News

Autumn 2011

The Association of Coloproctology of Great Britain and Ireland

Porro a Tergo
(Advancing from Behind)

Monday morning clinic and back to brass tacks. Rubber glove, jelly and a discreetly exposed bottom. From the face staring at the wall comes a voice in aggrieved Lanky – "Ah don't know how tha does this un." And for a second, lubricated finger suspended in mid-air, you do wonder – then advance towards the behind with a murmured word of apology. But the thought recurs, why do we do it and how does the Association help the whole rubber glove-jelly-bottom thing.

Well first off - we do it because we do good. Colorectal surgeons along with our specialist nurses, pathology, radiology, oncology and gastroenterology colleagues - relieve and prevent suffering from colorectal disease, the central premise of the ACPGBI. Every single day cancers are found and cured. Young people stricken with IBD are given new hope. The painful bottom gets sorted and the lady having "accidents" is helped to live without fear. That all this is done by treating and/or operating on the unglamorous trinity of colon, rectum and anus, is simply an accident of biology – we fix people in trouble and then get out of their lives ASAP.

And in all of this the professionals who are this Association, have advanced our collective ability to give evidence based and effective care. Literally countless evenings, weekends and holidays – as many a partner will know - freely given by ACPGBI members in all parts of these islands; to advance colorectal education, laparoscopic surgery, colonoscopy standards, cancer trials, position statements, cancer audit, IBD management, proctology and functional bowel disease treatment. Not to mention a world class journal, an extremely successful research foundation and a major role in moving European Coloproctology forward. Precious little of this would ever or could ever have been achieved by the target driven centralised command economy that we work within – all has required professional courage and drive to define the need and seek the solution. Patient centred – professionally driven.

The published evidence that Colorectal surgery carried out by Colorectal Surgeons gives better patient outcomes is lucid and compelling.

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President's message *continued*

So where next? Well more of the same – please! More evenings and weekends refining the evidence, optimising our therapies and getting better outcomes for people unfortunate enough to have encountered a colorectal disease.

But there is something else. The published evidence that Colorectal surgery carried out by Colorectal Surgeons gives better patient outcomes is lucid and compelling. We train or are trained in Colorectal Surgery, the FRCS Exit examination examines and passes candidates in Colorectal Surgery. To date none of this "specialty" information is available to the public through the GMC register - a lack of transparency which flies in the face of all public interest arguments as to the accessibility and availability of information. So in respect of GMC professional transparency we may be behind – but recognition of Colorectal speciality practice is something this Association is working to advance.

Nigel Scott

President, ACPGBI

Dublin 1-3 July 2012 • Bring the Team

·I am tomorrow, or some future day, what I establish today.
I am today what I established yesterday or some previous day."
- James Joyce

And so it starts the quotes, the literature, the warmth, the hospitality, the science and the craft - ACPGBI is in Dublin 1-3 July 2012. Mindful of work pressures the meeting has a new compact format. Starts on Sunday afternoon and finishes Tuesday afternoon with a planned coach transfer to the airport. So come and join in for:

- **Polyp cancer - what to do**
- **Surviving cancer**
- **How I do it operative videos**
- **Oncology update**
- **Consultants Corner**

Remember - just 2 days study leave – but come Saturday and have a long summer weekend in Dublin 2012

Dublin ACPGBI To Do List

Book the accommodation

Book cheap flights (Tuesay Airport Transfer 1600 hrs)

Come Saturday and bring someone

Jimmy's Dublin Saturday

- I'd start with a tour at the Guinness Storehouse – about €12 and have an Irish Coffee.
- Then some history - take a look at the GPO on O'Connell Street or the Book of Kells at Trinity College.
- Some shopping on Henry Street and you could take a look at the food market on Moore Street.
- Next I'd go for lunch at O'Neills on Pearse Street near Trinity College – 2 courses about €13.
- Then take a walk along Grafton Street before back to the hotel for a bit of a rest.
- Maybe a drink in the hotel bar -then out at 7.30pm to Arlington Hotel O'Connell Bridge for the music and if that's a bit loud you could try The Brazen Head, 20 Bridge Street Lower for a bit of food (main course about €12) and live music
- and then back to the Hotel

Association of Coloproctology of Great Britain and Ireland

2012 Annual Meeting

DUBLIN

The Convention Centre Dublin

Sunday, 1 – Tuesday, 3 July 2012

Deadline for submission of abstracts:

