

## **BSG/BASL Position statement on Hepatology Training**

This statement has been produced in response to the rapid increase in the burden of liver disease in the UK and the need to ensure training in liver medicine delivers a clinical workforce able to meet current and future demand. Liver disease is now the commonest cause of premature death in men in the UK, and has resulted in a major rise in out- and in-patient episodes for patients with chronic liver disease which is having a significant impact on service and training needs.

- Shape of training proposals indicate that specialty training will be condensed into 4 years including General Medicine, and yet there is already a shortage of GI/liver specialists trained to look after patients with liver disease. It is critical that any proposed changes to training do not further compromise the delivery of high quality care for patients with liver disease.
- There already exists considerable variation in the provision of medical care for patients with liver disease. Whilst many hospitals provide excellent care, in others care is hampered by a lack of clinical leadership/expertise. NCEPOD reports have highlighted major service deficiencies for patients with liver disease. (Measuring the Units <https://www.ncepod.org.uk/2013arld.html> and GI Haemorrhage: Time to Get Control? <https://www.ncepod.org.uk/2015gih.html>) The Lancet Commission on liver disease report highlighted wide variations in in-patient mortality from liver disease between hospitals, likely reflecting variations in service provision (Williams R et al, Lancet 2018; 392:2398-2412). Failing to improve training in liver disease risks exacerbating existing gaps in service provision with worsening of outcomes.
- BSG/BASL support the proposal, based on workforce needs, that 1 in 4 GI trainees focus their training in hepatology. Current proposals indicate that after two years of core training in gastroenterology and hepatology, trainees will have a choice of spending the final two years in luminal gastroenterology or hepatology. To avoid any further reduction in training for liver disease (and endoscopic procedural skills) it is critical that these final two years of training are focussed entirely on specialty training.
- Training in hepatology provides exposure to general medicine, as patients with liver disease commonly have multi-system complications. Patients from the most socially disadvantaged groups are disproportionately affected by liver disease, many with complex psycho-social needs. Training in multi-professional care of patients with liver disease across community, primary care & hospital settings is a key part of training.
- Identifying at an early stage trainees interested in hepatology will facilitate the growth of a cohort of clinicians with the necessary skills to deliver acute and elective care for patients with liver disease as well as develop the appropriate care pathways from/to primary care to reduce dependence on hospitals and facilitate prevention strategies.
- To support the delivery of high quality care for all liver patients, every acute hospital must have a designated Clinical Lead Consultant for Hepatology, supported by nearby specialist centres with access to TIPSS, liver cancer treatment and transplantation.
- BSG/BASL welcome the opportunity for further involvement in developing the training plans for a future workforce capable of providing excellent care for all patients with liver disease, including those with complex disease requiring a higher degree of expertise and knowledge than can be delivered over a 4 year training period.