BSPGHAN
working for children with digestive and liver disorders

British Society of Paediatric Gastroenterology Hepatology and Nutrition

BSPGHAN Newsletter

January 2012

President Report

Mark Beattie

I am pleased to report on the society's activities during the last year and in doing so reflect on our mission which is to improve the care of our patients through education, training and research. The society is now 25 years old. The speciality has developed considerably. This is a time to reflect on our achievements as stakeholders and partners in the delivery of care. Many of the members are involved and this newsletter filled with reports is a testament to this. We are all challenged in the modern NHS to deliver evidence based care, as close to home as possible, in networks, delivering best quality within the resource available and the society has an ongoing responsibility to support members in this. We are strengthened considerably by the enthusiasm and commitment of the membership, the multidisciplinary nature of the society and strong patient groups who support us in our role.

I would like to thank David Wilson and the Edinburgh team for organising such a successful annual meeting in January 2011 with its excellent academic programme and most enjoyable social programme. There was a record attendance and record number of abstracts submitted. This was a fantastic start to the year. We have the Nottingham meeting to look forward to this year and annual meetings agreed for 2013 (Manchester) and 2014 (London). We held joint sessions with the respiratory paediatricians at the RCPCH annual meeting in Warwick, the BSG at their annual meeting and BAPEN at their annual meeting in Harrogate. I am particularly grateful to Nick Croft, Huw Jenkins and Susan Hill for helping make these important collaborative meetings happen. I am delighted that we have a joint session with the Neonatal Nutrition Group planned for the RCPCH meeting in Glasgow this May arranged by Sue Protheroe and sessions planned at the first Digestive Diseases Week in Liverpool in June arranged by Rajeev Gupta.

We held a very successful joint meeting for our Trainees and Associate members in London in September 2011. I am grateful to Kate Blakeley and Richard Hansen for organising this. We held a national trainees meeting the afternoon before focusing on endoscopy skills (led by Paraic McGrogan and Patrick Mc Kiernan) and an ST7 training session (led by Sue Protheroe and Steve Hodges) both of which were very successful and I hope will become annual events.

We have continued to work to influence the National agenda with regard to services for children with nutritional problems, gut and liver disease. This is of increasing importance with the pending changes in how specialist services for children are commissioned. I feel as a society we have embraced the network model for delivering care and can provide leadership to commissioners on this. It is important that we update our guidance for purchasers to help inform the process focussing on pathways of care and recognising the importance of common as well as less common disorders. We are fortunate that there is now either NICE guidance or

national/international evidence based guidelines available for many of the conditions we treat. We also need to recognise that guidance needs standards for benchmarking and audit in order that we can improve quality. Dr Sue Protheroe and I have built on the work of others previously and are working with the RCPCH and DOH to produce a consensus document on 'Improving the care of children with Gastroenterology, Hepatology and Nutrition disorders through networks' similar to the one published by the paediatric nephrologists last year. It will be important to engage all the relevant stakeholders. We will need to devote time and some of the society's resources to this important workstream. It is likely that the National Specialised Services Definition Set will play a crucial role in the commissioning of specialist services in the new NHS. Our specialist areas are well represented in this document thanks to the considerable amount of work done by Nick Croft previous convener on behalf of the society. The current financial climate means that it will be increasingly difficult to increase resources and the challenge will be to better spend the monies available.

We are fortunate that the society is in a good financial state. Mike Cosgrove has now taken over as treasurer and is working hard to maintain that. We do however, as a society need to reflect on the financial priorities for the next few years. We have been able to hold down the cost for the winter meeting and provide sponsorship for other society activities which reflects ongoing sponsorship from our partners in industry. We have worked closely with CORE to enable a further research call (50% funded) and hope to be able to further develop this important link promoting research by members through society funding. We need to continue to fund bursaries to enable attendance at meetings for members presenting original work who can't otherwise get funded. There will be the need to devote some monies to the programme of work around commissioning and networks and we do need to employ administrative support to help further develop and manage the society's website.

I am pleased that the society has been active in many areas this year. We have continued to work with our surgical colleagues to improve care networks for children with intestinal failure with a strong emphasis on regional services and regional collaboration. This has been in parallel to developments in the adult services. I have been very grateful to John Puntis and Sue Beath for their considerable efforts on behalf of the society. It is unclear how, in the current financial climate, to best take things forward. It is clear that data capture is fundamental. The British Intestinal Failure Register has achieved some success with this although we need to improve data capture significantly. We have agreed with the paediatric surgeons to set up a joint group to work on this potentially integrating with the eBANS reporting system in collaboration with BAPEN. The BSPGHAN lead for this group will become a member of the Nutrition Committee which we have, this year, renamed the Nutrition Committee and Intestinal Failure Working Group so that it is clear where this important grouping sits within the society.

Mike Thomson and Paraic McGrogan have continued to provide strong leadership for the Endoscopy Working Group and have now finalised the training guidelines in conjunction with the College Specialist Advisory Committee (where responsibility for accreditation lies) and the Joint Advisory Group for Endoscopy which we are members of. There are many ongoing issues relating to endoscopy including training, referral guidance and accreditation. These will be major challenges for us as paediatric gastroenterologists. Council will recommend to the AGM that we have a council member for endoscopy which we hope will be endorsed. This member will take over as chair of the Endoscopy Working Group.

I am grateful to the members for taking part in the 3rd National IBD Audit (2nd for Paediatrics). This reflects a considerable workload but with it comes important information to better the care of children and young people with inflammatory bowel disease and gives us the potential to look at aspects of our service alongside other units and reflect on strengths and weaknesses and how we can us this to develop services better. Sally Mitton and Richard Russell have worked tirelessly on behalf of the membership to promote the paediatric perspective and help make things happen. I am delighted that we are now recruiting into the biologicals audit which is clearly just the start of

monitoring patients' outcomes together to see how we can collaborate best to improve management strategies long term.

We are about to see significant changes in the criteria for the diagnosis of Coeliac disease. We as a society have a responsibility to be clear in our guidance and ensure that the diagnostic process is robust. Simon Murch has reconvened the Coeliac disease working group and is working with members and stakeholders to advise the society how best to interpret the new guidance in clinical practice and will speak on this at the Nottingham meeting.

We are increasingly troubled by children and young people with gut motility problems ranging from constipation to reflux to pseudo obstruction and the society has set up a Motility Working Group under the leadership of Nikhil Thapar to at least have a forum for discussion of these issues.

I am grateful to the other working groups and committees for their considerable enthusiasm and work on behalf of the society, Rajeev Gupta as chair of the Education Working Group, Anil Dhawan as chair of the Liver Steering Group, David Wilson as chair of the Nutrition and Intestinal Failure Working Group, Kate Blakeley as chair of the Associates Group, Richard Hansen as chair of the Trainees group, Nikhil Thapar as chair of the Research Group and Robert Heuschkel as chair of the Inflammatory Bowel Disease Working Group.

Our PPP partnership has been of great value established now 10 years ago by Deirdre Kelly. We have been fortunate to have excellent representation and input from Catherine Arkley, Richard Driscoll and most recently Rod Mitchell who steps down this year. We have been fortunate to have Sarah Sleet the chief executive of Coeliac UK agree to join us as Rod's replacement. I would like to thank our PPP partners for their considerable engagement and support of the society.

I would also like to acknowledge and thank our partners in industry for their support of the society's activities and meetings.

I would like to thank the retiring council members. Nikhil Thapar, who has overseen the establishment of the Research Group, and Naeem Ayub for his work with the DGH group. I would like to thank Peter Sullivan for his work as chair of the College Speciality Group over the last three years. I would like to thank Simon Huddart who has been an invaluable resource as BAPS representative on council. I would also like to thank Naved Alizai who has put a considerable amount of time and effort into developing the new website and helping populate it. He agrees there is more work to be done. We need members to send information to the website and administrative support to further develop it.

I would like to acknowledge the considerable enthusiasm and commitment of Sue Protheroe and Mike Cosgrove who joined the council in April 2011 in their respective roles as convener and treasurer and are both already having a real impact on the society's strategy and business. Both are a real pleasure to work with.

I would like to finish by thanking Carla Lloyd the society's administrator for her considerable commitment and enthusiasm for BSPGHAN

Convenor Report
Sue Protheroe

I am delighted to give my first report as Convenor and highlight some of the changes and achievements for the Society in 2011. It's been a steep learning curve in the first 10 months or so

as Convenor. I have enjoyed the challenges, and am pleased with the tasks with which we've made progress and am most grateful for the support and guidance that I have received from Council and members.

I'd like to welcome all our new members in 2011 to BSPGHAN. Our membership remains healthy with a total of 411 members (172 consultants, 59 trainees, 19 honorary (retired) members, 9 overseas, 14 others and 138 Associates).

We'd like you to vote to approve the new Research representative on Council at the AGM. We are pleased that Julian Thomas has put himself forward for this position to succeed Nikhil Thapar. Nikhil must be congratulated on his commitment to the Society over the years in steering through the development of the research group and establishing BSPGHAN's research award portfolio with CORE. I'd like to welcome Sarah Sleet, Chief Executive of Coeliac UK, who replaces Rod Mitchell, Vice Chair of CICRA in the Patient Parent Partnership. We're looking forward to working with Sarah who will provide a valuable link with the organisations that provide support and information for families. Thanks to Rod who has contributed fruitfully to Council meetings and provided an effective exchange of information with the Patient Organisations. The election results will be announced at the AGM for the PEGHAN representative and of course President elect. Thanks to Naeem Ayub (PEGHAN) who has been an enthusiastic voice and a vital link with colleagues with expertise in the speciality. Thanks also go to Simon Huddart; co opted onto Council from BAPS, who has contributed to relevant topics, including training, JAG and the Nutrition and Intestinal Failure Working Group. Expressions of interest for Simon's replacement are being sought from within BAPS membership. In light of the need for close liaison between BSPGHAN, CSAC, BAPS, The JAG, BSG, educational supervisors and endoscopy leads in developing JAG/JETS, Paediatric GRS, trainee e-portfolio certification, and revalidation, Council has voted for a change to the Constitution to include an Endoscopy representative on Council. Members have been consulted on this proposal by email and it will be open to discussion and a vote at the AGM. Thanks to Paraic McGrogan who has continued to worked tirelessly as chair of endoscopy working group and responds to tasks and feed back to Council as required.

