Issue 3 Winter 2005

AUGIS News

ASSOCIATION OF UPPER GASTROINTESTINAL SURGEONS OF GREAT BRITAIN AND IRELAND

reviews • events • reports • interviews

In this edition:

AUGIS EVENTS

EVENTS

BSG 20-23 March 06
For further details visit: www.bsg.org.uk

ASGBI Annual Scientific Meeting 3rd & 5th May 06
For further details visit: www.asgbi.org.uk

ISDE Adelaide 22-25 Feb 06
For further details visit: www.isde.net

COURSES

Course D2 Gastrectomy 1-3rd March 06

Accreditation of Courses for AUGIS
A form is available on the AUGIS website for obtaining AUGIS accreditation for courses in relation to upper gastrointestinal surgical topics. Once the form has been filled in by the course organiser and returned to the AUGIS office it is emailed or faxed to all members of the Education Committee with an answer being provided within a few days. Once accreditation has been obtained, local organisers can add this to the advertisement and the course can be placed on the AUGIS website.

USEFUL LINKS

Association of Surgeons of Great Britain and Ireland
www.asgbi.org.uk

Association of Coloproctology of Great Britain & Ireland
www.acpgbi.org.uk

Association of Laparoscopic Surgeons
www.alsgbi.org

Association of Surgeons in Training
www.asit.org

British Society of Gastroenterology
www.bsg.org.uk

Royal College of Physicians and of Glasgow
www.rcpsglasg.ac.uk

Royal College of Surgeons in Ireland
www.rcsi.ie

Royal College of Surgeons of Edinburgh
www.rcsed.ac.uk
Contains details of Surgical Masterclasses

Royal College of Surgeons of England
www.rcseng.ac.uk
Contains details of forthcoming courses and research fellowships

Presidents Letter - Professor S M Griffin

It is a pleasure to introduce our Association's third newsletter. The key function to any newsletter is to inform and entertain its membership. There is so much happening both within our Association and in healthcare practice that an annual publication would not meet these objectives. We aim therefore to produce two "slim line" newsletters per year which will contain reviews of matters of topical interest to our sub-specialty as well as updating our membership on any political issues and changes in our Association that will affect them. I would also wish to stress that we would welcome contributions from all members and hope to include a section in the future providing a soapbox for diverse opinions on issues of the day. We hope that as the AUGIS website is developed (under the careful guidance of Richard Hardwick and Tamsin Dunsdon) that these two methods of communication will compliment each other.

We have enjoyed a very successful annual Scientific Meeting in Dublin in September hosted by John Reynolds and the Irish contingent. This was the first annual meeting to run parallel sessions of oesophago-gastric and HPB free paper presentations and symposia. These separate sections within the meeting were extraordinarily well attended and the feedback from you all has been very positive. Our industry partners enjoyed the meeting more than ever before and I am pleased to report that our links with our corporate sponsors are becoming stronger than ever. All the indications are that the Dublin meeting was not only hugely successful from a scientific point of view but also from a financial one as well. I am particularly grateful to all those who contributed from the audience, behind the desks and from the podium.

The activities of Council will be reported elsewhere in this newsletter but I am pleased to report that we are making huge progress both in the development and badging of national courses and masterclasses as well as a national audit. I am delighted to report that in the last couple of weeks we have heard that AUGIS, working together with the Royal College of Surgeons of England, the BSG and BASO have been successful in securing a £2 million grant from the Healthcare Commission on our proposed national oesophago-gastric audit of all patients with upper GI cancer. Richard Hardwick has worked tirelessly towards this end, and I and all of AUGIS owe him a debt of great gratitude. I am particularly proud that our Association has been instrumental in making this happen.

It is difficult to believe that I have already passed the halfway stage in my Presidency of AUGIS. I know that our Association continues to move from strength to strength. I have enjoyed hugely the challenges of the last fifteen months and in September 2006 I shall be handing over the Presidency to Mr Merv Rees who I am certain will continue to steer our Association to a position of even greater influence.

