

BRITISH SOCIETY OF GASTROENTEROLOGY

Presidential review of the year's activity 1991-92

Presidents are ephemeral and, just as orchestras can often play beautifully without a conductor, so our Society would run smoothly forward without a President, particularly when guided by sage and efficient officers like David Thompson and Duncan Colin-Jones, the retiring Senior Secretary and Treasurer, with day to day coordination by our efficient Administrative Secretary, Di Tolfree. Nevertheless, this year of leadership, however illusory, has been a stimulating, interesting, and enjoyable one.

The two Society meetings – in Sheffield and Warwick – both demonstrated the continuing vigour in research and teaching, though a small down-turn in abstract submissions for September may be 'a cloud no bigger than a man's hand' in the sunny sky of gastroenterology research. The initiative of Michael Hobsley, President-Elect, in introducing 'poster-grounds' at once combines research and teaching, and emphasises the importance of posters as a means of communicating original work, every bit as valuable as oral presentations.

Returning regularly to the same few venues for our meetings creates problems, not least for the local gastroenterologists, though Chris Stoddart and Bernard Smits, supported by Confrex, as usual ensured that both our meetings this year ran smoothly and enjoyably. We shall be breaking new ground and making a welcome return to Scotland when we meet at Heriot-Watt University in 1994. September in Warwick was followed closely by the first United European Gastroenterology Week in Athens. The European organisation intends (once early timetabling problems are resolved) to settle on November for its annual meetings. Only if these become a real scientific success could our Society consider having its main meeting in the Spring. Despite being a virtual monoglot and having quite neutral views on Maastricht I am enthusiastic about medical integration in Europe. Not only is there an obvious need for greater scientific collaboration and communication, but the free movement of doctors within the EEC makes it essential for all European countries to harmonise (favourite European word) training programmes. If, as we are inclined to believe, our standards, with a few other north European countries, are the highest and most uniformly achieved, then we must engage actively in ensuring a rapid elevation of requirements for European accreditation from their present feeble state. Christopher Mallinson and Jonathon Rhodes have this formidable responsibility for gastroenterology and deserve our strong support for their work on the new Gastroenterology Board of the Union of European Specialists. Their links with the SAC in Gastroenterology are being strengthened.

Issues of training in the UK have been a constant concern all year, and will continue to be. Surgeons, radiologists, and pathologists have their programmes reasonably well agreed, but physicians are having a harder time, mainly because of the gradual change from training 'general physicians with an interest . . .' to specialists with some general medical experience. Should *all* gastroenterologists of the future do general medicine? Should *some* gastroenterologists do general medicine? Should *any* physicians at all do general medicine? I was able to persuade the Royal College of Physicians of London to establish a working party to wrestle with this fundamental question which bears heavily on hospital organisation, hospital staffing, and training. There is still no discernible consensus on how much 'general medicine' registrars and senior registrars should do. They mostly do a

lot of 'Jack of all trades' acute medicine at present to keep the service running, but how much of this is true training, and how much do they need?

These are all considerations for the medium term – 10–20 years perhaps. For the immediate future, opportunities for recruitment and training in medical gastroenterology improved considerably after our annual liaison meeting with the Department of Health. They responded, with an alacrity to which we have not been accustomed, to our pleas for more senior registrars with an early JPAC meeting at which the advocacy of Roger Williams and Graham Neale brought forth an additional 10 posts – at least one more for every England and Wales region except the Thames area.

All these discussions about medical (physician) manpower and training induces overwhelming ennui in our surgical members who are steadily growing in number and vitality. Our Society is now a federation of practitioners in different specialisms and subspecialisms, all deriving from and contributing to gastroenterology. All federations have an inherent instability (as the Balkans have again demonstrated) and we constantly need to ensure a fair balance of opportunity for each section and group. Coloproctologists are now represented on our Clinical Services Committee, while BSG interests on the Surgical Gastroenterology Group of the Association of Surgeons are looked after by Chris Venables and Sir Robert Shields, last year's President, who also chairs the group. Another encouraging move is that our Liver Section has drawn closer to the British Association for Study of the Liver by making their committee's membership identical.

Audit is part of everyone's life now, and if used wisely is a route to better quality care. We have embraced it enthusiastically, and the coming year will see publication of the audits of liver biopsy, and hazards and use of endoscopy, while a major national audit of gastrointestinal haemorrhage gets under way. Roger Leicester drives this on with characteristic energy and enthusiasm.

Although education and training are important to the Society, research is its lifeblood. Council invited Professor Leslie Turnberg to establish a Research Advisory Committee and this has now been incorporated in the Constitution. The Committee produced a thoughtful document *A Strategy for Research in Gastroenterology* which every member has received, and which has also been welcomed by the Medical Research Council. The main thrust of the document is that, while the BSG has always produced good clinical research, it has been weaker in its biological science and in 'health service' research – the delivery and development of gastroenterology in health care systems. The Society will now commit itself to fostering basic research and encouraging – even organising – health services research into the provision and appropriateness of gastroenterological procedures and services. This fits in well with previous work by the Society (particularly in endoscopy and oesophageal studies) and with our growing involvement with audit. Professor Turnberg was elected to the Presidency of the Royal College of Physicians of London (on which we congratulate him and send him every good wish) so that Professor Nick Wright now succeeds him as chairman of the Research Committee.

Research needs funding – a truism, even if a platitudinous one. The Medical Research Council has not identified gastroenterology as a priority area but we believe it will see

the value and practicability of our new research strategy. However, we need other sources, and the British Digestive Foundation exists for that purpose. The Foundation has done well in its campaign of public education in gastrointestinal matters, but we now need to look to success in fundraising. We look with optimism to its new President, Professor John Lennard-Jones, Chairman Tim Scriven, Treasurer Tony Dawson and a new fundraising administrator (not yet appointed as I write) for the future. The Society has guaranteed continuing support for a further three years. The British Liver Trust is also developing and we hope that collaboration between these bodies and some of the disease-related charities may grow fruitfully.

The Endoscopy Associates Group has grown in size and vigour over the years and their activities now form a regular part of our meetings; the relationship is mutually beneficial educationally, scientifically, and socially. We now welcome

another group – the Clinical Measurement Associates, mainly scientists involved in physiological recording. John Lennard-Jones brought this Group into being with his characteristic tact, diplomacy, and organisational skill, and we have every expectation that they will make an equally helpful associate group. They have already started on the daunting task of establishing the best and most reproducible methods for performing clinical tests of gut motility.

Professor Michael Hobsley now moves into the President's seat, supported by Professor Michael Farthing as Senior Secretary and Professor Rodney Taylor as the new Treasurer; the year ahead has plenty of exciting opportunities which they will seize and develop to the Society's benefit.

JOHN R BENNETT

*Gastrointestinal Unit,
Hull Royal Infirmary,
Hull HU3 2KZ*