Thanks to Nick Croft, and Stephen Murphy, BSPGHAN has the reputation of providing a sensible and well informed stakeholder voice to ensure that children are represented in national initiatives. BSPGHAN has become increasingly consulted by organisations such as RCPCH, NICE, DoH and others. Recently BSPGHAN has contributed towards NICE Guidelines on Crohn's disease, Dyspepsia (review), Obesity (review), Organ donation, Upper Gi bleeding, Nutrition in hospitals, Osteoporosis, Hepatitis B, and IV fluid therapy. BSPGHAN is a specialist society that is recognized nominating body can nominate consultant members for Clinical Excellence Awards Scheme. The ACCEA is still awaiting a decision from Ministers on whether there will be a new national awards round in 2012. An announcement on whether there will be new national awards will be made soon but there will definitely be a renewals round.

We have an excellent opportunity to forge closer links with colleagues in the Neonatal Nutrition Network and are delighted to have a joint speciality group programme on Tuesday May 22nd at the RCPCH 2012 Annual Conference in Glasgow. The Scottish Exhibition and Conference Centre will provide space for poster sessions with authors on hand at specified times. This is most timely partnership as the theme for the Conference is "The early years..." Guest presentations and free papers selected jointly by both groups will cover a range of topics such as nutritional programming. There is a hot topics session on Thursday 24th May on Gastroenterology, Hepatology and Nutrition which should interest the general paediatrician as well as the specialist audience. We are working more closely with colleagues in BAPS and planning a joint symposium at the BSPGHAN Annual meeting in Manchester, Wednesday 30 January – Friday 1st February 2013. Further links with colleagues at BSG and BAPEN will be made at the DDF meeting 17-20th June 2012 at the ACC in Liverpool. There have been very successful joint meetings with BAPEN and CAPGHAN in 2011 too.

Our strap line is *"BSPGHAN- working for children with digestive and liver disorders"* and so we are enthusiastic that 2012 gives us a timely, forward thinking and "future proof" opportunity to make a significant difference to outcomes for our patients - what will their health care look like in 10 years? Changes to commissioning arrangements for the NHS in England alongside the challenge of (re)configuration, may mean that services for children with gastrointestinal, liver and nutritional disorders are placed under significant pressure. Existing speciality networks and pathways of care may risk becoming fragile and disjointed, with a lack of clarity over funding arrangements and responsibilities alongside mounting financial and workforce pressures.

We are encouraged that the RCPCH and DH have readily accepted BSPGHAN'S invitation to collaborate to produce a report on the care of children with gastrointestinal, liver and nutritional disorders. The lead for the Specialised Services Transition team has declared a special interest. She recognises that if we ensure that nationally consistent service specifications and commissioning policies are developed which are based on appropriate quality indicators, then these will be incorporated into contractual arrangements with providers. In line with RCPCH's involvement in formalising children's networks and the Department of Health's Clinical Network project, this report will endeavour to explain the accountability of organisations or individuals responsible for governance and funding of shared care pathways in the reformed NHS.

So how will we go about this? It is envisaged that we undertake an overview of the current status of services, examples of good practice, clinical standards and criteria for service planning already in place and an indication of compliance or other wise with these standards. The focus of the document will be the patient, exploring how formalised networks of care can provide high quality pathways of care in a consistent and evidence based manner providing as much treatment as possible as close to home. The report will outline a set of principles and set out standards and quality indicators and responsibilities in a way that provides clarity for service planners/providers and commissioners and against which they may evaluate their own service. A report structure will be based on the recent document on improving the care of children with kidney disease, drawing on expertise from BSPGHAN, RCPCH, and the Department of Health and including representation from patients and carers and a wide range of contributors including GP's, RCN, commissioners, charitable partners, and other key groups.

Council has considered the need for BSPGHAN to undertake this project and are keen to seek and hear your views, have your engagement, your input and of course your wholehearted support. Without that, we can't go ahead and secure this work that aims to deliver the best healthcare and achieve the best quality of life possible for patients in a changing political and social climate. BSPGHAN will be required to invest in some of the production costs of this project and we need member's approval to do this.

And so ……..being convenor is challenging and interesting and of course enjoyable because of the pleasure to work with all Council members, especially acknowledging Mark's skills and leadership, and of course Carla's most valued knowledge and dedication to the Society. I would like to pass on a huge thank you to you all too for your support,

Treasurer Report
Mike Cosgrove

The global financial situation has made careful management of the Society's finances more important than ever. The net outgoings of approx £40,000 in the financial year 2010-11, compared with net income of £27,000 in the previous year have reduced the total assets of the Society, but most of the outgoings can be attributed to the £35,000 payment to CORE research, a payment which produces a dividend in terms of research funds available.

The other notable factor in the accounts of 2010-11 is the relatively small profit from the winter meeting, compared to previous years. It had been recognised that Edinburgh would be a difficult place to host a meeting which generated high profits, so this was not surprising. However, it does emphasise the point which my predecessor as Treasurer, Alastair Baker, made on several occasions, namely that the Society has become increasingly dependent on the winter meeting for its income. The Nottingham meeting has attracted a substantial amount of sponsorship, and hopefully that will contribute to a healthy profit.

Other ways have been considered to increase income, and decrease costs. Understandably it has been difficult to convince sponsors, with a few honourable exceptions, to commit to long-term arrangements, most preferring to agree to sponsor individual events. We have kept a reserve sum in National Savings Bonds, which guarantee inflation-proofing, and are therefore low risk, but also low yield – it was not thought appropriate to gamble with the Society's assets in times of chaos and unpredictability in the financial markets.

Guidelines for claims for re-imbursement of expenses incurred on Society business have been revised, placing the onus on the individual to take advantage of discounts possible through early booking. This will require adequate notice of times and venues of council and working group meetings to be given, and organisers' co-operation with this is requested.

For the first time the allocated sum for BSPGHAN bursaries looked as though it would be exceeded within the first few months of this financial year, leading to the decision that no further awards would be made this year. The increasing number of requests for these awards is undoubtedly related to difficulties individuals face in receiving funding to attend meetings from other sources, and is not likely to be a short-term problem. It is crucial that the Society is not seen as a "soft-touch" for awards, and applicants demonstrate that they have applied for and been unsuccessful with bids for funding from their employer, and other organisations. More rigorous use of a scoring tool to rank the merits of applications will be introduced to ensure that bursaries are awarded to the most deserving applicants. However, with other demands on the Society's finances, and until the income from the Nottingham meeting is known, no decision has yet been made on the amount allocated for bursaries in 2012-13.

Finally, with the aid of our excellent accountant, Peter Hill, attempts are being made to reconcile historical discrepancies in the collection of annual subscriptions. Some members will have received correspondence with presumably welcome news of a refund due; others less welcome information that their subscription is overdue, sometimes for a few years. Prompt settlement of amounts outstanding is respectfully requested from members in the latter group.

2012 and the next few years are likely to pose ongoing financial challenges to the Society. We are currently well-placed to deal with these, and to press on with our aspirations for further development and initiatives, but appropriate schemes to optimise income and careful control of outgoings will need to continue.

Gastroenterology

Simon Murch

Coeliac Working Group

The Coeliac Disease Working Group was re-convened during 2011 because of the forthcoming change in ESPGHAN diagnostic guidelines, to be published in early 2012. The remit of the WG was to assess the planned new guidelines from the perspective of UK practice , and to update the BSPGHAN guidelines as relevant.

The ESPGHAN guidelines differ from their previous iteration in one important point – that small intestinal biopsy may not be necessary in the circumstances of a symptomatic child with high titre anti-TG2 antibodies, for whom a second blood test that confirms both endomyseal antibody positivity and that the child is HLA-DQ2 or DQ8 positive is sufficient to confirm the diagnosis.
It was recognised by group members that these guidelines were potentially controversial. Initial impressions of several members had indeed been sceptical. However it was also recognised that there had been very substantial advance in specific diagnostic ability since the last guidelines were promulgated in 1990 – notably the advent of specific serological testing for the relevant autoantigen and the determination of the primary disease-associated HLA types. It was considered that the published studies do show good concordance between high titre TTG2 antibodies and the presence of diagnostic small bowel biopsies. It was also recognised that the changes on small bowel biopsy may not be specific.
Overall the Working Group has thus concluded that the proposed guidelines offer adequate security for lifelong diagnosis if employed correctly, but that there exists the danger of inadequate diagnosis if biopsy is omitted without the full proposed protocol being followed. Perceived potential problems include misunderstanding of criteria by non-specialist colleagues, difficulty of access or unacceptably high cost for endomyseal antibody and HLA-DQ testing, and the requirements that the new criteria present for stringent quality control monitoring. It was also recognised that these guidelines may be offered if children fulfil the specific criteria, but are not mandatory.
These criteria differ significantly from current NICE guidelines, and their Coeliac disease committee has been informed , as they are due to revise their guidelines in 2012.
Revised BSPGHAN guidelines are being drafted, and the changes will be discussed at the 2012 Wnter Meeting.

IBD working group
Rob Heuschkel

Membership on 26.1.2012

Nadeem Afzal	Southampton	Gastro
Marcus Auth	Liverpool	Gastro
Ronald Bremner	Birmingham	Gastro
Charlie Charlton	Nottingham	Gastro
Nick Croft	Royal London	Gastro
Mahmoun ElAwad	GOS	Gastro
Vikki Garrick	Glasgow	IBD Nurse
Jochen Kammermeier	Oxford	Trainee
Sally Mitton	St George's	Gastro
Mary-Anne Morris	N & Norwich	Paediatrician
Simon Murch	Warwick	Gastro
Astor Rodrigues	Oxford	Gastro
Richard Russell	Glasgow	Gastro
Rita Shergill-Bonner	GOS	Dietitian
Ian Sugarman	Leeds	Paediatric Surgeon
Adrian Thomas/Tony Akobeng	Manchester	Gastro
Su Bunn	Newcastle	Secretary
Rob Heuschkel	Cambridge	Chair

A call for new members to join the IBD Working group was put out to the society at the end of 2010. A nationally representative group was selected by the new Chair from well over 20

applicants. The group included representation from IBD nurses, dietitians, paediatric surgeons, medical trainees and DGH Consultants with expertise in IBD. BSPGHAN members wishing to join the group should declare their interest in writing to the Secretary and will be placed on a waiting list. As WG resign / leave, the WG will elect new members.

