Presidential review of the year’s activity 1989–90

A year can pass all too rapidly and therefore the recent practice of involving the president elect in the society’s affairs is a good one. The real plans for the year, however, were laid with the secretaries and other officers of the society at a weekend retreat held at Hamble shortly after I took over in Dublin.

One important matter that we discussed then, and one which involved much work over the year, was the setting up of a new format for the scientific meetings. It was clear that too many parallel sessions were being pushed into the programme and there were always difficulties with the plenary session with an increasingly poor attendance on the last day. Of major concern too was the duplication by the sections of topics, even speakers, and the education committee, which spent so much time and effort on the designated teaching sessions, had little knowledge, let alone control, of what was being presented by sections in the main body of the meeting. At the spring meeting in Warwick we saw the beginnings of change. In place of the plenary session we carried on with free paper sessions and symposia through to Friday lunchtime, so lessening the pressure on the earlier days. The endoscopy section were persuaded to have their first training course on the Friday afternoon and altogether there was a much more lively feel to that last day. Restricting the sections to one major symposium each year has allowed more time for free communications – surely the life-blood of the society. The poster sessions, where so much new work of a more detailed nature is presented, have been enhanced by better venues and arrangements. The Southampton meeting marked the beginning of the move away from an anatomically based programme with a more detailed classification of abstracts; this will need further careful refining. All chairmen of sections are now coopted members of the education committee and the more frequent meetings of this committee during the year will facilitate forward planning. Incidentally, the last time the society met in Southampton was in the spring of 1975, when I had the pleasure of entertaining the British Society of Gastroenterology and Liver Club at Eaglehurst – until the electricity failed and Ralph Wright, of happy memory, put his foot through the floor!

The need to encourage more active participation of the scientist and laboratory worker in our meetings, and in the society’s affairs generally, was already apparent to me. Our poor record in obtaining Medical Research Council grants; the increasing dependency of gastroenterological research on pharmaceutical company support, with the pressure for more clinical trials rather than basic innovative research; and the feeling that the society was predominantly a clinical club, were all matters that were considered in detail at a working party that I chaired as president elect. Some progress has, I am pleased to report, been made. Incorporation of more scientific work into symposia has been undertaken by the sections, either singly or jointly. Active involvement by members of the basic science section in our various committees has been encouraged and, in my view, this will need to be pursued right through to council. There is now provision, through associate membership, for the younger scientists to participate both in the meetings and in the affairs of the society at a modest cost: a real recruiting campaign is needed here. I was particularly pleased with the agreement of council to fund a special Sir Francis Avery Jones fellowship in molecular science to mark the occasion of his 80th birthday, which we were so pleased to celebrate in May. My attempts to raise sufficient funds to establish university chairs in gastroenterological science, through the British Digestive Foundation, were less successful. Such academic posts are vital if we are to seize the opportunities to gastroenterology afforded by the extraordinary technological advances likely to be seen in the 1990s. I understand, however, that one of the sources approached is currently looking at the provision of research fellowships at a more senior level.

Efforts set in motion by my predecessors, Dr George Misiewicz and Dr Hugh Baron, to improve our relations with the royal colleges and other national bodies, including the British Medical Association (through its central consultants and specialist committee), have been continued and are bearing fruit. The survey carried out by the society into the number of registrars in clinical training or in research posts with honorary registrar grades formed the basis of a substantial paper on Manpower and training in gastroenterology which has now been endorsed by the Royal College of Physicians and the specialist advisory committee in gastroenterology. Indeed, the data on numbers were of considerable use to the college in its own recent submission to the joint professional advisory committee. For the first time there is some hope of avoiding the proposed reduction in registrar numbers which would seriously reduce the opportunities for adequate training in specialty work, as well as profoundly affecting the current pattern of research involvement at registrar level as an integral part of the training process for a consultant. The joint liaison committee with the other major clinical specialist societies, continues to identify matters of common interest and it is encouraging that the Royal College of Physicians is altering its own committee structure to allow better collaboration with the specialist societies and associations. Our gratification in obtaining from the joint professional advisory committee approval for an extra seven senior registrar posts in gastroenterology was tempered by their decision to top slice three of these posts for persons currently holding honorary senior registrar posts within the regional quotas. A desire to understand such top slicing, if indeed this is possible, has led me to a meeting with the Association of Medical Charities and I also raised the matter at a joint committee on higher medical training meeting when similar views were expressed by a number of the specialist societies. There is no doubt that success in these medicopolitical areas is dependent on the presentation of good data and the society, I am pleased to say, has further increased its capabilities here by the appointment of a full time data coordinator to work in the office.

Collaboration with the colleges has also allowed a happy outcome to the vexed question of certification for training in endoscopic procedures, a matter which had concerned members of the society at the annual business meeting in Dublin, and others who became involved in the discussion subsequently, largely because of the precedent set for other specialised medical techniques. Based on the recommendations of a small working party, the conference of colleges have now agreed to the setting up of a new joint inter-collegiate liaison group in digestive endoscopy. This new group will include representatives from four colleges (surgery, medicine, general practice, and radiology) and three representatives
from the British Society of Gastroenterology and will have the
specific remit of ensuring that training in the increasingly
complicated procedures of diagnostic and therapeutic
endoscopy are of the highest standard.

The society, I am pleased to report, has become very
actively involved in medical audit, indeed more so I believe
than any of the other specialist societies. This is essential for
the proper recognition of gastroenterology skills and work in
the new contractual arrangements of the reorganised NHS.
Here I have been greatly helped by Dr Anthony Hopkins,
director of research at the Royal College of Physicians. The
first of our three projects is on the practice and safety of upper
gastrointestinal endoscopy. It is being conducted jointly with
the Colleges of Physicians, Surgeons, and Anaesthetists,
together with the Association of Surgeons of Great Britain
and Ireland, and the Thoracic Surgeons. Funding for an
audit registrar is being provided by the Department of Health
and the BSG has provided additional computer equipment in
our office, along with the data coordinator already referred to.
The second project relates to the safety and value of liver
biopsy. Pilot studies are being undertaken in three regional
health authorities and the process will be extended to all
regions during 1991. The third and probably the most
important study relates to the management of gastrointestinal
haemorrhage where there is still appreciable mortality and
morbidity. Guidelines to good practice and the development
of an audit process have been started under the joint
chairmanship of John Lennard-Jones and Anthony Hopkins.

During the year we have had a number of successes on the
international front. Our reception at the lovely Elizabeth Bay
House, on the first night of the Sydney world congress, to
which Australian friends, presidents of the Commonwealth
gastroenterological associations and other distinguished
guests were invited, was a considerable success. The election
of Professor Ian Bouchier as the new president of the
Organisation Mondiale de Gastroenterologie, our strong
participation in the organising committee for the proposed
European digestive diseases week, and the attendance of six
presidents of gastroenterological societies of recently-
liberated eastern European countries at the Southampton
meeting, show how seriously the society takes its wider
responsibilities.

And so the year passed, a happy one because of the very
super-friendliness of the society and of its officers and staff.
Special words of thanks to Roger Leicester, senior secretary
for his personal support to me and great efficiency in
managing the society’s affairs, and to David Thompson, who
picked up the ropes so quickly. To the irreplaceable Di
Tolfree and also to Jill Canty and Eileen Withrington at
King’s, who were burdened with so much extra work, I also
extend my thanks.

A spell at the helm of a great ship is always a marvellous
experience, and I have enjoyed, too, serving up
more hepatology to the society, benefiting at the same
time from the stimulus of a wider participation in the
gastroenterological scene.

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