Friday, 2 December 2011 at 5 pm (GMT)

Abstract submission is online via www.acpgbi.org.uk

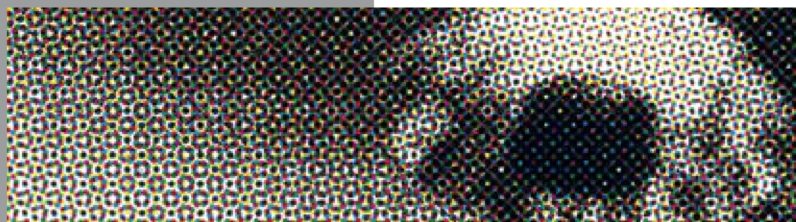
13th International Colorectal Forum

Verbier, Switzerland

29-31 January 2012

Email: icf@ms-event.ch

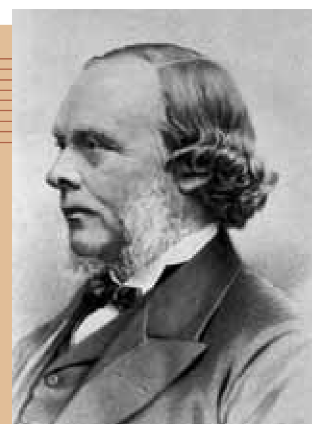
www.icf-colorectal.com



Lister Centenary 2012

Thursday, 9 – Saturday, 12 February 2012

The Royal College of Surgeons of Edinburgh is organizing a programme of events to celebrate the life and work of Joseph Lister, the pioneer of antiseptic surgery.



www.lister2012.com

Annual Meeting 2011

The ICC, Birmingham

Prize Winners

The BJS Prize was awarded to **Mr Alex Almoudaris** for paper no 06: **FAILURE TO RESCUE-SURGICAL (FTR-S): DEFINING AN IMPORTANT METRIC IN SURGERY**

AM Almoudaris[1,3], EM Burns[1], R Mamidanna[1], A Bottle[2], P Aylin[2], C Vincent[3], O Faiz[1] [1] St Mary's Hospital, Imperial College, London, UK [2] Dr Foster Unit, London, UK, [3] Centre for Patient Safety and Service Quality, Imperial College, London, UK

The 2011 Poster Prize went to **Mr Stuart Fergusson** for poster P074: **DOES NUMBER OF LYMPH NODES HARVESTED AT RESECTIONS FOR COLORECTAL CANCER AFFECT SURVIVAL IN PATIENTS WITH NO NODAL DISEASE?**

SJ Fergusson, IM Smith, L Stewart, A Hennessy, M Thornton, A Macdonald, Lanarkshire Colorectal Study Group, Lanarkshire, UK

Abstract Book

Printed copies are available from the Association Secretariat.

AGM Papers

(includes Annual Accounts year ending 31 December 2010)

Printed copies are available from the Association Secretariat.

Delegate Attendance

Delegate Type	*Total*
Associate Specialist	9
Surgical Consultant	308
Non-Surgical Consultant	9
Senior Member	11
East European Doctor	2
Trade Delegate	10
Surgical Trainee	189
Non-Surgical Trainee	1
Staff Grade Doctor	14
Specialist Nurse	88
Non-Clinical Scientist	30
TOTALS	671

Awards Ceremony – 20 June 2011

For the first time we invited trainees with a declared interest in colorectal surgery who had recently passed the Intercollegiate Exam to attend an awards ceremony during the welcome reception. Mike Parker presented each with a special certificate congratulating them on their success. We plan to make this a regular feature at the annual meeting.

Left to right: Siram Subramonia, Rajaratnam Kanapathippillai, Thomas Pinkney, Mike Parker, Sudarsanam Raman, Roderick Alexander, Kaori Futaba, Philip Stevens, Tony Mak, Sanjay Chaudhri.

21st Birthday Celebration of the Association

On 21st June 2011 a celebration was held at Birmingham City Council House to mark the 21st birthday of the ACPGBI. Around three hundred people enjoyed a fork buffet and entertainment including walkabout magicians and a surprise singing trio 'the Three Waiters Encore'. Neil Mortensen gave a presentation in tribute to the Past-Presidents of the Association and they were presented with a certificate acknowledging their contribution to the evolution of the Association.

Back row left to right: Neil Mortensen, Mike Thompson, Andrew Shorthouse, Najib Haboubi, Paul Finan.