The newly formed group, with Rob Heuschkel as Chair, has now held 4 meetings (30.11.10, 26.1.11, 14.6.11 and 30.11.11). During the first 12 months, the group has focused on the following priorities:

1. To establish **Terms of Reference** for the group. These have been ratified by Council and made available to the website. These include clear objectives for the group, as well as details on membership and governance processes.
2. To engage with adult **Quality Improvement Program**. Meetings were held with the RCP QI Program to run an initial pilot questionnaire in several paediatric IBD units. Some initial comments from the group were included to modify the first questionnaire before 11 units completed the pilot. Following this it became clear that substantial additional changes would be necessary to make this approach beneficial to units caring for children with IBD. Further modifications have been recommended by the WG to develop a questionnaire that will truly be fit for purpose i.e. provide an accurate assessment of service quality (and perhaps begin to address the quality of clinical outcomes).
3. As an extension to the QIP, the WG has discussed the US-based initiative ImproveCareNow, which claims to be **improving the quality of clinical care** with strict adherence to quality improvement methodologies. As the GOSH group is now part of the ICN Consortium, the WG is in the process of exploring how such a system might be applicable to units in the UK. A start has been made on developing a minimum diagnostic dataset and a proforma for an annual review.
4. The group has worked on both content and appearance of **IBD webpages** over the last 12 months, but has yet to see all the recommended changes up and running on the BSPGHAN website. In addition to WG membership, T of R and meeting minutes, the IBD WG pages will begin to be home to short Critically Appraised Topics (***pIBD-CATS***), which are ratified by the whole group. We also hope to use the pages to provide copies of and links to relevant high quality publications and guidelines.
5. The WG (RR, SM) has provided ongoing paediatric support to the **3rd National IBD Audit**. Organisational data from 26 paediatric centres dataset has been analysed. Abstracts have been prepared on the clinical data from both UC and CD in-patients. These will be presented in 2012. The first national audit of **Biologic use in Crohn's disease** was wholly endorsed by the WG in order to collect prospective data from Oct 2011. The audit is ongoing.
6. Discussions with the **RCN IBD Nursing group** continued throughout the year, resulting in the IBD nursing group being formally recognized as a BSPGHAN Associate Members sub-group. Both the IBD WG and the IBD Nursing group should benefit from a closer link by actively supporting each other's activities.
7. The WG has continued to provide **representation** on various committees – IBD Standards (RH, VG), IBD Audit (SM,RR), IBD Registry (NC) and Crohn's disease NICE guideline group (AT), BSG Children and Young Adult Forum (SM). In addition providing comment and advice to NACC, CICRA, RCPCH and NICE.

Endoscopy Working Group and JAG
Paraic McGrogan

Paediatric GRS

There has been a discussion around the development of a paediatric GRS. It was generally agreed that this should be developed by a multi-professional sub-group. It was envisaged that

this would be a bolt on to the current GRS and would only need to be completed if the unit was performing paediatric endoscopy. It was felt that many standards incorporated would already be in place through the BAPS and anaesthetic bodies. The sub-group would seek advice from Debbie Johnston and the current JAG Working Group chairs. This will be the priority of the endo wg for 2012

Trainee certification

There was general agreement that paediatric trainee certification processes should align as much as possible with adult endoscopy trainees. Current KPIs and certification criteria (for adult trainees) would need to be amended and made paediatric endoscopy specific. A proposal document has been generated and needs approval of the relevant bodies. It is currently with CSAC. Once approved it will need to be discussed further at the JAG QA-T-WG. It is envisaged that all grid trainees starting in September 2012, will go through the full certification process, with JAG review at the end of their training before CSST.

JETS eportfolio

It was agreed that all trainees should be logging their experience on the JETS e-portfolio.
The e-portfolio will need to be made paediatric trainee specific in preparation for paediatric certification. This could be taken forward once the KPIs and certification criteria were actioned

Research Report
Nikhil Thapar

Dear members this will be my final report as research representative, almost 6 years after I was tasked with setting up a BSPGHAN research group, a role I was subsequently elected into in 2009. I have greatly enjoyed the challenge, am pleased with the progress and very grateful for all the support I have received from you over the years. The main highlights have been the recognition of the research expertise and opportunities within BSPGHAN, development of a robust research group and establishing BSPGHAN's research award portfolio.

2011 has been a positive year for research in the society with a number of personal and societal achievements

1. Successful output from the 1st BSPGHAN/CORE Grant Award

We were pleased to see the first publication from the 1st ever BSPGHAN/CORE joint award. Congratulations to the Royal London Hospital team and great to see recognition of the society in the acknowledgements of this paper

Goodhand JR et al. *Prevalence and Management of Anemia in Children, Adolescents, and Adults with Inflammatory Bowel Disease.* Inflamm Bowel Dis. 2011 May 20. doi: 10.1002/ibd.21740. [Epub ahead of print]

2. Launch of the 2nd BSPGHAN/CORE Grant Awards for studies into G,H or N

Following the successful call for EoI a formal call for full applications was put out in September 2011. I do hope that by the time of the winter meeting many of you will have submitted applications. These will comprise collaborative studies (at least 2 paediatric units) from across the spectrum of paediatric gastrointestinal, hepatological and nutritional disorders, with the aim that successful studies should progress, once pilot data are obtained, onto larger projects seeking major grant funding. The research call is for a total amount of £70,000 and aims to fund 1-2 projects with a maximum duration of 2 years. Selected project/s should be eligible for NIHR

Clinical Research Network support and therefore for NHS support costs. The deadline for the awards is 5pm on the 13th January 2012. Application forms are available to download at http://www.corecharity.org.uk/Available-Awards.html. Good luck!

2. UK Paediatric GHN Clinical Studies Group (integrated BSPGHAN research group – BSPGHAN/UK MCRN/ UKCRN Non-medicines group).

This integrated group continues to function as BSPGHAN's research group and has met a number of times over the last year. The group has representation from across the wider membership and key roles include

(i) review research proposals and provide feedback to investigators. Successful projects may go forward for inclusion onto the MCRN or UKCRN non-medicines portfolio

(ii) improving involvement of trainees with research activity including early interaction with MCRN and development research study days/workshops. The trainees will be surveyed over the coming months to develop this initiative

(iii) Communication of research initiatives including research area on the BSPGHAN website. The website will become the main portal of interaction and information. Members are encouraged to help populate this and inform the group of any research opportunities

(iv) develop/encourage UK based research networks. This provides a real opportunity for us to drive improvements and innovation in clinical care and must become a priority over the coming year. I hope that there will be discussions on how best to develop these e.g. alongside working groups and emerging clinical networks e.g. motility disorders. On a broader scale these will also inform initiatives to develop research networks across Europe. In this respect Nick Croft (MCRN G,H&N CSG chair), Julian Thomas (BSPGHAN) and myself will be working with you all over the next 6 months to establish a portfolio of research activity and capability across units in the UK. Not only will this inform how best to drive UK based research forward, it will also provide a more robust foundation to interact with other centres across Europe as well as with industry. The latter is essential to inform the development of the best and most appropriate research studies into childhood diseases and their treatments as well as facilitate successful recruitment into clinical trials. More details will follow but I would strongly encourage you all to engage with this process.

Very best wishes for 2011 and many thanks for your support

Education report

Rajeev Gupta

This year has been useful with fruition of some new initiatives from education committee and enhancement of effect of existing projects. An active participation of the society members in expressing their educational needs and means of addressing these is solicited, particularly in view of revalidation.

Collaboration with RCPCH education

We have successful collaboration with RCPCH education. The Collage is planning "How to manage" series for next year. These will be once a month full day teaching on a speciality subject and we will have a day on Nutrition (March 2012) and a day on Practical Gastroenterology (around October 2012).

Collaboration with BMJ e-learning

There has been exploration of collaboration with BMJ e-Learning team. BMJ e-learning has agreed to commission 2 modules on GI topics of interest to wider audience. There will be a special customised home page for BSPGHAN that may incur some cost. The customised page will host information and links on all e-learning modules and other information relevant to us.

Bursaries

Bursary has become very popular and has been in very high demand. The bursary amount for this year has been fully allocated. In view of high value and projection of work done by society members to outside world, a request is made to the council to increase the grant (will come to AGM also so please support). We have been constrained by the amount of grant however have tried to adjust and also are exploring to put all available sources of grants on the education page of our website to help members.

Top 5 articles

Selected Top 5 articles of high educational value were made available to society members three times over past year and we had very good feedback from members verbally and some e-mails. Methods for making these available constantly are under consideration.

Guidelines

The group is in process of collating the relevant guidelines and making the link available to society members through our website.

Case of the month

There has been request for practical case based education. Some cases are selected for presentation in this winter meeting and other interesting cases from Nottingham meeting can be used for case discussion with permission of authors. This will need to be done carefully and will involve checking the standards for full anonimisation , consent etc, and is a medium term project for future.

DDF June 2012

BSPGHAN has actively participated in formulating programme of UK digestive disease meeting in summer 2012. We have been tasked to organise symposium on CF and have organised very high profile speakers with a commendable programme. The CF symposium will be on Wednesday 20th June 2011 morning. There will also be symposia on Transitional Care and topics of interest to Trainees. It will be at Liverpool BT centre which is state of art centre with revolving symposia hall.

Winter meeting programme

We have added “Challenging case discussion” to put more practical slant on learning this year and there has been a high number of submissions. We plan to put the educative presentations of the winter meeting on BSPGHAN website for members to see after the conference (there will be a lag period so that interest to attend meeting is maintained). We have also attempted increased viewing of posters and are exploring if we can load these on our website with permission of authors. We know that people attending the conference are busy meeting others during tea break and lunch, so making it available after the conference will increase readability.

Telemedicine

Telemedicine has been an interesting education media and the uptake and use of telemedicine has been improving this year. There have been several sessions including half a day sessions to

focus on vital topics and there has been good discussion. We are exploring means to further encourage attendance.

Webinars

There has been suggestion about doing webinars in view of limited availability of time. These do not need any software installation on computer and any person with web access from anywhere including travelling in train can attend these. It can also be used for virtual meetings and a test trial has been done in the Education group which was exciting for members.

Thanks for support to the council members and to the society members who have actively engaged and contributed to the cause of education.

BSPGHAN Telemedicine report January 2012

Andy Barclay
Ed Giles: Trainees CSAC rep
Mark Glass: Scottish Centre for Telehealth – Paediatric team

2010-2011

After discussion at both the trainees and education working groups at the AGM in Jan 2011 it was agreed to attempt to continue BSPGHAN trainees telemedicine educations sessions. The aim was to have 4 sessions in this year for trainees and to have a half day CPD teleconference.

Sessions ran in March, June and the half day conference was in September. The November session was cancelled because of inadvertent clash with Council.
Sessions were advertised by the trainees circulation list and by Carla emailing the general members list twice in advance, sessions were also posted on the BSPGHAN updates. However attending centres remain relatively low. There were technical difficulties with multiple centres presenting for the first time and lack of familiarity with equipment, in addition Richard Russell accrued a cost by presenting form the RCP London. However some presenters did demonstrate that they could attain enough technical abilities with the JVS over a short period of time (most commendably Prof Simon Murch).