Council 2005-2006

President - S M Griffin
Honorary Secretary - I J Beckingham
Honorary Treasurer - S Cheslyn-Curtis
Chair Of Clinical Services & Audit Committee, Anglian Representative - R H Hardwick
Chair Of Education & Training Committee - R W Parks

Ordinary Members - M Deakin (Midlands), G Clark (Wales), N Hayes (Northern & Yorkshire), L D McKie (Northern Ireland), D Menzies (North Thames), M Rees (Oxford & Wessex), K K Singh (South Thames), K Conlon (Ireland), M R Zeiderman (North West), D Hewin (South & West), M Lewis (East Anglia), S Iftikhar (Trent)
BSG Representative - R Teague
Trainees' Representative - P J Lamb

get all the up to date information at: www.augis.org

Report from Clinical Services & Audit Committee

Mr R H Hardwick

The Second AUGIS Oesophago-gastric Audit is available on the web-site and has been accessed by many of you. Any feedback would be gratefully received.

AUGIS has negotiated with interested parties to create a bid for the Healthcare Commissions proposed National Oesophago-gastric audit of all patients with upper GI cancer. I'm pleased to say that this was successful and AUGIS won the bid. This will generate £2 million pound grant.

This hugely ambitious project is likely to begin sometime in 2006 and AUGIS will be working closely with the RCSEng, BSG and BASO on this. This has rather overshadowed everything else recently but it is our intention to create a distinct HPB division of the audit group to ensure that both areas of upper GI activity are adequately represented.

Anyone interested in helping with this please contact me at Richard.hardwick@addenbrookes.nhs.uk. In addition, we are keen to hear about any local or regional audits which you have been involved in so that we can share your findings with other AUGIS members via the web-site.

At the last council meeting it was agreed that AUGIS should update its website and bring it into line with other associations.

Tamsin Dunsdon (AUGIS Specialty Manager) and I have put together a brief which was then put out to tender to 5 web development companies. One company has now been selected to work with us further on developing the site. The new site will build on the work that AUGIS has already done with particular focus on the professionals section which will give members access to a wider selection of materials.

The hope is to have an on-line video section, on-line diaries for committee and council members along with specific areas for Affiliate members, Corporate Partners & Patients.

The on-line registration process for the annual conference will be updated and will allow for on-line payment to ensure fast and effective registration.

The site development is in its early stages. Great detail is being paid to the key areas to ensure AUGIS has a modern website which will bring us in line with the 21st Century.

It is envisaged that the new site will be launched in April/May 2006. Updates will be made available as the site progresses.

Report of the Education and Training Committee

Mr R Parks

AUGIS is represented on the Education and Training Board of the Association of Surgeons of Great Britain and Ireland. One of the major areas in which we have been able to contribute is to the development of the general surgical curriculum.

To date the syllabus has been drafted with regard to the level of knowledge, operative skill, professional skill and judgement required in the management of patients with oesophago-gastric and hepatobiliary/ pancreatic pathology. At present, it is proposed that the six years of specialist training would be designed in a modular fashion. The STY1 trainee would concentrate on minor surgery and emergencies to develop generic skills. In STY2 it is likely there would be four 3-monthly modules and then during years 3-6 there would be the potential for eight modules of subspecialty training.

It has been agreed that for trainees wishing to specialise in gastrointestinal surgery this may incorporate six modules used for the trainee's specific GI interest and two spent in the other area. Thus a colorectal trainee would undertake six modules of lower GI surgery and two modules of upper GI surgery (perhaps one would be oesophago-gastric and one HPB) to equip them to provide a gastrointestinal service. Similarly a trainee with an upper GI interest would undertake six modules in upper GI surgery and two modules in lower GI surgery.

A trainee from a non-gastrointestinal subspecialty would be expected to undertake four GI modules in order to deal with an acute GI take and this may be applicable to some breast and vascular trainees who may wish to gain this experience. It is anticipated that a small number of super specialised areas may not be fully covered in the syllabus before CCT is granted and this includes liver transplantation, pelvic floor surgery, complex re-do pelvic surgery and major upper GI resections (oesophageal, pancreatic and liver resections).

ASGBI and SARS recently held a consensus conference on the future of academic surgery at which AUGIS was represented. It was recognised that academic surgery is in crisis with many unfilled academic posts and has been particularly badly affected by the RAE. The aim of the consensus conference was therefore to identify specific training requirements for university academic surgeons of the future and in addition to consider what academic competencies must be achieved by all trainees after the introduction of MMC.

It was agreed that academic surgery should encompass service delivery, education, research and clinical innovation and that it was not realistic to expect academic surgeons to deliver in all these facets but that excellence in perhaps two components should be a realistic aim. Different career pathways will be needed for trainees wishing to pursue a career in university academic surgery. It was anticipated that training for a career in academic surgery will take longer than a non-academic pathway and that individuals training in academic surgery should have a more focused clinical training.