Front row left to right: Chris Marks, John Nicholls, Roger Grace, Peter Hawley, Geoff Oates

Education & Training Committee

The Committee has met twice since the spring with a teleconference in April, and a "face to face" get together at the annual meeting in Birmingham. We have welcomed two new members in Sharad Karandikar and Mike Lamparelli to the Committee and have been working on a number of initiatives through 2011.

The fellowship recognition process is now completed and an update of current fellowships is about to be posted on the Education and Training page of the ACPGBI website. Thanks to all those of you who completed forms for their units. Anyone who missed out on this process, lost the form, or has set up a fellowship since the process started can contact me direct (j.e.hartley@hull.ac.uk) and I will send them the assessment information. Time overseas either as an OOPE, or post award of CCT, appears to be an option that an increasing number of trainees are pursuing. Given the exit opportunities in terms of upcoming consultant appointments in colorectal surgery this appears likely to be an increasing phenomena. For these reasons the Committee felt that information regarding existing opportunities overseas should be collated in order to available for trainees seeking such an option. Dermot Burke has developed a proforma which can be downloaded from our webpage. It is hoped that trainees returning from overseas will complete this proforma in order for us to build up a picture of what's on offer for trainees seeking a year abroad. In the short term please encourage any trainees within your unit who have recently spent time overseas to spend a few minutes completing the proforma in order to get this process kick started.

The Committee has plans to substantially improve the Education and Training page of the ACPGBI website over the next 12 months. We've particularly looked at the CME component and hope to develop video submission, and ultrasound training (led by Andrew Williams), as well as supporting the e-grand rounds section which is proving increasingly popular with trainees. Many of our plans are contingent upon an upgrade of the website as a whole, the tendering process for this project being near completion. It is hoped we'll be able to really push on with this work over the winter. Please get in touch with me direct if there is anything you would particularly wish to see on the webpage. Meanwhile, the Committee will announce the award of a prize for the best e-grand round submission following our teleconference in early October. This will be an annual award so please encourage your trainees to continue submission of cases via our webpage.

Training Units

This autumn we aim to look again at the issue of recognition of training units in coloproctology. The standards defined for training units were developed through this Committee in 1999, and revised in 2004 and again in 2009. The most recent revision recognised two types of units; these being the general coloproctology unit (ST-general), which would provide training more applicable to trainees in their early years of coloproctology training, and the specialist coloproctology unit (ST-specialist), which would be more geared toward taking trainees in their finals years of coloproctology training by virtue of the ability to offer specialist training in areas such as ano-rectal physiology, endo-anal ultrasound, colonic stenting, TEMS etc. Although the standards were revised in 2009 it is some years since the ACPGBI undertook an appraisal of units nationally according to these standards. All units currently appearing on our database as colorectal training units will therefore be approached within the next few weeks with a request for information regarding training opportunities. The assessment form runs to 5 sides and should take approximately an equivalent number of minutes to complete. We seek numbers of index procedures for the unit only to serve as a guide to the likely volume of cases which trainees expect to be involve with. Please remember our only agenda in seeking this information is to inform decisions regarding training. Therefore, we ask you to set aside a few moments to complete the assessment form.

We appreciate that the above request for forms to be completed is being made to surgeons already driven to distraction by checklists and tick boxes. However, evidence of our ability to offer robust training programmes in colorectal surgery is likely to be particularly relevant in the light of continued efforts to gain GMC recognition of Coloproctology as a specialty. This process had appeared to be near completion in at the beginning of the year but stalled over the requirement that surgeons post-CCT should be able to access specialty training. Nigel Scott, Karen Nugent

Education & Training Committee continued

and I attended a meeting with the Executive of the ASGBI, President of AUGIS and the Chairman of the SAC in London last week. As I write these organisations have all expressed a commitment to supporting the subspecialty recognition process. If this process goes ahead then trainees will complete 6 years of training (entry at ST3) before being awarded a CCT in general surgery with a colorectal interest, presumably FRCS (Colorectal). This specialist interest will thereafter be evident on the GMC Register. It is envisaged that declared colorectal trainees will spend their final four years doing a year of upper GI surgery and three years of specialist colorectal training. Those with a declared upper GI interest will need a year of high quality colorectal training. Hence the importance of the unit recognition process outlined above.