Technically, there are two systems being used for attendance. The JVS system used by the tele-health centre and a web based JANET system. The former requires the availability of special AV equipment whereas the latter can be run from a lap-top with camera link. However the JANET system does seem to run into difficulties in determining the 'dominant view' of the speaking centre. Although giving the availability for attendees to dial in from home, the JVS system is preferable to maintain the quality of presentations and most centres will have these facilities availability somewhere within their trusts.

Summary

Telemedicine remains a viable and cost effective way to deliver high quality, and accreditable education and CPD for our specialist group where critical mass of trainees meeting face to face is difficult on a regular basis. RHSC Glasgow is uniquely placed to organise large multi-dial bridges for sessions and have dedicated technical support available during sessions. However current sessions have been poorly supported in terms of direction of remit and aims of sessions and attendance by trainees

To date centres who have attended:

RHSC Glasgow
RHSC Edinburgh
Birmingham Children's Hospital
Barts and the London
University of Wales Childrens hospital, Cardiff (audio only)
Sheffield Childrens Hospital
Great Ormond Street
City of Derry Hospital
Southampton
Oxford John Radcliffe

Potential future interventions to enhance quality and attendance of sessions

- Education working group to suggest/develop curriculum for telemed trainee sessions

- Telemed 'link clinician' for each training centre identifiable as responsible for centres ability to participate and where possible allow/encourage trainee attendance (**I would expect buy-in from the members of education working group who's centres to date have not dialled in).**

- Enhance attendance by conversion of talks to on-line lectures (we have recently been using Adobe Presenter for the University of Glasgow MSc Paediatric and found this to be an excellent medium).

- A request to BSPGHAN members to support telemed by offering to talk

- The half day teleconference could receive sponsorship to help with running costs and potentially increase the availability of JVS for centres

Proposed Telemed Dates 2012

April 24th (tues) Lunchtime Trainees

July 11th (wed) Lunchtime Trainees

Sept 12th (wed) 2nd Annual Telemed Conference (1-4.30) All Members

Nov 29th (Thurs) Lunchtime Trainees

We welcome any comments to the BSPGHAN Education or Trainees Meetings

Andy Barclay
Ed Giles – BSPGHAN Trainees CSAC Rep

Nutrition Report

David Wilson

Meetings 2011 and 2012:

The Nutrition and Intestinal Failure Working Group (NIFWG) has 2 meetings per year, one at the Winter Meeting and the 2nd at a variable location in June. In 2012, these 2 meetings will be supplemented by a strategy day. Meetings (past and future) from 01.2011 onwards:

(a) Edinburgh 27.01.11 (b) London 10.06.11 (c) Nottingham 26.01.12
(d) Strategy Day - ?

Change in Working Group name:

Given the number of IF issues being dealt with. Council agreed to a name change from Nutrition Working Group (NWG) to Nutrition and Intestinal Failure Working Group (NIFWG) which had been proposed in July 2011.

BIFS:

(a) BIFS has been recruiting for over 6 years, increasing in terms of accrual, and has had 538 registered patients by 30.10.11, and with 2 year outcome data on 60%, and of which all but 39 had intestinal failure (paper to be presented in Nottingham 01/2012). Recruitment started in 6 centres; more centres have registered year on year but not all are recruiting. BIFS estimate that by 31.12.11 they are recruiting 25% or so of eligible cases in the UK.

(b) NIFWG members and BIFS themselves have concerns about recruitment bias and thus quality of information arising. Dr Mark Beattie (President of BSPGHAN) has been working with colleagues within BSPGHAN, BAPS and the current BIFS team to set up an Intestinal Failure Register group jointly with our colleagues from BAPS. The intent of this group would be to explore data collection systems (including potentially eBANS in collaboration with BAPEN), look at inclusion criteria, look again at the necessity for consent and work with colleagues in both societies to improve recruitment.

(c) 2010 BSPGHAN HPN period prevalence audit – Most centres have returned data but some large centres are yet to contribute. Plan is to complete an audit with full UK accrual and then produce a manuscript (as was done for BSPGHAN point prevalence audit on HPN, now in press in Clinical Nutrition since 07/2011).

BANS:

Henry Gowen has represented the NIFWG and BSPGHAN on BANS. The deteriorating rate of registration of HETF and HPN is expected to rise with the recent removal of the need for informed consent and the imminent start of electronic data reporting via eBANS.

5. Strategy for Intestinal Failure In Children (SIFIC):

BSPGHAN and BAPS discussions have continued in 2011. Further to the 06/04/11 SIFIC meeting with Andrew Bibby from DoH, Sue Beath has updated our SIFIC document, reflecting commissioning issues and current BSPGHAN and BAPS support for regionalised IF care rather than very centralised care. This has been discussed at a meeting on 29.11.11 and will soon be distributed to the membership.
Due to the parliamentary 'pause' plus the decision to delay the commencement of adult IF and HPN service commissioning to 04/2013, SIFIC is low in the priority of the commissioners currently.

Consensus-based guidelines on intestinal failure management:
A systematic review of the evidence on medical and nutritional management of IF in childhood by Andy Barclay and David Wilson was published in Alimentary Pharmacology and Therapeutics in 01.11, facilitating the writing of formal consensus-based guidelines on management of IF in childhood by the NIFWG for BSPGHAN. This draws on the paediatric evidence (few methodologically robust studies for any treatment modality), high quality adult evidence plus the expertise and experience of our multidisciplinary paediatric IF teams in UK. The first meeting led by Susan Hill and David Wilson occurred on 10.06.11; submitted subgroup work is now being reviewed and edited, with clarifications sought, and plan is to finish in 03.12. Our aim is to publish the guidelines in the peer-reviewed literature and have available to all via the BSPGHAN website.

Nutrition Strategy Day with other key players:

Mark Beattie's suggestion of a Nutrition Strategy Day (hosted by NIFWG on behalf of BSPGHAN, and involving other key organisations such as BAPEN, BIFA, BAPS, RCPCH committee on nutrition, Neonatal Nutrition Network, BDA, RCN and SACN) is moving forward, albeit delayed by the importance to finalise SIFIC plans. The exact date in Spring 2012 will be determined by the availability of the key other attendees, and will be chaired by David Wilson with Sue Beath as vice-chair and secretary.

Collaborative Research projects:

(i) Taurolock RCT (lead Jutta Koeglmeier, GOSH). The study proposal has been approved by the Paediatric Gastroenterology Clinical Studies Group and advice from MRCN in Liverpool has been given, but funding yet to be established.

(ii) RCT of SMOF vs Intralipid to prevent cholestasis in post-GI surgical infants (led by Birmingham Childrens Hospital Paediatric Gastroenterology and Surgery) – work still ongoing to major grant application.

Published output from Nutrition WG in last 12 months:

Beath SV, Gowen H, Puntis JWL Trends in UK paediatric home parenteral nutrition and implications for service development. Clinical Nutrition online 07.11.

Closer links with Neonatal Nutrition Network (NNN):

NNN is a new and active grouping within neonatology and NIFWG members have explored closer collaboration with NNN; Council approved the NIFWG proposal that the NNN chair becomes the 16th core member of BSPGHAN NIFWG.

Joint meetings are planned (2012 BSPGHAN meeting at RCPCH in Glasgow 22.05.12) or are being discussed eg 2014 BAPM meeting.

BAPEN meetings 2011:

BSPGHAN contributed to 2011 BAPEN meeting in Harrogate – both paediatric teaching day (28.11.11) and BIFA session (29.11.11). There will be no November annual meeting in autumn 2012, with this being subsumed into the Liverpool-based DDF meeting in June 2012; the next paediatric teaching day will therefore be at BAPEN in 11.2013

Nutrition CSAC:

Dr Priya Narula from Sheffield is the new CSAC Nutrition representative, taking over from John Puntis. Priya has led on the planning of an RCPCH 'How to manage..' series event on nutrition support, to be held in London on 05.03.12.

RCPCH Committee on Nutrition:

Drs Diana Flynn (as NIFWG rep) and Priya Narula (as CSAC nutrition rep) are both on this group.

Other issues:

NICE guidelines and other documents – NIFWG members have provided comments on multiple documents and plans eg Junior MARSIPAN report..

15. Future priorities:
The first 6 months of 2012 should see strategy day results, furthering of SIFIC as a commissioning tool, completion of consensus-based guidelines on intestinal failure, multi-centre research project commencement, expansion of BIFS to most if not all 32 centres via the IF register, and submission of the HPN point prevalence manuscript. Further priorities (such as HETF and clarification of position on obesity) will be discussed at next Nutrition WG meeting in 01.12 and at the strategy day.

BAPEN
Susan Hill

BAPEN Council has continued to support and encourage paediatric involvement. The third joint BSPGHAN/BAPEN teaching day was held alongside an adult study day in Harrogate the day prior to the main BAPEN meeting. It focused on the gastrointestinal problems that children with chronic neurological disease, such as severe cerebral palsy develop later on in childhood. Surgical, medical, neurological, social and ethical aspects were discussed. There was also paediatric involvement in the main meeting with lectures on malnutrition and Intestinal Failure in joint seminars with adult colleagues. BAPEN members qualify for reduced rates for the ESPEN meeting and become members of BIFA, (British Intestinal Failure Association) and can attend the annual BIFA meeting for free.

Website
Mr Naved Alizai

Over the last couple of years we have redesigned the website. I hope members are finding it easier to navigate and are able to find what they are looking for. The Home page gives a brief description of the important events and the menu bar guides you for more details. Unfortunately, members will not find what they are looking for if it does not exist on the website. That is where we need everyone's input to tell us what they would want to see on the website and to send us regular updates and material for uploading.

The IBD group has worked hard and has provided a comprehensive review for their page.

Unfortunately, apart from occasional letters and job and courses/meetings updates we are still struggling to populate the site and we have not seen enthusiasm from the members to submit information/reports/guidelines etc for the site.

We use to have the power point presentations from previous meetings which were embedded in the programme of the winter meetings. It was an excellent educational source. Unfortunately, because of confidentiality concerns the power point presentations have been removed from the website, until further discussions.

The Web-designer has still got some tidying-up to do. The discussion forum project has been halted until further discussions have taken place and until we have decided the future "website expectations", a little bit more precisely, and the way we propose to achieve them.

The total amount of webspace allowed for the site needs increasing, which would mean a slightly higher running cost. At present we have 800MB space and pay around 400 Canadian Dollars per year.