It was agreed that the current situation that requires many surgeons to complete a research based higher degree to obtain an NTN is inappropriate in light of the changes in surgical training anticipated by MMC. This situation is wasteful of scarce resources and is not applicable to most trainees, however all surgeons in training should be exposed to academia in its broadest sense. They should have a broad knowledge of critical appraisal, research methodology, statistics and educational theory. The academic component of surgical training might be delivered by a modular approach that is incorporated into the surgical curriculum. It is recognised that early exposure to academic departments of surgery and surgical research may stimulate many surgical trainees to contemplate a research-based higher degree or a career in academic surgery.

The Education and Training Committee continues to have representation at JAG. Peter Lamb, the trainee member of the Education and Training Committee undertook a survey of AUGIS trainees regarding endoscopic training and concluded that not all upper GI trainees are keeping log books, that these log books are not being routinely examined at RITA's in the same way as operative data and that only a minority of trainees have attended what JAG now regards as essential training courses. Routine elective lists are more likely to be performed under supervision than emergency endoscopy for upper GI bleeding. Therefore, more structured training and recording of data is required to ensure that surgical trainees are not sidelined in providing endoscopic services in the future.

A new development this year has been contributions to the AUGIS website and in particular the "case of the month". I am extremely grateful to the members of council who have provided new case reports each month from February 2005 to get this initiative started. It is hoped that this will continue to be an interesting and educational part of the website for trainees and consultants. Please do visit the AUGIS website and if you have any interesting cases please send them directly to the AUGIS office or to myself (R.W.Parks@ed.ac.uk).

Plans for next year's combined meeting of AUGIS with the International Hepatico-Pancreatico-Biliary Association (IHPBA) are well advanced. We are endeavouring to put together an exciting programme that will appeal to all specialists with an interest in upper GI surgery. There will be keynote lectures, update lectures, symposia, short paper presentations and videos on all aspects of hepatobiliary, pancreatic and oesophagogastric disease. Please watch for details at www.ihpba2006.com

Upper GI Trainees

Barrett's Club

This group continues to represent the views of all upper GI surgical trainees (oesophago-gastric, hepatobiliary, pancreatic, obesity) through its affiliation to AUGIS and its seat on the AUGIS council.

This is an important role at present given the ongoing changes in the training curriculum, the intercollegiate exam, and sub-specialisation. It also allows trainees to meet and socialise with colleagues from other regions.

A very successful annual dinner was held in Dublin in September during the AUGIS scientific meeting, with over thirty trainees attending. This was generously sponsored by Tyco who continued their association with this event.

Anyone in training (SHO, research fellow, or specialist registrar) with an interest in upper GI surgery is welcome to join without charge. Please contact me directly for further information or to raise any specific training issues.

PETER LAMB
peterjameslamb@hotmail.com

AUGIS Regional Report Scotland

Upper GI services continue to develop in Scotland, helped by the cancer agenda. There are three regional cancer networks within Scotland and each has an active upper GI group. One of the priorities of the Scottish Executive this year has been to obtain data on waiting times and therefore audit remains high on the agenda. An exciting new development was that the Health Minister announced in February 2005 that a national Managed Clinical Network for pancreatic and hepatobiliary cancer would be established and designated as a national service. The inaugural meeting of this multidisciplinary group has already taken place and a work plan for the first year has been proposed. The key tasks will be to undertake a service mapping exercise, to review regional protocols and feed them into the development of national protocols, to review current audit resources and aim to collect baseline process and outcome data, and to co-ordinate the further development of patient information material. Progress also continues by an active working group to finalise the Scottish Intercollegiate Guidelines Network (SIGN) guidelines for the management of patients with oesophageal cancer and it is hoped these will be published in early 2006.

MR R PARKS
Royal Infirmary of Edinburgh

AUGIS Regional Report Wales

Rates of oesophageal and gastric cancer in Wales are some of the highest reported in Europe. Consequently it is disappointing that the implementation of the COG guidelines for the centralisation of surgical services has been particularly slow. The Welsh principality has a population of 3 million divided equally into North Wales, South East Wales and South West Wales. There is clear recognition that such a population should be served by three centers for oesophago-gastric cancer patients and two centers for patients with pancreatico-biliary cancers. These centers are Wrexham, Cardiff and Swansea.