Review

The default position of ASGBI and the SAC is that surgeons awarded a CCT in general surgery, with a specialist colorectal or upper GI suffix, must be able to deal with an unselected general surgical take. There was some discussion around anecdotal evidence to suggest that recently appointed CCT holders may be finding it increasingly difficult to deal with emergencies which lay outside of their declared area of interest. The role of this Committee over the autumn will therefore be to review the curriculum previously submitted with our application for specialist colorectal training and ensure that the emergency surgery component of the submission reflects the core competencies required for the surgery of the generality of the GI tract. If we are able to turn this around in a timely fashion it is hoped the SAC will be able to support a revised submission to the GMC this winter. If trainees were to enter ST3 in 2012 and declare a colorectal interest the first CCT's would be awarded in 2018.

John Hartley

Chairman,
Education & Training Committee

September 2011

Nurses' Forum

As the new Chair for the Nurses Forum (NF) of the ACPGBI, I would like to take the opportunity to thank my predecessor Anna Wordley. Her leadership over the past two years has given the NF a strong foundation on which nursing and the allied professionals can platform educational and professional innovation within the varied areas of expertise. This was demonstrated at this years' Nurse Symposium, which attracted very high calibre speakers, who disseminated challenging, up-to-date, dynamic practice-led developments and information across the professional spectrum. Indeed the success was such that the attendance of medical colleagues was noted and very much welcomed at this years' Symposium. I would like to build on that foundation.

The acknowledgement of difficult times in the NHS both professionally and financially, is seen as the challenge for the NF to continue its resolve to further increase the nurse membership by demonstrating the benefits of being associated with the ACPGBI and NF, and to target those geographical areas where nurse Chapter representation and participation is low or non existent at the moment.

The NF is also committed to the development of the Nurses' Page of the ACPGBI Website. Whilst a piece of work in progress, it is seen as a very positive resource to highlight the educational and research developments of all nursing and allied professionals alongside our medical colleagues.

It would be great to see the Nurse Symposium of Dublin 2012, a significant year anyway for the UK and Eire, build on the successes of the Bournemouth and Birmingham conferences.

I believe the NF to be a credible asset to the ACPGBI , and as such, should continue to bring professional, innovative, dynamic practice led development to the forefront at a national level.

With this in mind I look forward as Chair of the NF Committee within the ACPGBI, to represent the membership of the NF and to rise to the challenges of the next two years.

David Lawson

Chair, Nurses' Forum

NBOCAP Report - September 2011

For the national audit of bowel cancer (NBOCAP), autumn is associated, throughout the country, with a mad rush to complete the audit data items prior to submission in December. It is therefore timely to review just what the outcomes are from these endeavours and to review both the strengths and weaknesses of one of the most mature national cancer audits.

The 2010 report was published earlier this year and we are well on course to have the 2011 report published, via the ACPGBI website, by the end of the year. Case ascertainment continues to improve and, using historical registry and more recently HES data, are receiving information on over 80% of cases in England and Wales. In addition, this last year data has been received from three Scottish Health Boards. There were over 28,000 cases submitted in 2010, these being cases diagnosed between 01.08.09 and 31.07.10 and are the basis for the 2011 report. Most Trusts have arrived at a locally acceptable means of data submission, either direct submission via the website or as a CSV file from their own cancer management systems. All trusts in England and Wales are now registered with the audit.

The 2010 report saw, for the first time, open reporting of risk-adjusted outcomes. This was a major step forward and one which was mandated by the Healthcare Quality Improvement Partnership (HQIP) as one of the conditions for further national funding of the audit. It is an obvious comment, but one that needs to be re-stated, that risk adjustment can only be carried out with any degree of validity if these relevant factors are collected and submitted accurately. Statisticians will find ways of producing funnel plots with imputation techniques but better the data is submitted in the first place. The six variables for risk adjusted thirty-day mortality (age, sex, Dukes' stage, urgency of operation, resection or not of the primary tumour and ASA grade) are fortunately well recorded but any error in submission of one of these can significantly affect the risk-adjusted outcome. Each year the importance of data completeness (and accuracy) is emphasised and it is pleasing to note, via the data completeness reports, the improvement year on year. The dialogue between the project team and "perceived" outlying Trusts has been very positive and reflects well on all parties.