In this day and age, people judge the organisations by looking at their websites. Websites are the face of the societies, associations and businesses. The council is happy to put more effort and money in making the website more useful and to keep it updated.

In the last council meeting it was suggested that we should explore the possibility of employing someone to look after the website. There are two main options; one, a person with technological expertise who will perform the technical aspects, this person will need to be guided by someone (or a group of people) from the society, who will keep an eye on the site in general. The other option is for a member of the society who posses the ability to do the necessary technical work him/herself. It does take considerable time to make the changes. We need to have a healthy discussion on this point.

PPP Report
Rod Mitchell

For the past 6 years the appointed representative of the Patient Professional Partnership has had a seat on Council, serving for a term of 3 years, so providing regular interaction between BSPGHAN and the paediatric user/parent/family community. In this his final year of 3, the current PPP representative Rod Mitchell , Vice Chair of the Crohn's in Childhood Research Association - CICRA, has participated in all of the year 2011 Council meetings and provided the two way cascade with the 6 Gastro Patient Organisations now involved in the PPP "umbrella" link.

During the 2011 BSG meeting representatives of the link patient orgs: the CLDF (Children's Liver Disease Foundation), Coeliac UK, CICRA (Crohn's in Childhood Research Association), Crohn's and Colitis UK (NACC) and The Gut Trust (IBS) now known as the IBS Network took the opportunity to meet formally to discuss topics of common interest, in addition to the opportunity for knowledge exchange. An apology was received from the absent "member" organisation PINNT - Patients on Intravenous and Naso-gastric Nutritional Therapy.

Among the PPP related topics submitted and/or discussed with Council during the 2011Council meetings have been:

- Government/ Health & Social Care Bill/D of H/NHS policies and changes and more recently the Council's wish to join a project to formulate Quality Standards for Paediatric Gastroenterology, Hepatology and Nutrition and to work also in this initiative with the user community

- Managed Clinical Networks and their benefits; the PPP reps participation in the early March MCRN paediatric stakeholder clinical research networks meeting in Manchester and the specific MCRN/NIHR/CSG joint meeting with charities in mid June which also considered the way smaller charities funded research and the possible benefits of those charities jointly funding particular projects

- Pros and cons of patient organisations collaborative research with BSPGHAN

- Amount of paediatric representation on Charities Research/Advisory Boards

- Concerns of patients about the European Working Time Directive's impact, especially on paediatric training

- Rod Mitchell reported on the first Stakeholder Meeting of the European Paediatric Clinical Trials Network (EnprEMA) set up the European Medicines Agency (see www.ema.europa.eu)

- Also discussed have been: NICE representation, links with Primary Care Society of Gastroenterology and among a number of disease specific items: Coeliac guidelines, IBD Patient Registry, Children's Liver , ESPGHAN, the BSPGHAN website

The PPP representative has continued to participate in the work of the British Society of Gastroenterology – BSG Adolescent /Young Peoples Sub Committee meetings in London and during the year a number of Patient organisations exhibited at the BSPGHAN Annual Conference in Edinburgh as well as other similar professional events.

Looking to the year 2012 we remain ready and willing to continue the very helpful interaction there has been over past years via the PPP representation on Council and the ability to draw in the wider ""paediatric patient/parent community", which could be extended in the years ahead.
The PPP "umbrella" organisations would like to thank BSPGHAN members and Council for facilitating the PPP role and for your overall support. In seeking to rotate the PPP representatives (CLDF 2006 -9, IBD 2009 – 12) we would like to take this opportunity to introduce the nominated person for 3 years from 2012, Sarah Sleet.
Sarah is the experienced CEO of Coeliac UK and will be already known to many of you; she will be with us all in Nottingham and we know she is looking forward to the challenges that lie ahead in representing the broad paediatric gastro patient communities.

Hepatology Report
Anil Dhawan

The Paediatric Hepatology Group continues to be proud of their international reputation in the management of liver disease and liver transplantation. All three supra-regional centres continue to show leadership at international forums like ESPGHAN, EASL and AASLD by their presentations, committee appointments and invited lectures at the international meetings. We also continue to contribute to international guidelines on the management of liver disease. At national level the group continues to meet under the banner of Liver Steering Group which has representation from all the NCG centres and a representative from a non NCG centre, The Children's Liver Disease Foundation, and the trainees are encouraged to attend this meeting to

understand the functioning of NCG services and the network services that are being developed to provide shared care in the local hospitals. There is active membership from the surgical community in both hepatobiliary and liver transplantation. The last meeting was held at Leeds General Infirmary on 19th July 2011.

- **UK Transplant Liver Advisory Group**

The group continues to influence the liver allocation system of transplant recipients. Achievements have been made in revising the criteria for acute liver failure and getting a more consistent approach towards splitting a liver where children are, most of the time, beneficiaries of the one graft.

- **NCG Funded Services**

Existing arrangements for NCG services is to continue for the time being. It has been acknowledged by the Department of Health that these services provide good value for money, however there is a need for us to work more in partnership with the local hospitals to provide care nearer to the patient's home. Dr Alastair Baker has done a remarkable amount of work on network services and I hope that he will continue to make further progress. The Department of Health is working with the three units to provide a single reporting system and a template for this has been prepared and will be agreed at the next Liver Steering Group meeting. Research on all three units continues to be productive and they continue to publish landmark papers that continue to influence the management of children with liver disease and after liver transplantation at the international level. There is increasing activity into anti-viral drugs for the management of chronic viral hepatitis B and C. Generally we continue to participate in new trials on immunosuppressive agents and non-invasive monitoring of liver disease. We also continue to encourage our trainees to enrol for higher degrees - MD's and PhD's.

- **Manpower review**

There will be two jobs for paediatric hepatology available at King's College Hospital, one on clinical track and the other one on academic track. Advertisements are going to go out at the end of January or early February.

- **Liver Alliance**

A new group has been set up and chaired by Professor Lombard with membership from liver centres and gastroenterology units in the UK. Liver charitable organisations like the British Liver Trust and The Children's Liver Disease Foundation. The Group has just had its second meeting which was attended by Professor Deirdre Kelly, Catherine Arkley, CEO of CLDF and myself. The aims and objectives of the group are in a fluid state at the moment but it appears that this group will be able to influence the national policy on the management of liver disease in both adults and children. I hope to keep you posted on the further developments of this group.

Paediatricians with Expertise In Gastroenterology, Hepatology & Nutrition (PEGHAN)

Naeem Ayub

The objectives identified for the year in December 2010 have largely been met. One of the ongoing major objectives was involvement in Research. However, it was felt that Multi-centre Audits or National Audits of NICE guidelines relevant to BSPGHAN were probably the most appropriate route for PEGHAN involvement. The first audit identified for this purpose was the NICE guideline on Constipation. Although issues remain regarding funding, a template for the audit has been prepared. This is to be tested as a pilot in one of the District General Hospitals before finalising the audit proforma.

During the early part of this year, the NICE guideline on Food Allergy in Children was formally issued. Although this guideline was aimed at primary care, it was immediately obvious that there was likely to be a major impact on secondary care and possibly, even tertiary care. A questionnaire has therefore been formulated to benchmark the facilities available at district general hospitals in relation to this guideline. This will shortly be circulated through the BSPGHAN.

The curriculum and training requirements for PEGHAN were agreed almost 3 years ago. However, both the recommended competencies and required duration of training may be difficult to achieve. They may also be at variance with the facilities available for PEGHAN posts in District General Hospitals. Therefore, one of the major aims for the next year is to evaluate the present PEGHAN curriculum and make appropriate recommendations. Further objectives for next year will be discussed at the PEGHAN group meeting in January 2012.

Trainees
Richard Hansen

Committee Members

Chair: Richard Hansen, Aberdeen
CSAC rep: Ed Giles, London (standing down)
Secretary: Anthi Burtt, London

Trainees' Meeting

A very successful joint meeting was held between the associates and trainees in October at Hamilton House, London. The first day was trainees-only and involved "hands-on" sessions split between basic upper/lower endoscopy and practice ST7A stations. The new session proved very popular with the ~15 trainees in attendance and will be repeated and expanded next year. The second day again involved parallel sessions, this time split between hepatology and gastroenterology/nutrition, followed by submitted abstracts then a plenary session. Feedback from this session was also very positive although some would prefer to abandon parallel sessions in favour of one shared programme.

Early-bird registrants who were society members paid **just £50** for both days which included a social dinner on the first night. This extremely low cost was made possible through generous sponsorship of the meeting including provision of endoscopy equipment and also through the financial support of the Society.

The 2012 meeting will be in Scotland, probably Glasgow. We are currently investigating the availability of using formal endoscopy simulators to replace the basic models used in London.
The 2012 trainee meeting will focus on nutrition and again be accompanied by endoscopy training.

In terms of geography, the proposed plan would be for the meeting to alternate between Birmingham and London in odd years and move around other centres in even years. Hence we would anticipate the 2013 meeting being hosted in Birmingham and the 2014 meeting moving to another centre.

JAG/JETS/Endoscopy e-portfolio

All trainees are now expected to be using this method of capturing caseload experience and the formative progress of their endoscopy training through regular direct observations of procedural skills (DOPS). A formal summative assessment is also currently being finalised prior to certification. The weighting of paediatric practice towards diagnostic rather than therapeutic procedures has been recognised, with therapeutic certification moving towards a post-CCT model. We remain committed to delivering a constant trainee presence on the Endoscopy group of BSPGHAN such that we can promptly and directly report any issues trainees may have with the evolving system.

Associates Report
Kate Blakeley

Membership

The use of dedicated Associate member e-mails from the AM committee has been very helpful. This has prompted sending out clinically related questions to members for advice and has been well responded to.

Associates/Trainee Study Day

The study received very positive feedback both verbally and formally. Feedback summary attached. The 'Associates Re-launch' aimed at re-engaging our membership had a positive response and we hope to recruit new committee members as a result of this. The results of the 'A Call to Arms Questionnaire' that Mick Cullen sent to the Associate membership earlier in the year was feedback. The e-bulletin sent out by Mick Cullen goes from strength to strength.

Study Day 2012 We suggest that we have a more specialist meeting next year which could remove the need for parallel sessions. As the meeting is planned to be held in Scotland we had wondered about linking it to SSPGHAN as the dates would be very close together.

Study Day 2013 Susan Hill has suggested that the AM meeting be attached to the Paediatric BAPEN meeting in 2013. We agreed that this would be a good plan but recognise that this would restrict the meeting to a November date in Harrogate.