Major progress has been made in North Wales. Wrexham Maelor Hospital has been delegated the regional upper GI cancer center. From July 2006 the center will take all referrals from North Wales (Bangor and Glan Clwyd Hospitals) along with patients from The Countess of Chester Hospital. Cross border agreement has been reached in that surgeons from Chester will undertake their major cancer resections in Wrexham. In the South West and the South East progress has been much slower with a significant number of smaller hospitals continuing to undertake low numbers of major resections. Pancreatic resections are undertaken in Cardiff and in Swansea while hepatic resections are being centralized in Cardiff.

There is a huge demand for obesity surgery from the Welsh population but to date this has not been funded by either the LHBs or the Welsh Assembly. Obesity surgery is undertaken in Swansea by Professor John Baxter but demand for the service is so high that many patients are forced to leave the principality and look to other healthcare providers for their treatment.

Despite the difficulties in progressing surgical service reconfiguration there are many attractions to Wales and I am looking forward to hosting the AUGIS annual scientific meeting in Cardiff in September of 2007 to which all members are warmly welcomed.

MR G W B CLARK
University Hospital of Wales, Cardiff

MEMBERSHIP NEWS

AUGIS Currently has 551 members - visit www.augis.org to become a member

The objectives of the Association of Upper Gastrointestinal Surgeons of Great Britain and Ireland are to improve the delivery, results and outcome of conditions of the upper gastrointestinal tract requiring surgical treatment. The Association acts as a liaison under the umbrella of the ASGBI with the Senate of Surgery, Royal Colleges, the SAC and other surgical and academic bodies. AUGIS aims to provide a structure for training, educational and academic objectives, to advance the science and practice of upper gastrointestinal surgery, and to promote research in this field. The main focus over the past year has been to deliver a robust system of clinical audit which will be integral to improving clinical outcome for patients with upper gastrointestinal disease.

Membership of the Association is open to all surgeons, both trained and in training, with a major sub-specialty interest in upper gastrointestinal surgery. Affiliate membership is also open to those who wish to promote the objectives of the Association in advancing the science and practice of upper gastrointestinal surgery and the promotion of research in this field.

AUGIS has not increased its membership fees for 2006 they remain the same as 2005 and are as follows;

Full:	Duly registered Medical Practitioners in permanent appointments	£130.00
Associate:	Duly registered Practitioners in training appointments	£70.00
Affiliate:	Non-Medically qualified Scientists/Nurses working in UGI surgery	£30.00
Senior:	Members who have reached the age of 65	£30.00
Overseas:	Registered Medical Practitioners residing outside Great Britain and Ireland	£70.00

The Association has evolved for those with an interest in upper gastrointestinal surgery and is therefore best placed to develop clinical services, pursue education and training and encourage research. The development of sub-specialisation is rapidly evolving and clinical service developments at national and local level require the type of national perspective provided by AUGIS.

Education: the annual parallel session at the Association of Surgeons of Great Britain and Ireland Meeting and the Annual Scientific Meeting of AUGIS provide excellent opportunities for education for trainee and trained surgeons. The developments in higher surgical training demand appropriate national guidance for those running training schemes at local level and AUGIS Council representatives are able to advise regional training committees appropriately.

Research: the Annual Meetings provide excellent fora for the presentation of basic and applied research in upper gastrointestinal surgical disease.

Representation: AUGIS is part of the Association of Surgeons of Great Britain and Ireland and is represented on Council of ASGBI and on the Specialties Board. There is also representation on the Council of the British Society of Gastroenterology to ensure multi-disciplinary discussions.

If you would like to join AUGIS please contact Tamsin Dunsdon at our London office by email tamsin@augis.org or telephone 020 7304 4773.

visit www.augis.org to become a member

AUGIS 2005 Post - Conference Report

The AUGIS 10th Anniversary - Dublin

The AUGIS 10th Anniversary was as good an excuse as any (were any needed!) to cross over the sea for the Association's first meeting in Ireland, and where better than in Dublin. Professor Jonathon Reynolds enlisted the help of the Irish Prime Minister Bertie Aherne to allow AUGIS to use The Royal Hospital Kilmainham as a conference centre. Located just outside Dublin City Centre this old military hospital now serves as an art museum and provided a wonderful setting for this year's meeting.

The meeting started in traditional format with an educational update session featuring three difficult areas of chronic disease management - Barretts Oesophagus, Chronic Pancreatitis and Non-Obstructive Dysphagia and provided helpful overviews and updates of these areas. The remainder of the morning was given over to the BJS prize presentations. A sign of the Association's increasing popularity was reflected in a record number of submitted abstracts - 180. The 7 best papers were presented and the BJS prize went to Jon Shenfine for "A randomised controlled trial of palliative therapies for inoperable oesophageal cancer".