The 2010 report saw, for the first time, open reporting of risk-adjusted outcomes, a major step forward and mandated by the Healthcare Quality Improvement Partnership (HQIP)

Although, as mentioned previously, there are different ways of collecting and submitting data, it is clear that there has to be a focus within the Trust for the audit. This seems to be the colorectal MDT. In taking responsibility for accuracy and completeness of submitted data, then response to feedback and local action planning becomes an essential role of the MDT. Involvement in the national audit is a peer review measure and is also part of the recently circulated clinical lines of enquiry. A good MDT will clearly take the national audit to heart as one way of improving the care afforded to patients with colorectal cancer.

Audit

There have been several changes to the audit in recent years none more so than the use of linkage to other data sets. This is very much a two way process and the audit has as much to offer as to gain in this area. There are many routes by which national cancer information is gathered but clinically validated data remains of great value and is now regularly flowing into the national cancer data repository. The audit used HES data to confirm case ascertainment in England in the 2010 report and in the forthcoming 2011 report this has been extended to look in greater detail at both 30- and 90-day post-operative mortality.

The collaboration of the national audit with the National Cancer Intelligence Network has raised several issues none more so than a period of reflection as to the true nature, and the future direction, of the audit. Faced with large resources devoted to cancer information and intelligence, the Executive of the ACPGBI and the project team have set about several tasks to ensure that the national audit is fit for purpose. The publication of population derived post-operative mortality data from the NCIN will not have escaped attention: and there are similar studies underway. The strongly held view of both the Executive of ACPGBI and the project team of the audit is

NBOCAP Report

continued

that we need to have a series of in-depth, clinically relevant, audits within colorectal cancer care. Examples would include, reasons for 30-day mortality (expected/unexpected, avoidable/unavoidable), reasons for non-surgical management, aspects of emergency care, better recording and understanding of post-operative complications, access to palliative care services etc. Such in-depth audits are encouraged by HQIP but will need a major revision of the data set. This process is underway but will require both funding and enthusiastic clinical engagement. Currently the National Cancer Director, Sir Mike Richards, is preparing a document on the future of national cancer audits, but with the publication of this paper it is hoped that the ACPGBI, together with the national MDT leads and the audit project team, can take this whole project forwards.

In June of next year Nigel Scott will assume the role of clinical lead for the audit. Over the past four years we have seen major changes to the audit. It, by any measure, has to be considered a success, with a huge increase in case ascertainment, registration of all Trusts in England and Wales, an increased involvement by Scottish Health Boards and a move to open reporting of risk-adjusted outcome measures but, like all things, it needs to change. The good news is that this need has been recognised and the ACPGBI remains at the very heart of the process of change.

Paul Finan

Clinical Lead, National Audit of Bowel Cancer

The Dukes' Club

The Dukes' Club, formed in 1998, represents surgical trainees with an interest in colorectal surgery. The club is free to join and our current membership stands at nearly 1,200 trainees.

Our annual educational weekend in April 2011 was again, a great success. The audience heard ACPGBI President Mr Mike Parker's thoughts on **The future of colorectal surgery** and Mr David Jayne's talk on **Surgical robotics** made breathtaking listening. Two sub-specialists in their fields, Mr John Abercrombie and Mr Andy Miller, gave honest and practical advice about the **management of inflammatory bowel disease** and **functional bowel disorders** respectively. Miss Helen Chave gave an insight into **extended AP resection and reconstruction**, and we enjoyed a talk from an allied specialist Mr Iain Cameron, consultant HPB surgeon, on **resection of colorectal hepatic metastases.** Past Dukes' Club committee member, Mr Haney Youssef, was welcomed back and shared his experience in management of pseudomyxoma peritonei.

The club also hosted our usual trainees' forum at the ACPGBI meeting in Birmingham in June. This comprised excellent interactive talks from Mr John Griffith on **how to get trained in colorectal surgery** and Mr Graham Williams on **how to obtain a consultant post**. Finally, Mr Nigel Scott, incoming President of ACPGBI, spoke about his vision for **the future of colorectal surgery.**

Also at this meeting we held the club's AGM where a new committee was elected for the 2011-2012 year.

Endoscopy training

Endoscopy training has been high on the Dukes' Club agenda this last year. Supported by the increased use of the JETS e-portfolio and streamlining of the certification process, the number of submissions for certification has increased. 97% of UK trusts are now set up to use the JETS e-portfolio and it has become an essential tool for all GI surgical trainees. Another of our recent activities was to coordinate and record a series of fantastic coloproctology lectures given by Professor John Nicholls. Video recordings of these lectures are available on our newly refurbished website: www.thedukesclub.org.uk along with an exhaustive list of conferences, meetings, fellowships and our club events. We are keen to expand upon the educational content of the website this coming year and ensure that it continues to be an important resource for trainees working towards their FRCS.

