and share knowledge. Of particular importance has been the knowledge gained from meeting with the relevant people at the RCPCH.
- Development of the PPP analysis tool. This is now ready to be piloted within the society, particularly amongst the working groups.
- Meeting with the education working group to look at areas where work dovetails.

It is acknowledged that PPP requires resources (time, human and financial). These are limited and, therefore, council recognises that work programmes and objectives will need to be realistic and achievable. Future work will be looking towards scoping the work of the various patient organisations and developing PPP within the society through piloting the analysis tool.

Catherine Arkley