



# Yearbook 2021

# CONTENTS

## The British Obesity and Metabolic Surgery Society Yearbook 2021

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1.	Contents	02
2.	President's Report	03
3.	Honorary Secretary's Report	04
4.	Treasurer's Report	06
5.	NBSR Committee Report	08
6.	Education Committee Report	11
7.	IHP Report	12
8.	Research Committee Report	14
9.	Patient Safety Committee Report	15
10.	Trainee Report	16

## President Report – Professor David Kerrigan



In the 18 months since our last ASM in Aberdeen professional (and tragically for some, personal) life has been altered profoundly because of the COVID-19 pandemic. The potential for risk is even now ever-present and could easily paralyse our actions as we tentatively try to return to life as we knew it before.

But BOMSS has always been an innovative society, leading the way in how team-working and mutual respect should be practiced by a surgical specialty. So, it's no surprise that this year's BOMSS ASM is the first 'normal' major UK surgical meeting in well over a year. This was a bold statement by BOMSS that we have confidence in a future that will retain the very best of what has made our society so distinctive in the past, especially the uniquely relaxed, friendly atmosphere that only a BOMSS ASM meeting with colleagues from across all disciplines can generate.

Even without the coronavirus, 2020 was always going to be an extraordinary year in the history of UK bariatric surgery with the establishment of BOMSS as a fully independent society with its own administration, finances and the creation of a new BOMSS charity. These changes will transform BOMSS for the better and increase recognition of bariatrics as a distinct sub-specialty with a team skillset quite unlike other branches of General or even Upper GI Surgery. There will be new opportunities for trainees and the different elements of the bariatric MDT to become involved in influencing the direction and priorities of our society through a new constitution that seeks to disrupt the 'old boys' network and give more power to the membership to create a diverse, more open, less hierarchical organisation.

We have already seen some of the benefits of the new blood and fresh approach on BOMSS Council with an excellent programme of online webinars and journal clubs held every fortnight that started in January this year. But there is much more to come, as our exciting new website full of useful member resources is completed and we develop structured training and research programmes thanks to the appointment of Education and Surgical Specialty Leads.

BOMSS now has a voice that is increasingly influential within the Royal College of Surgeons and has a clear ambition to embed bariatric surgery firmly within the FRCS curriculum. Behind the scenes, tactful engagement with the Department of Health and Social Care, the All-Party Parliamentary Group on Obesity and other groups has at last got the message across that bariatric surgery is a tool that has been under-utilised by the NHS. We expect to see significant expansion of NHS-funded bariatric surgery over the next 2-3 years along with a major overhaul of the current obesity pathway, with BOMSS driving proposals to dismantle the outdated Tier system and create a more patient-focused, streamlined system.

None of this could have been achieved without the commitment and hard work of my colleagues on BOMSS Council along with other BOMSS members who have agreed to be co-opted into roles serving our society and making important contributions to NBSR, Research and Training. My thanks also go out to Fran Shepherd and her colleagues from EBS who form the backbone of the new BOMSS administration and finance team. Finally, I'd like to thank our industry partners, without whose support and belief in BOMSS our transformation into the vibrant, independent society we are today would not have been possible.

It has been a privilege to have been President of this amazing organisation for the past two and a half years and to have played a part in successfully guiding BOMSS through a difficult transition in our history. In equal measure it is reassuring to know that BOMSS' leadership now rests in the safe hands of Vinod Menon, our President-elect.

David Kerrigan  
President, BOMSS

## Secretary Report – Mr Vinod Menon



It gives me great pleasure to pen this report as we prepare to meet and greet each other at Oxford in July after an interval. It has been an absolute privilege to serve as BOMSS Secretary for the last 4 ½ years and I am very grateful to my colleagues on council and the wider membership for their enormous support and cooperation.