Associate Committee

Sarah Macdonald, Mick Cullen and Kate Blakeley have 1 more year on the committee.

IBD nurse specialist committee member confirmed as Kay Crook.

Sara McDowell will be finishing her term with the AM Committee this year. We plan to call for more nominations this year to have members in place to take on specific roles in 2013 including a member with responsibility for the website.

No response to first call for new committee members in December. We agreed to recruit at the AGM if no further response to 2nd e-mail request in January. Kate will stand down as Chair this year due to work commitments but stay on as a council member for 1 more year. We agreed to recruit for 2 more committee members on to take on the secretarial role and the other as Chair.

Members of Working Groups

We have no expressions of interest for the Education group. Request that council members approach associate members for nursing and dietetic representation.

Study Day Feedback 4th October 2011
Joint trainee and associate members

31 Feedback forms returned

How do you rate the relevance of this meeting to your educational needs?

Score	Responses
1	0
2	1
3	9
4	21

How do you rate the overall quality of the education offered by this meeting?

Score	Responses
1	0
2	0
3	13
4	18

How do you rate the effectiveness of the meeting for CPD purposes?

Score	Responses
1	0
2	0
3	19
4	12

Comments

1. Excellent variety here
2. I was happy to hear items that might not be immediately relevant to my work – it may be useful in future! But I would also like occasional more specialist workshops too.
3. Speakers were very good and presentations easy to follow and informative in committee room 6 – very difficult to see slides due to position of the screen. Food – just ok, could be better.
4. Great mix of talks.
5. Please try not to have parallel sessions as both topics can be interesting. GI sessions should have been in the main hall.
6. Excellent day – thank you.
7. Provide paper to write on!

8. Abstract presentations were very helpful.
9. Good to have joint session in the afternoon. Impressed with abstract session – very good quality please keep. Not sure of split morning sessions.
10. Very good day, especially ST7 aspects, also hands on endoscopy.
11. I have enjoyed the split sessions this year. The practical aspects are very useful with only brief updates on key areas. Shame decreased attendance.
12. Glad to clarify future of the group and feel were involved. Good venue.
13. Excellent day once again – thank you.
14. Excellent presentation from Ms Taigh Giles – thank you.

Future suggestions

Constipation - ? nurse led clinic – practicalities.
Coeliac – changes in line with new guidelines.
Allied Health Care professional research.
Use of CBT by non – psychologists, practicalities and encouragement.
Drug use – licensing issues.

Response to IBD Nursing Questionnaire

IBD nurse questionnaire reportFirstly I would like to thank all those who took time out to fill in the questionnaire. The aim of the study was to determine the extent of redeployment amongst members throughout the UK and the impact this has on service provision. It was hoped to get clear concise information so as to avoid rumour and unsubstantiated anxieties.

The findings are to be reported to BSPGHAN to seek support if a uniform picture emerges of services being reduced and IBD standards of care not met.

It is also intended to share with fellow associate members to give an insight into nationwide happenings that may be similar or not to local events.

To date I have received 15 questionnaires back this represents approx 20% of nurses registered as associate members.

13 of the 15 were in full time positions.

None of the 15 have had to reapply for their positions.

- 10 of the 15 have been asked to give up cns time to cover shortfall in another clinical area.
- Of the five others 2 reported their trust was looking to implement this change in the next year.
- 5 of the 10 had a set number of days with ½ a day a month being the least to 4 days a month being the most.
- 5 of the 10 had an adhoc system where they were asked to cover shifts when shortfalls arose but had no quota of days .Of this cohort 2 felt it was highly likely they would be asked to have a more formalised pattern in the next year.
- Only one of the ten had the change incorporated into their job plan.
- Only one of the ten felt it was a good use of their expertise.
- More than half (no=6) of ten were requiring extra training to accomplish expectation.
- 4 of ten felt it was a good idea 5 did not and one was undecided.
- 5 of ten reported that change affected their normal working hours.
- None of the ten reported a drop in salary although one did not know as yet.
- 6 felt that the quality of patient care was affected 3 did not and one was unsure.
- Of the areas of the job impacted by the change “policy writing”, ”protocol development “and “research” were mentioned in 8 0f ten

- 2 of the ten were not clear about areas of their workload affected.

- Own “clinical work” was highlighted in 7 of 10 as was resource development
- “Audit” was highlighted in 6 of ten.
- Clinical governance was highlighted in 5 of ten.

Other aspects of the job affected included

- Patient discharge planning
- Teaching
- Reduction in accessibility to service fo patients
- Working more in own time.

Summary

First of all it is clear that no conclusions can be made from such a small and diverse sample . Local issues seem to be the main drivers for the move to get non perceived clinical workers back into the clinical setting. Individual trusts have set different demands which is reflected in the responses received. It is therefore difficult to get a national picture. It may be of some worth to repeat this questionnaire in 12 months.

BAPS
Simon Huddart

2011 saw a useful harvest of the collaboration between BAPS and BSGHAN over the past few years of my membership. Through BAPS, the surgical SAC, JAG and the intestinal failure working group I have been able to air several topics of relevance to us all.

- It is recognised within BAPS that the training in endoscopy needs to be more formally assessed and competence in upper GI endoscopy is now an essential prerequisite to CESR. Apart from one centre, paediatric surgeons have essentially abandoned lower GI endoscopy (training and service) to the gastroenterologists.

- The paediatric surgical curriculum has been altered to take into account endoscopy training and assessment. The work based assessments now more closely match those of JAG. The shortage of training in colonoscopy and the varied models for emergency endoscopy cover have been highlighted and solutions are being sought. The lacunae in OOH gastroenterology cover within even the largest centres have been highlighted to the JAG chair. A study of hospital practice throughout the UK revealed that, whilst surgeons undertake less than 50% of the in hours endoscopy, they are called upon to provide over 90% of the OOH service. The illogicality of this has been noted.

- The Intestinal Failure Group has been reborn with an attempt to map the scale of the challenges of long term TPN and potential for intestinal transplant. Some of the larger centres have now agreed upon the need to contribute data and it is hoped that a UK wide study will gather useful information.

- Recent discussions within BAPS have centred on the potential for further centralisation of certain procedures (surgery for short gut, oesophageal replacement) and even for the concentration of neonatal surgery to just 6 centres within the UK. The implications for training, local provision of care and consultant job satisfaction were considered at length.

Finally, 2012 will mark the end of my term of office within BSPGHAN and I should like to give thanks to the warm welcome you have all given and the hard work of Carla. Expressions of interest for my replacement are being sought within BAPS membership.

Commonwealth Association for Paediatric Gastroenterology & Nutrition

CAPGAN Conference, London 2011

Barbara Golden

General Outline

CAPGAN held its Silver Jubilee Conference in July 2011 in the Institute of Child Health, University College, London.

Registrants were welcomed on the 21st July evening by the Commonwealth Secretariat at its seat, Marlborough House. They were entertained with violin music, singing and brief speeches of welcome; and offered drinks and a buffet supper.

The conference papers were presented and posters displayed at ICH over the next 2 days, 22nd and 23rd July.

Baroness Warwick of Undercliffe, Chief Executive of Universities UK, welcomed CAPGAN to the House of Lords for the CAPGAN Dinner on the evening of 22nd July. Dr Susan Hill hosted informal supper at her home for those remaining on 23rd July evening.

All events were very fully attended and lively discussion occurred throughout.

Organisation

Having decided to have the conference in 2011 in London, an organising committee was convened. A few meetings followed but most of the work was done using Skype and email by a Core Committee, a Programme Committee, an Abstracts Committee and a Social Committee (for names, see the Programme on www.capgan.org). Several other persons offered and were enthusiastically recruited including the President's husband, Mr Richard Whitburn, a website manager, Dr Sam Webster, colleagues and students to help on the spot and also, an administrator/secretary, Mrs Marie Walker-Greenwood. All were invaluable and due much gratitude.

Finances

From the outset, it was understood that all Conference expenses and membership fees had to be covered by conference registration fees and ethical sponsorship. This was achieved. Fees were set at £180-300 depending on career grade and country. Relatively low cost programmes, badges and conference bags etc were provided. Messages from the Queen, the Commonwealth Secretary-General, the President and the organisers were included in the delegates' bags.

Sponsors included Nutriset (Malaunay, France) and BSPGHAN, who awarded sufficient for, respectively, 12 and 4 generous scholarships to overseas delegates without sufficient means to cover the considerable expense of attending the conference. Professor Walker-Smith also provided a scholarship for a trainee from Australia. All of these delegates were chosen, based on

the quality of their submitted abstracts, by the Abstracts Committee. In the event, Prof Walker-Smith's scholarship was given to a Sri Lankan presenter, there being none suitable from Australia. Other generous sponsors were the Commonwealth Secretariat and Ferring Pharmaceuticals. John Wiley & Sons and Wolters Kluher Health Medical Research also paid for advertising opportunities. At the Conference, itself, a panel judged the standard of presentations and a prize of £500 was donated and presented by Prof Sandhu to the best presenter.

Accommodation

The Institute of Child Health lived up to its very good reputation as a conference venue. It provided 1 large and 1 smaller well equipped and manned lecture theatres, room and boards for posters and space, tables and chairs for registration, lunches, mingling and more serious discussion. The only minor flaw was due to a temporary fault so that internet connection was unavailable within our confines throughout the conference.

Most delegates were accommodated very conveniently at International Hall (University of London student accommodation) and the Goodenough Club. Free internet connections were available and they both provided excellent value, with no downsides reported.

Social Programme

This was planned to include guided walks and visits but, apart from the fixed evening entertainment, these were not offered as the scientific programme did not allow sufficient time within the conference. Instead, delegates were given books & leaflets on 'things to do in London' after the conference, and advice as necessary, eg to travel using Oyster Cards.

Scientific Programme

There were 18 well attended guest lectures, from recent scientific advances in hepatitis to practical management of severe malnutrition to advocacy and the MDGs. They evoked much discussion within and beyond the lecture theatres. The excellent final lecture, on academic medicine's responsibility for global health, was very kindly given by Professor Sir David Weatherall, as he had to be invited at the last minute.
Approximately 70 abstracts were submitted and scored by the Abstracts Committee: 64 were accepted and 20 were presented orally. More were worthy of presentation. Again, they evoked much discussion. The remaining 44 were displayed as posters and there were 2 poster walks. In retrospect, another half day's conference would have made life easier by allowing more time to present and discuss more research.
(For Abstracts & Presentations for which permission for publication was obtained, see www.capgan.org.)