This years meeting was sponsored by AUGIS corporate supporters Novartis (Platinum), Tyco (Gold), Ethicon (Silver), Cook (Bronze) & Bard (Bronze) as well as being supported by numerous other companies. The Baroque Chapel & Drawing Room exhibition areas provided an excellent opportunity for members to mix & see the latest products available. All exhibitors enjoyed high levels of visitor contact, helped no doubt by the prospect of relieving the President of a case of champagne which was for the winner of the "companies quiz"!

The highlight of the two days for many of us were the guest speakers. Mike Thompson (Bristol) provided us with the tips and tricks for improving and mastering laparoscopic CBD exploration. Daniel Cherqui (Paris) gave two excellent talks on management of hepatocellular cacinoma and laparoscopic liver resection. Jim Luketich (Pittsburgh) shared his huge experience of laparoscopic paraoesophageal hernias and laparoscopic oesophagectomies with us. There is no doubt that the UK is lagging behind (rightly or wrongly!) the US and Europe in the development of Laparoscopic Oesophago-Gastric and Hepatic resection programmes. Inclusion in the programme of these major areas of development confirms AUGIS' support of the safe adoption of these techniques into the UK. The key to replicating these outstanding results (<1.5% mortality in both series) is not only appropriate levels of experience (crucially both in complex laparoscopic surgery and in open resection techniques) but also critically case selection (lower third oesophageal tumours of low bulk; inferior and lateral segmental resections). Only after extensive experience with these selected sub-groups of patients were the types of resections extended further (e.g. right hepatectomy). They also highlighted that overall these resections still form only a small proportion of both groups total resection practice (15-20%), at least for the present time.

The Annual Dinner at Trinity College was a sell out and provided AUGIS sponsors with the opportunity to socialise with the membership in the fabulous main hall. One of the pleasures of the associations dinners is the opportunity to dine in unique settings many of which are closed to the general public. The remainder of the evening was whiled away in the bars and cafes of Temple Bar.

The poster sessions were well attended and the best poster prize was awarded to Richard Page for his poster "Thoracic epidurals reduce gastric blood flow in patients undergoing oesophagectomy". Travel between the various halls of the poster rooms was enhanced by the Kilmainham's extensive collection of paintings and sculptures, some more obvious than others (I'm still not sure whether the pile of extension leads near the stairs were an exhibit or not). Outside the extensive gardens littered with a host of large scale sculptures provided a tranquil setting for those who needed some fresh air between the scientific and educational sessions of the night before!

This year the AUGIS council decided for the first time to run parallel sessions for the second day of the meeting. Educational sessions on medical, endoscopic and surgical aspects of reflux disease in the OG section and cholangiocarcinoma, pancreatic cancer and liver metastases were given by members of the host country and UK representatives. These were followed by parallel scientific sessions and the ever popular case presentations which provided heated discussion and left most of us pleased not to be in the hot seat! Both sections of the meeting were well attended and the HPB session in the smaller room was overflowing with standing room only. Future meetings will need to find venues with two rooms capable of holding over 150 people each.

Over 290 members attended the AUGIS Annual Meeting in Dublin. Special thanks are due to Professor Jonathon Reynolds and the local organising committee for the superb venues; Rowan Parks (Chairman of the Education and Training committee) and the Council for the educational and scientific programme; Fiona Wilson (outgoing -), Tamsin Dunsdon (Current – Specialty Manager AUGIS) and Gemma Dowbekin for bringing together the meeting. The verdict on the new parallel session format appears to be an overwhelming success – with a mix of generalist and emergency upper GI surgery on the first day allowing appealing to trainees and generalists with a second day appeasing those with a need for a more specialist fix!

The New Honorary Secretary

Mr Ian Beckingham

The autumn of 2005 sees a change in the AUGIS Honorary Secretary. Having succeeded Bill Allum in September 2001, my own 4 year term of office as the second AUGIS Secretary has come to an end. The new Honorary Secretary for the next 4 years will be another Trent Representative, Mr Ian Beckingham, who is Consultant Surgeon at Queens Medical Centre, Nottingham. Ian is well qualified for this post. He has been the Trent Representative on AUGIS Council for the past 3 years and is also a Representative on the Council of the Association of Laparoscopic Surgeons, ALS. As a member of both Councils, Ian is fully aware of the all the major issues currently facing AUGIS and has been party to all of the decisions made by AUGIS Council in the last 3 years.