We are currently planning the Dukes' Club educational weekend, which will take place in late February or early March 2012 and remains free to attend thanks to the ongoing generous sponsorship of Ethicon Endo-Surgery. If you would like to find out more about the Dukes Club, please visit www.thedukesclub.org.uk

Mr Thomas Pinkney and Miss Cat Boereboom

Radiology Update

I would like to introduce myself as the new British Society of Gastrointestinal and Abdominal Radiology (BSGAR) representative on the Council of ACPGBI.

As my predecessor Dr James Hampton has stated in a previous update, BSGAR covers all areas of GI and Abdominal Radiology and acts as a forum for practice and development in this clinical area. It also supports consultant and trainee GI radiologists and is driving the development of standards and good practice in GI and abdominal radiology by providing expert advice in curriculum developments through the Royal College of Radiologists. Further information is available on the BSGAR website at www.bsgar.org.

BSGAR also promotes national initiatives in research and audit and has had a central role in several trials which are currently recruiting, examples being the CreST (ColoRectal Stenting Trial) and FOxTROT(Fluoropyrimidine, Oxaliplatin & Targeted Receptor pre-Operative Therapy for colon cancer) trials. Several BSGAR members are radiological leads for the Mercury II trial for patients with low rectal cancer, and is the main sponsor for the SIGGAR I trial, a large multicentre prospective randomised controlled trial comparing optical colonoscopy, double contrast barium enema and CT colonography. Formal publication of the results of this trial is anticipated in the very near future.

My professional base is Salisbury District Hospital where I am fortunate to work with Miss Helen Chave, Mr Graham Branagan, Mr Andy Agombar and Mr Simon Sleight. I am passionate about high quality effective multidisciplinary team working and am keen to hear from anyone from ACPGBI on matters of mutual interest.

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07887 651540 (mob)

Fax: 01722 414008 Email: shaun.mcgee@salisbury.nhs.uk

Independent Health Care Committee

Firstly, a grateful thank you to George Foster who has chaired this committee very ably for the past few years. The main aim of this committee is to represent the interests of Association members who work outside of the NHS.

We try and engage with the private medical insurers to act as a voice of reason! Medical technology and the threshold for investigating and treating patients is continually changing and the insurers are under tremendous pressure to control costs. This means that reimbursement rates are being reduced, new consultants are being pressurised to sign up to partnership type arrangements and managed care introduced.

It is very difficult for the individual practitioner to influence the agenda - indeed past experience of this committee has shown that this Association similarly struggles to influence the insurers. However, the Association is a member of FIPO (Federation of Independent Practitioner Organisations), which is an umbrella organisation representing doctors' interests and has a degree of influence. It is worth sending a few minutes looking at their web site: www.fipo.org/

Codes for new operations such as STARR are emerging although these don't always map to an individual insurers reimbursement schedule. The web site: www.ccsd.modulemedia.co.uk/CCSDCodingPrinciples is worth browsing and it lists unacceptable combinations of codes, which insurers will not reimburse for. Currently, we are checking these and if you have any comments please let me know.

The medical indemnity market is changing rapidly and we hope in the future to provide some pointers to those thinking of changing. If you have any personal experience or views please email me.

Finally, the Office of Fair Trading (OFT) is investigating private medicine. I believe, that initially this was to look at the perceived restrictive practices of insurers and big hospital groups, but now is looking at the transparency of consultant charging, outcomes etc.

Members of IHCC: J Scholefield, J McCourtney, M Gudgeon, A Blower, M Chapman (Chair)

Mark Chapman

mark.chapman@heartofengland.nhs.uk

Multidisciplinary Clinical Committee

The committee name has changed to encompass the multidisciplinary aspects of patient care and the multidisciplinary membership of the committee.

There are two important sub-committees:

1. The Clinical Governance Committee (formerly the ACPGBI Disciplinary Panel) – This committee has been spearheaded and chaired by Mike Kelly. The remit of the panel is to provide Coloproctology input into clinical governance issues and to support members of the association. There is some overlap with the independent review mechanism of the Royal College of Surgeons. Mike has done a tremendous job in recruiting a panel from within the membership of the ACPGBI.
2. The Inflammatory Bowel Disease Sub-Committee – This sub-committee is chaired by Omar Faiz and the main focus is to promote the ACPGBI pouch registry and to have surgical representation on IBD committees.