The Delegates

CAPGAN members number 382 at present. Of these, 135 attended CAPGAN 2011 and all were offered Certificates of Attendance. Several more wished to attend but were unable to obtain their visas in time. Surprisingly, Bangladeshi delegates were very numerous but no-one from Canada attended. Otherwise, there were delegates from several subSaharan African countries, Pakistan, Sri Lanka, India, Jamaica, Australia, also non-Commonwealth countries like Hong Kong, Egypt, Denmark and the USA. They all contributed greatly to a short-lived but memorable, enjoyable and remarkably problem-free conference.
Evaluation forms were completed by 45 delegates. For 'organisation', the mean score, out of 5, was 4.95. For 'quality of invited papers', it was 4.6, for 'free papers', it was 4.2 and for 'posters', it was 4.05. No specific problems were identified. However, 2 delegates sensibly advised that evaluation forms be handed out at the start rather than the end of the conference.

Annual General Meeting

This was chaired by Prof Sandhu on the last afternoon and there was limited time for a busy Agenda. Thanks were given to the organisers, the students and others who helped at the conference itself, and to the conference administrator. Dr B. Golden and Dr S. Hill were elected as, respectively, Secretary and Treasurer of CAPGAN. Dr N. Mohan offered her services as membership secretary; and Dr H. Sandige offered to take over website administration. Several new Council members and the incoming President, Professor Tahmeed Ahmed, were welcomed. Prof Ahmed thanked Prof Sandhu and gave a speech, including an invitation to the next CAPGAN conference which he and Dr Shaman Rajindrajith wish to host in Sri Lanka in late 2013. In the meantime, CAPGAN hopes to be represented at FISPGHAN's World Conference In 2012 in Taiwan.
Finally, Dr Eva Forbes (UK) was awarded the Professor Sandhu prize for the best presentation and Dr Shaman Rajindrajith (Sri Lanka) was awarded the Professor Walker-Smith scholarship.

Other scholarship awardees were as follows:

Nutriset Scholarships:

Bangladesh - Drs M. Chisti, Md.I. Hosain, M.M. Islam, S.Roy, R. Sabuktagin, G. Faruque, T. Ferdous, F. Tofail; Jamaica - Prof T. Forrester; India - Dr N. Mohan; Pakistan - Prof Z. Bhutta; Malawi - Dr I. Trehan
BSPGHAN Scholarships:

Bangladesh - Drs S. Huq, J. Hamadani; Malawi - Dr T. Phiri; Kenya - Dr V Bandika

CSAC Report
Adrian Thomas

- **National Training Grid**

There were 14 applications for the grid this year, 11 were invited for interview and 8 were offered positions. Five of these offers were accepted, the other posts not being accepted because it was not possible to accommodate applicants with their first choice.

In order to give trainees the maximum chance of being appointed to the grid the RCPCH have agree that up to 1 year of pre-grid training can be counted towards a CCT in paediatric gastroenterology provided:

1) the training takes place in a centre approved for grid training
2) it is agreed prospectively with CSAC and
3) a written testimonial is provided by the trainer stating that the training is equivalent to that of a grid trainee

All grid trainees should have annual speciality specific appraisals, these should take place before their STARCP (Specialty Trainee Annual Review of Competence Progression, previously known as RITA) and a copy should be sent to the CSAC chair for review at the next CSAC meeting. This assessment should include endoscopy numbers and competencies.

The ST7 assessment will be changing its name to START (Specialty Trainee Assessment of Readiness for Tenure), and is currently undergoing GMC approval. This assessment has been piloted over the last 3 years. The first START Assessment of 2012 is expected to take place in November. As this assessment will include gastroenterology and hepatology it is important that trainees have had exposure to both subjects before their assessment. Trainees should discuss with their grid coordinator and/or educational supervisor if they are concerned about this.

Further information is available on the BSPGHAN and RCPCH websites.

- **Endoscopy**

A network of regional endoscopy leads has been established and will be responsible for ensuring the quality of endoscopy training. It is expected that all new paediatric trainees from September 2012 will use E portfolios and an expectation of JAG certification at the end of that 3 year cycle, it is intended to pilot this with current trainees.

Appendix 1:

Bursary Reports

EASL Annual Meeting 30th March to 3rd April 2011
Title- EASL (European Association for Study of Liver Diseases) Annual Meeting, Berlin

Dinesh Rawat
Poster Presentation
Phenotypic variation and long term outcome of hepatobiliary and renal manifestations in children with congenital hepatic fibrosis

Key Learning Points
1.Postgraduate programme included a significant paediatric component dealing with developmental pathology of bile ducts as well as fibrocystic liver diseases especially congenital hepatic fibrosis. An overview of hepatobiliary transport supported by an approach to genetic testing in unexplained cholestasis was immensely useful. The talk on drug induced cholestasis was novel in its elucidation of genetic variants contributing to susceptibility.
The talk on Liver transplantation in cholestatic disorder dealt with criteria being used for transplant indications as well as long term aspects of post transplant outcome with particular emphasis on quality of life indicators. The seminar on management of biliary complications has been very useful for my clinical practise where we encounter about 15% risk of biliary complications. I gained better understanding of the histological aspects after listening to the pathologist's viewpoint.
The postgraduate talk about the natural history of biliary atresia and allagille's syndrome traced the evolution in management of these conditions and the favourable impact of these interventions on the long term outcome.
2. The early morning session on NAFLD was a compelling one which explained about the cutting edge research about its pathogenesis as well as the various clinical trials currently underway focusing on different pharmacological options.
3. The seminar on hepatopulmonary syndrome was useful for my understanding of the criteria used for transplantation –this was pertinent as we are currently listing a similar patient for transplant.
4. Coagulation disorders in liver disease – speakers in this section explained about the limitations of current coagulation tests in liver disorders in view of the reduction of both procoagulant and anticoagulant factors.
5. My poster presentation about the phenotypic variation and the long term outcome of children with congenital hepatic fibrosis was unique as it provided a paediatric perspective to a problem seen in adult patients as well and was favourably received. There was interesting discussion

regarding the outcome of portal hypertension in these children and how these findings can be used to guide surveillance.
Overall, the scientific content of the meeting exceeded my expectations as there were several issues related to paediatric Hepatology. In view of the immense learning experience, I would definitely recommend this meeting to my colleagues in paediatric hepatology and gastroenterology.

ESPGHAN 25th to 28th May 2011, Sorrento

Ian Sanderson
Invited Chair

The ESPGHAN annual meeting was held in Sorrento, near Naples from May 26th to May 28th (A postgraduate course had been held on May 25th.)
The main programme was opened by a lecture from Michael Camilleri on the treatment of functional GI disorders, based on scientific evaluation. This was a hugely informative talk, with many treatments covered. But the final analysis was that almost none had a good evidence base. The listener was left with the feeling that we had only passed a small way along the journey from science to treatment.
A series of plenary gastroenterology talks followed, which included novel pathways in GORD, and ICOS ligand in paediatric IBD. There was then a state of the art address by the scientist who first showed that dendritic cells had protrusions into the intestinal lumen.
The afternoon contained a symposium on Transition from Childhood to Adulthood in IBD that I had organised. One speaker concentrating on GI aspects of care, another on extra-intestinal features, and the third was a psychologist who discussed the transition period on behavioural and psychological issues.
The following day opened with hepatology plenary papers. A new test for Wilson's disease was described and paediatric hepatologists were asked to supply serum for this test, which is protein based. This appears promising, as it allows detection of the disease before copper levels change; and is more straightforward than genetic testing. The Birmingham group (talk given by Deirdre Kelly) displayed a new condition from two children that had died many years ago, based on exome sequencing. Further work on the relationship of IL-28b to HCV was then described from Spain. This session was followed by an excellent talk on fibrosis as a state-of-the-art lecture. Regrettably, questions were not allowed. I wished to probe the speaker on his hypothesis that increased intestinal permeability caused fibrosis. While this theory seems supported by the evidence, the speaker's derivative hypothesis (that PAMPs and food antigens cause disease on reaching the liver) had no experimental basis that I could see. An equally valid hypothesis could be that increased permeability allows PAMPs and food antigens to interact with immune cells in the intestine; and it is these cells that, in turn, move to the liver and cause damage. This lack of exchange in state-of-the-art lectures should be reconsidered by ESPGHAN.
The afternoon brought a wealth of information in the poster abstract session. Unfortunately, the scientific abstracts were at the end; and this lessened the audience for some excellent basic scientific work; in particular, the role of autophagy in intestinal dendritic cell function. The evening session included an excellent symposium where BSPGHAN members Simon Murch and Richard Russell gave highly informed talks
The final day brought more excellent presentations. The liver disease reviews in intestinal failure were particularly good. The need for a trial of SMOF was well explained by Dr Colomb, as many BSPGHAN members had been privately saying that we were beyond the point of equipoise needed to justify a trial.

Johan Van Limbergen
Plenary Presentation

The annual meeting of the European Society for Paediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN) was this year held in Sorrento, Italy. Supported by this bursary, I was able to attend this meeting to present both our Canadian efforts to develop an IBD ipod application and our ongoing Scottish genetic studies of pediatric inflammatory bowel disease.

Our abstract entitled 'Patient-driven learning and symptom monitoring using handheld technology: a new perspective on education and counseling in the multidisciplinary Pediatric Inflammatory Bowel Disease Team' was presented during the post-graduate course. Until now, IBD-related information is most often delivered to young patients and their families at the time of diagnosis or during disease flares using printed material. Consequently, IBD-education is mostly directed at parents/guardians with children/teenagers often too unwell to make full use of the provided counseling, in spite of the increased time commitment by particularly IBD Nurse Specialists worldwide. Therefore, we have developed an application, for use on a handheld device such as iPod/iPad or Android Smartphone, containing an IBD-video-academy and a real time recording feature of disease activity and compliance with medication. This application has given our young patients and their families the opportunity to preview/review the information given during the face-to-face meeting with a member of our IBD-team. Thus, the time spent with the health professional can be more focused on answering questions. Within the same app, we have included a feature to monitor disease activity and treatment compliance in real time. This has allowed our young patients to take control of their symptom reporting, to generate a clinical summary-pdf prior to follow-up in the IBD clinic and to actively prepare for a transition to adult care.
This application was beta-tested during the Spring of 2011 and will shortly be available on iTunes and the Android marketplace.