The role of AUGIS Secretary has changed significantly over the last few years. A major part of the work is related to the AUGIS President, for the last 5 years we have been very fortunate to have active Presidents – Professor Derek Alderson, Professor James Garden and the current President, Professor Mike Griffin – all of whom have been keen to have a major input into the running and organisation of AUGIS. The running of the Annual Scientific Meeting has also changed. In the initial 5 years the Honorary Secretary was responsible for much of the organisation of the venue, the scientific programme and also the preliminary and final programmes for the meeting itself. For the last few years the local organisation has been done by very efficient local organisers, the scientific programme has become the responsibility of the Chairman of the Education and Training Committee and our efficient Specialty Manager, Jenny Treglohan, Fiona Wilson and now Tamsin Dunsdon, have ensured that the programmes are produced using a well developed template. The Honorary Secretary remains responsible for ensuring that the rules of the new AUGIS Constitution which was introduced with our application to the Charities Commission, for charitable status 3 years ago are upheld and to draft amendments for approval by AUGIS members at the AGM as necessary. Along with the President the Honorary Secretary is also responsible for drafting the agenda for each of the 3 Council meetings held each year and for confirmation and approval of the Minutes.

I am sure that Ian Beckingham will prove to be a very capable Honorary Secretary, he has the strengths and attributes that are required to assist the President, Treasurer and other members of Council to continue the development of AUGIS over the next 4 years.

CHRIS STODDARD
Retiring Honorary Secretary - AUGIS

NEWS

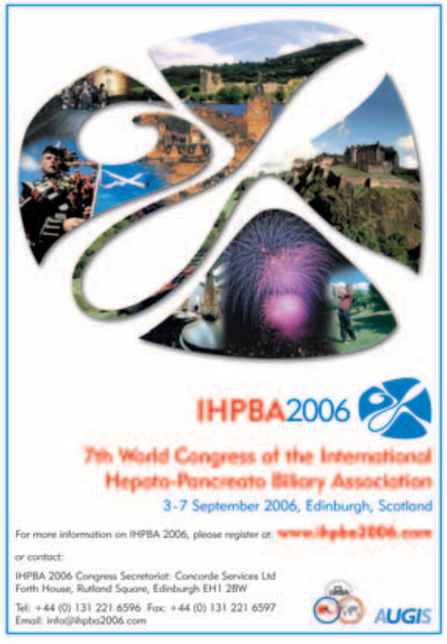
Joint Meeting AUGIS/Spanish Association of Surgeons

Madrid 6-8 November 2006

I am delighted to report that the Spanish Association of Upper GI Surgeons has invited AUGIS to their Madrid meeting in November. You will all be aware that your Council has been very anxious to forge links with our European relations. After a very successful meeting with the Dutch surgeons in Cambridge, the Spanish surgeons have also wished to develop closer ties. To this end I have liaised with Professor Manuel Pera from Barcelona and Professor Laureano Fernandez-Cruz to develop a Training Day on Monday 6 November and an Oesophago-Gastric and HPB Symposia Day on 8 November.

This will allow a day of light relief on 7 November to enjoy the delights of Madrid. I am still in negotiation with the Spanish Association regarding the facility for our trainees to submit abstracts to the meeting and further information about this exciting development will be made available on our website in due course. I expect to be able to report further at the ASGBI Meeting in April. Please put the dates of 6-8 November in your diaries for our inaugural AUGIS overseas visit!

PROFESSOR S M GRIFFIN



AUGIS/IHPBA 2006 -

3-7 September 2006, Edinburgh, Scotland

I am pleased to update you on the Joint Meeting of the International Hepatopancreaticobiliary Association and AUGIS in Edinburgh in September 2006. As you will know the Congress is being hosted by us as our 10th Annual Meeting. This will be the seventh World congress for the IHPBA and will be held in Edinburgh during the 500th Anniversary of the Royal College of Surgeons of Edinburgh.

The Scientific Programme (designed by our own Rowan Parks) is almost complete. This is going to represent a feast of hepaticopancreaticobiliary surgery but will also provide more sessions on oesophago-gastric disease than at any other AUGIS national meeting. This will be a treat for all upper GI surgeons. 2006 is going to a tremendous year for our Association.

PROFESSOR S M GRIFFIN