Editorial

Merger of BSG and BSDE

At their Annual General Meetings at Guildford in September 1979, members of the British Society of Gastroenterology and of the British Society for Digestive Endoscopy agreed proposals to merge the two societies as from 1 January 1980. The BSDE disappears as a separate organisation; all its ordinary members are now full members of the new enlarged BSG, of which the endoscopy interests are managed by an Endoscopy Committee, which has its own budget and representation on other BSG committees.

The disappearance of a separate BSDE may well appear to be curious to its many British and overseas friends, at least to those who have not been party to the discussions. Some explanation is necessary, especially since new endoscopy societies and groups are still being formed across the world.

From strong seeds sown many years previously, gastrointestinal endoscopy began to grow in Britain in the late 1960s and early 1970s, with the increasing availability of fiberoptic equipment. Enthusiasts quickly felt the need for some organisation within which to discuss new developments and the problems they raised, particularly in the field of training. However, many of those most active in the field were young, and unable to fulfil the rigid requirements for membership of the BSG, which was then concerned to limit its size. Formation of a separate group was therefore inevitable and, despite parental disapproval, the BSDE was conceived and born in 1971. It flourished: over the next eight years its membership rose to almost 500. The Society developed close and mutually valuable links with instrument manufacturers and other commercial organisations through corporate membership, and sponsored the formation of an Associate member group for nurses and technicians. Representatives of the Society held important discussions with the Department of Health about the growth of endoscopy and the need for improved facilities, and took their places in the European and World Endoscopy organisations. The BSDE held many scientific meetings, but its most important role was educational. It organised annual national teaching events, and sponsored local teaching workshops; it developed audiovisual aids and training models. All these functions remain important. Why, then, did a flourishing Society seek to lose its independence?

The answer is fundamental and simple. In Great Britain, endoscopy is believed to be part of gastroenterology. The endoscope is simply one of the tools—currently a very important tool—of specialists in gastrointestinal disease, whether they are primarily physicians or surgeons. There is no wish to foster the development of full-time endoscopists, or of endoscopy as a subspeciality.

As technical developments have slowed down, interest in endoscopy has increasingly been concerned with the evaluation of its clinical contribution. BSDE symposia on clinical topics attracted large audiences from both Societies. Indeed, the BSDE was developing into a second gastroenterology society, with an emphasis on practical matters rather than research. Approximately half of the BSDE members have always also been members of the BSG.

Through common sense and goodwill, the major meetings of the two Societies have increasingly been run as joint ventures; thus merger began to seem as inevitable as the original formation of a separate society. However, discussions about the best timing and conditions for a merger took more than two years.

The arrangements that have eventually been agreed may be of interest to other societies; details can be obtained from the BSG Secretariat. In effect, the spirit and functions of the BSDE will live on in the BSG through its Endoscopy Committee, which will continue to organise endoscopy teaching meetings and symposia, to maintain academic and cultural relations with organisations and individuals both at home and overseas concerned with or interested in endoscopy, to maintain responsibility for the nurses and technicians group (now Endoscopy Assistant members of the BSG), to nominate an annual Foundation Lecturer and Endoscopy Prizewinner, and to circulate all members of the new Society with items of endoscopic interest through its newsletter. The Endoscopy Committee has its own budget to subserve these functions, and has direct representation on Council and the other committees (Programme, Nominations, Education and Science). The Chairman of the Endoscopy Committee, previously President of the BSDE, becomes Vice-President (Endoscopy) of the BSG.

The BSG was unable to accept the principle of industrial or corporate membership, which the BSDE had found particularly helpful during its formative years. However, any merger has its elements of compromise, and potential disadvantage for both sides. Some members of the BSG may be apprehensive about the sudden increase in size of the Society, and its changed balance of interests. Some pioneers of the BSDE may regret their loss of independence; many of its members were particularly concerned about those less academic practitioners—for example, clinical assistants—with an interest in endoscopy who will now find it difficult to join the new Society. The Endoscopy Committee intends to minimise this potential disadvantage; anyone can participate in the scientific and teaching meetings of the new Society by applying through the Secretariat. The Endoscopy Committee also intends to distribute its newsletter and other educational materials to some non-members who wish their names to be put on a mailing list.

Previous Officers and Members of the British Society for Digestive Endoscopy can be proud of its many achievements in a short active life. When recommending the merger, its Executive Committee believed that integration with the BSG would provide the best framework for the further development of endoscopy and gastroenterology in Britain.

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