Our other abstract entitled 'Inducible T-cell costimulator ligand (ICOSLG) influences Crohn's disease susceptibility in the Scottish paediatric IBD population' was presented during the plenary gastroenterology session on the first day of the meeting. Inducible T-cell costimulator (ICOS) and its ligand ICOSLG are intimately involved in the proliferation and differentiation of T lymphocytes. A locus on Chr. 21q22 harbouring the ICOSLG gene has been shown to influence susceptibility to adult and paediatric Crohn?s disease (CD) and ulcerative colitis (UC). We applied the first family-based association analysis of ICOSLG in childhood onset CD, thus minimising the effect of population stratification, and demonstrated that the signal at the 21q22 locus is due to germline variation at the 3' end of ICOSLG. After its submission to ESPGHAN 2011, this study was accepted for publication in GUT.

Thanks to the ongoing support of BSPGHAN, I was able to attend this meeting and present this work. I would like to sincerely thank the bursary committee for giving me this opportunity.

Intan Yeop
Plenary session
Severe Early Onset Colitis due to Mutations in Interluekin 10

I walked through the lemon tree-lined streets of Sorrento, uphill to the Hilton and joined a queue to register for the 44th Annual ESPGHAN Meeting. Although a European meeting, it was huge and well-attended by delegates worldwide. It was a struggle to decide on which sessions to attend – most looked interesting. The IBD session on the Post-graduate Course was rightfully well-attended, as was the plenary sessions at the start of each day. My first presentation was on 'Medical, Endoscopic and Surgical Management of GI Lesions in Blue Rubber Bleb Naevus Syndrome (BRBNS)' during the Gastroenterology parallel session. BRBNS is a rare form of venous malformation, often affecting the gastrointestinal tract, and appears to be progressive, necessitating escalation in treatment. One presentation down, another to go!
The final day started with a leisurely stroll through the Citrus Grove, viewing posters. There were many excellent posters on display during the meeting. From there, I entered the cool and enormous auditorium, which was rather daunting. I presented our abstract 'Severe early-onset enterocolitis due to mutations in Interleukin-10 pathway'during the Gastroenterology plenary

session. Genetic mutations in IL10 pathway can now be identified, enabling early diagnosis and treatment with haematopoetic stem cell transplantation, which appears to be safe and curative.
On the final evening, after enjoying the musical concert and dinner, I gazed out at the Mediterranean Sea, reflecting on the meeting. Yes, the weather was lovely, the food was fabulous and Sorrento was beautiful, but most importantly, it was a good meeting. It was wonderful to have been part of it, and I was grateful for the assistance from BSPGHAN. It was great meeting old friends and colleagues, and meeting new ones. It was overall an excellent trip!

Rohit Gowda
Poster of Distinction

Portal Pressure in Children with Intestinal Failure Associated Liver Disease

European Society for Paediatric Gastroenterology, Hepatology and Nutrition held its annual conference in Sorrento, Italy. It provides a platform for trainees and practitioners to put forward th results of various interesting works performed in clinical and basic sciences, to the wider world wide audience. I had an opportunity not only to learn about the new techniques and treatments in this field but also to present my own work with the hepatology team in Birmingham Children's Hospital which was about our experience in Portal Pressures in children with intestinal failure associated liver disease.

There were many insights which I obtained into the areas such as irritable bowel syndrome, Cow's milk allergy and its increasing incidence, inflammatory bowel disease and its assessment and management (especially regarding the current guidance on management of acute severe colitis. It was interesting to be involved in the discussion of the Coeliac disease grou and how the implementation of the new guidelines to recognize coeliac disease early in primary and second setting was done. There were useful tips as to how an international guidance is formed and distributed for comments from members. There was also a multi-centri study to look at use of this guideline to see if it helped in improving the diagnosis of coeliac disease in children.

IBD is a field where a lot of genetic studies are being undertaken and a number of genes lined to IBD are being discovered everyday. Importance of multidisciplinary teams to manage feeding disorders with involvement of psychologist, the technique of fibroscan and its limitations, the importance of Vitamin D supplementation in pregnancy and in children not only in the northern latitudes but also in countries like UK were some of the other learning points.

Spending time with experts in the field gave me an insight into personal experiences in cases of eosinophilic esophagitis, some special cases with infantile diarrhoea, management of difficult consitipation. Scoring systems for symptoms of IBD to help decide on management in secure severe colitis was very useful. There were a lot of recommended reading and useful publications that were handed out by drug companies for some bed time reading.

It was also a great opportunity to see a beautiful palce and experience its culture and history. Particularly enjoyed the food (great pasta, pizza, gelatos and coffee) and the wonderful weather.

Eleni Volonaki
Oral Presentation

Haematopoietic Stem Cell Transplantation as a Treatment option in children with multiple intestinal atresia and recurrent structuring disease

Relevance to training: Highly relevant

Benefit to participant: ESPGHAN annual meeting 2011 is the most important event for Paediatric Gastroenterology in Europe, especially for trainees, as we are expose to up to date knowledge on

the field and are given the opportunity to interact productively with our colleagues from all over the world.

I had the pleasure to attend this year's meeting for the first time and present my research on the role of gastrointestinal endoscopy during the first year of life, as well as our experience with complication rates and safety of gastrointestinal endoscopic procedures performed in our center in the last 5 years, both works orally presented as posters. Our experience with haematopoietic stem cell transplantation in three patients with multiple intestinal atresia and recurrent structuring disease was also presented at a symposium session at this conference.

Overall, these four days definitely widened my perception on the field of paediatric gastroenterology and provided me with valuable stimuli for further studying and research, always focusing on optimization of the care of our young patients.

6th Paediatric Critical Care World Congress 13th – 17th July 2011
Sydney, Australia

Ms Isobel McLeod
Oral Presentation

The Introduction of a Nurse Led Blind Bedside Jejunal Tube Insertion Guideline in Paediatric Intensive Care

The World Federation of Pediatric Intensive and Critical Care Societies 6th Paediatric Critical Care World Congress gathered in Sydney, Australia under the conference theme of 'One World Sharing Knowledge' in March 2011. The scientific program focused on seven key themes, one of which being 'Hormones, Fluid and Feeding' and key note speakers included Dr Nilesh Mehta, Boston Children's Hospital, USA and Dr Dick Tibboel, Erasmus MC-Sophia Children's Hospital, Rotterdam, Netherlands.

Many would argue that the principle objective in intensive care is to save life, through the provision of 'essential' aspects of care and it is therefore assumed that nutrition is incorporated under the banner of critical care. However, nutrition is often overlooked due to competing clinical demands such as; fluid restrictions, digestive intolerance and interruptions to nutritional care delivery for diagnostic and therapeutic procedures, resulting in significant challenges to the provision of optimal nutritional support within PICUs worldwide. Specific complications further impact on the nutritional status of critically ill children, such as; necrotising enterocolitis, chylothorax, gastric paresis and enteropathies. Mehta et al (2009) urges that the provision of optimal nutritional care and accurate assessment of energy expenditure should therefore form an integral component of paediatric critical care.

Nutrition featuring predominately in the programme, emphasised the importance of optimal nutritional care provision in critical illness to all delegates and plenary sessions included; nutritional challenges in PICU, severe malnutrition, the enteral versus parenteral nutrition debate, nutritional care for complex cardiac patients, feeding algorithms, assessing energy requirements and the use of indirect calorimetry. Concurrent presentations included; serum enzymes for abnormal intestinal permeability, gastroesophageal reflux and presentation of the Pediatric International Nutrition Survey of nutritional care delivery in PICU. In addition expert panel sessions debated the nutritional management of children with Hypoplastic Left heart Syndrome, tight glycaemic control, new technologies for haemodynamic monitoring, feeding algorithms for critically ill and the challenges of feeding in complex patient groups.

The opportunity to network with other centres regarding critical care nutrition was invaluable and since attending the conference links with other centres has continued and multi-centred

collaborative projects are being developed. Attendance at this meeting would not have been possible without the generous support received from the BSPGHAN bursary.

ESPGHAN Nutrition Summer School 20th-24th September 2011, Ameland, Netherlands

Dr Nkem Onyeador
Delegate

Thanks to the generosity of BSPGHAN I had the opportunity to attend the ESPHGHAN Nutrition Summer School which took place on the island of Ameland, Netherlands from the 20th- 24th September 2011.
The course was attended by 44 delegates from 16 countries mainly from the EU but also from Canada, Indonesia, Israel and China. Most of the delegates were Paediatric trainees, some already in Paediatric Gastroenterology training and other aspiring to. There were also a few doctors from other specialities including Neonatology, Paediatric Neurology and Paediatric Infectious Disease as well as some dieticians.
The Summer School objectives were to:-

1) Offer a comprehensive curriculum on paediatric nutritional research, literature and clinical trials.
2) Provide well-founded advice on prevention, diagnosis and management of paediatric nutritional diseases
3) Offer a unique opportunity to learn from and interact with an expert faculty
4) Serve as an introduction to evidence based medicine in Nutrition
5) Provide knowledge transfer in a very interactive way

My personal opinion was that the course exceeded all of its expectations. The course content was broad yet relevant with topics ranging from 'Nutrition in the Preterm Infant' and 'The Metabolic Consequences of Childhood Obesity' to 'How to give a presentation' and 'Common Statistic Errors'.
All the lectures had all the latest evidence based data and were very interactive. The faculty were all experts in their field and gave excellent presentations on their specialist topics. They were also very approachable and enthusiastic to teach which made for a wonderful learning environment.
The afternoon sessions mainly consisted 1-2 hours of small group workshops on the following topics:-

- TPN Nutrition for the preterm infants
- Enteral Nutrition
- Nutritional Screening and Assessment
- Short bowel and PNALD

The workshops were more interactive and had several opportunities to work through case studies and diagnostic and management conundrums in small groups.
We were all encouraged to use the opportunity to present our own work and 2 sessions over the course of the week were devoted to listening to presentations from fellow delegates. The presentations ranged from 'Gastrostomy weaning practices' in France to the use of 'Bovine colostrum in short gut syndrome' in Denmark. I also presented a paper entitled, 'The Effects of postdischarge formula on later growth, blood pressure and body composition'. This was well received and I received challenging questions and positive feedback which was all encouraging.
The evening meals were spent together and offered a great opportunity for networking and sharing personal research and clinical experiences from all over the world. The evenings did turn into something of a 'Eurovision Song contest' with each nation encouraged to sing a national song much to the entertainment (and amusement) of all. The UK was well represented with John Puntis playing several renditions using a variety of instruments from bagpipes to drums!
Although the days were long and intensive (8.30am -7.15pm), we did have one afternoon of free time which was spent cycling on an escorted tour around the island. This is was most enjoyable.

In summary, the ESPGHAN summer school was an unforgettable experience. My Paediatric nutrition knowledge based has broadened and deepened and I have made new friends and potential future collaborators. I would highly recommend this course to all trainee members of BSPGHAN.