Current areas of interest are:

Colorectal screening/early diagnosis and endoscopy

Rupert Pullan has kept us updated with extensive reports. Rupert has stressed the need for surgeons to step forward as screening colonoscopists as part of the National Screening Programme as currently only 35/200 surgeons are accredited for screening.

Low rectal cancer

This nationally funded pilot programme is ongoing. One MDT from each of the twenty-eight networks is registered and the programme is on target, with ongoing discussions with the National Cancer Action Team concerning an extension of at least the workshop element of the programme. A position statement is in development.

Polyps and polyp cancers

Anna Wordley has brought to the attention of the committee the increasing number of polyp cancers being detected at colonoscopy with a need for some guidelines as to how these should be followed up and managed. This may be the basis for a future review and position statement.

Consultation on the NICE guidelines on the management of colorectal cancer

Mike Kelly and Celia Ingham Clark worked through the document and did a detailed two page report. Ian Geh did a very comprehensive review and incorporated Mike and Celia's comments. He submitted a very comprehensive consultation document on behalf of the Association of Coloproctology.

Brendan Moran

Chairman, Multidisciplinary Clinical Committee

£500,000 legacy points way to future

The main recent news has been fundraising-related.

Pride of place must go to the largest gift in BDRF's history: an interim legacy payment of £500,000. BDRF subscribes to a discretionary legacy service, which notifies us whenever a testator has a codicil in their will requiring their executors to give a specified amount or the residue to, usually, the charities of the executors' choice. We then write to the executors drawing their attention to BDRF's research work and asking them to support it.

In this case we wrote in August 2009 and were informed the following month that we would receive in excess of £100,000. The estate was complex, and it was in July 2011 that we were notified of the interim payment.

This is wonderful news, which will enable BDRF to expand the scale of its research, subject to the quality of applications received.

In addition we received an extremely generous donation of £80,000 from the Robert Luff Foundation Ltd, who have now donated £320,000 to BDRF's research. We also received £15,000 from the H B Allen Charitable Trust, bringing their total gifts to £50,000.

The upshot is that income to date in 2011 currently (3 October) stands at over £675,000, a record for the charity.

The closing date for applications for BDRF research grants was 15 July. The awards were also advertised in *Colorectal Disease*. As last year there were two categories of award: up to £30,000, and up to £150,000 over up to three years. Applications were equally welcome in both categories.

We received 43 bids for a total of just over £2 million, both slightly up over the previous year. 19 requested over £30,000 (16 the previous year.)

Bids received are being peer reviewed by ACPGBI's Research and Audit Committee, and BDRF's Trustees intend to make final decisions on how many projects to fund when they meet on 7 November.

A heartening recent development has been the growing willingness of practising coloproctologists, both surgeons and trainees, to organise (so far uniformly exciting and imaginative) fundraising events to aid BDRF's research.

First we must mention MARCH, a group of Surgical Registrars based in the West Midlands (Chairman: Ms Reena Ravikumar) who have set up a charitable committee with the aim of raising funds for different charities each year.

For 2011 they have chosen to fundraise for BDRF and aim to raise £100,000 this year by arranging a variety of events between July and November.

MARCH's first activity was a "white collar boxing" evening in Birmingham on 9 September. White collar boxing is a new and safe form of boxing which is rapidly gaining in popularity. The event has raised around £10,000, with money still coming in.

MARCH are now recruiting a team to run in the Birmingham Half Marathon on 23 October. Over 20 runners are already signed up and training. For more information on MARCH, and to support their work, please visit www.registrarscharity.co.uk

One completed event was organised by Mark Gudgeon, consultant surgeon at Frimley Park Hospital in Surrey. Mark recruited two fellow surgeons, a trainee surgeon and a businessman (see photo) to take part in the 3 Peaks Challenge. As if climbing the three highest peaks in Britain wasn't enough, this team of road bike novices also cycled the 500 miles between the peaks. Beginning in the saddle at Caernarfon in north Wales, they worked their way to the finish at Fort William in Scotland. The event was arduous, but compensated for by generous sponsorship and donations en route which brought a final total of over £10,000.

The 3 Peaks climbers/cyclists. From left to right: Iain Jourdan, Mark Gudgeon, Ralph Smith, Andrew Cottrell and Henry Dowson. Ian, Mark and Henry are ACPGBI members

BDRF-funded projects continue to win awards. Anil George, Clinical Research Fellow at St Mark's Hospital, won the Northwest Society of Colon and Rectal Surgeons Award for Best Clinical Podium Presentation at the 2011 ASCRS Annual Meeting. His presentation was titled **"A Prospective, Single-blinded, Placebo-controlled Study into the Role of Percutaneous and Transcutaneous Tibial Nerve Stimulation for Fecal Incontinence."**

If you would like to organise a fundraising event, do contact the BDRF office (mhall@bdrf.org.uk or 020 7304 4775.) We will be happy to help in any way we can. If you wish to donate to support our research, you can do it online via JustGiving at www.justgiving.com/bdrf/, or send your gift to BDRF (same address as ACPGBI.)

Martyn Hall, Fundraising Officer

Calendar of Events

For more courses visit www.acpgbi.org.uk/events/courses
For more conferences visit www.acpgbi.org.uk/events/other_conf

Tuesday, 29 - Friday, 2 December 2011
Event: **Frontiers in Intestinal and Colorectal Disease**
Venue: St Mark's Hospital
Web: www.stmarkshospital.org.uk

Wednesday, 7 – Thursday, 8 December 2011
Event: **Incontinence: The Engineering Challenge VIII**
Venue: The Institution of Mechanical Engineers
Web: www.imeche.org/events/s1545

Friday, 9 December 2011
Event: **Teaching Day in Woolwich (RSM Section of Coloproctology)**
Contact: Coloproctology@rsm.ac.uk

Sunday, 29 – Tuesday, 31 January 2012
Event: **13th International Colorectal Congress**
Venue: Verbier, Switzerland
Web: www.icf-colorectal.com

Saturday, 4 February 2012
Event: **Teaching Day in Coventry (RSM Section of Coloproctology)**
Contact: Coloproctology@rsm.ac.uk

Thursday, 9 - Saturday, 11 February 2012
Event: **The Lister Centenary Celebrations**
Venue: Royal College of Surgeons of Edinburgh
Web: lister2012.com

Monday, 14 - Saturday, 19 February 2012
Event: **23rd International Colorectal Disease Symposium**
Venue: Marriott Harbor Beach Hotel, Fort Lauderdale, Florida
Web: www.ClevelandClinicFloridaCME.org

Wednesday, 22 February 2012
Event: **Symposium 'How to Review a Short Paper' and short papers meeting (RSM Section of Coloproctology)**
Venue: RSM, London
Contact: Coloproctology@rsm.ac.uk

Wednesday, 14 - Friday, 17 March 2012
Event: **M25 Coloproctology Course**
Some 25% bursaries are available- see website
Venue: The Pelican Cancer Foundation, Basingstoke
Web: www.pelicancancer.org

Saturday, 17 March 2012
Event: **President's Day in Leicester (RSM Section of Coloproctology**
Contact: Coloproctology@rsm.ac.uk

Thursday, 29 - Friday, 30 March 2012
Event: **M62 Coloproctology Course**
Venue: Cedar Court Hotel, nr junction 24, M62
Contact: J.E.Hartley@hull.ac.uk

Thursday, 17 – Friday, 18 May 2012
Event: **The Oxford Pelvic Floor Centre Masterclass 2012**
Contact: francesvalentine@btinternet.com

Wednesday, 2 – Saturday, 6 June 2012
Event: **ASCRS Annual Meeting**
Venue: San Antonio, Texas
Web: www.fascrs.org

Tuesday, 17 – Wednesday, 18 April 2012
Event: **TEMS Masterclass**
Venue: Chichester Medical Education Centre, St Richard's Hospital, Chichester
Contact: Bebba.smithers@rws-tr.nhs.uk

Sunday, 1 – Tuesday, 3 July 2012
Event: **Association of Coloproctology of Great Britain and Ireland 2012 Annual Meeting**
Venue: The CCD, Dublin
Web: www.acpgbi.org.uk

Thursday, 24 – Saturday, 26 May 2012
Event: **RSM Section of Coloproctology Overseas Meeting**
Venue: Geneva, Switzerland
Contact: Coloproctology@rsm.ac.uk

Wednesday, 26– Saturday, 29 September 2012
Event: **ESCP Annual Scientific Meeting**
Venue: Vienna, Austria
Web: www.escp.eu.com