The world around us over the past 16 months continues to be in the midst of a prolonged unprecedented situation caused by COVID19. Hundreds of thousands of lives have been lost and our hearts go out to them. Healthcare has been at the forefront providing the best quality care to patients affected by COVID19 and also ensuring the maximum possible attention to non COVID elective and emergency care. Professional societies have seen a change in their routine activities and we have been no exception.

BOMSS council have been really engaged on all matters bariatric & metabolic through the last 18 months. We had an excellent Training day, Annual Scientific Meeting and Annual General Meeting at Aberdeen in January 2020. The meeting attracted an unprecedented level of support from our industry partners, our Dutch and Scandinavian colleagues joined to enrich the scientific content. The National Bariatric Surgery Registry (NBSR) continues to be the jewel on our crown and we now have innovative ways of ensuring robustness of data entry and financial sustainability. Real time capture of data during the restoration phase post COVID demonstrated the safety of such surgery during these difficult times.

BOMSS executive and council have done a lot of work during the lockdown period to support membership and patients. This includes an open letter to the Hon Prime Minister, guidance for safe restoration of elective activity, publicity in visual, audio, and social media in addition to working closely with industry partners and with Royal Colleges about joint work streams going in to next calendar year and beyond.

Bariatric & Metabolic Surgery has evolved as a separate specialty in it's own right and in keeping in line with all international professional bariatric societies, an unanimous decision was taken at our Aberdeen AGM in January 2020 to form an independent BOMSS charity, retaining close working relationships with AUGIS and similar bodies. It was agreed that the new BOMSS charity would have it's own financial and administrative independence. This would run in parallel with current BOMSS (the society) and a merger could be carried out at a convenient point in the future. The new charity came in to existence in December 2020 (BOMSS CIO).

We have appointed to the position of SSL in Bariatric & Metabolic Surgery (Mr Dimitri Pournaras, Consultant Surgeon Bristol). This is a joint appointment with the Royal College of Surgeons of England, Dimitri has already set out his vision regarding the research portfolio of BOMSS. The SSL will have a seat on BOMSS council with full voting rights.

Sherif Awad was elected as the Professional Educational Lead for BOMSS. He has set up monthly journal clubs and webinars since January 2021, these sessions have proved hugely

popular with an ever increasing audience from the UK and abroad. The Professional Education Lead will also be a full member on council with voting rights.

Trainees are the future of our society. Your council voted unanimously to accord full voting rights to the trainee member. We have also held discussions with the President of Roux Group about maximising training opportunities, benefits of conjoint bariatric and upper GI training to specialist registrars and increasing opportunities in the form of fellowships. We continue to work closely with Royal College of Surgeons of England in approving post CCT fellowship posts (Bariatric & Metabolic Surgery) around the UK.

Discussions are at an advanced stage between a small working group formed of BOMSS & AUGIS executive to agree on a mutually acceptable terms of settlement which would then allow both societies to progress in parallel strengthening the aims and objectives of both in a collaborative manner. Both BOMSS and AUGIS will continue to work alongside to ensure trainees' needs are fulfilled as laid out in the curriculum.

We are enormously grateful to our industry partners for their generous support enabling us to continue with educational as well as other professional activities and for their financial support, which has enabled us to establish our own secretariat (Executive Business Solutions – EBS) for administrative functions. I would like to offer special thanks to Fran, Gail and Phil from EBS whom you will meet at Oxford.

I am delighted to inform you that as of today, our membership number stands at 359, comprised of 118 Consultants, 144 IHP's, 81 trainees, 6 affiliates and 9 students. We have a mailing list of over 700 spread all around the world. We have a well established relationship with IFSO who recognise us as the professional voice of bariatric and metabolic surgery in the UK & Ireland.

We remain committed to increasing the provision of annual bariatric operations in the UK from the current 5000 per annum to 20,000 operations per annum within the next 3 years. This places an enormous responsibility on all domains on BOMSS and we remain confident that the recently launched BOMSS CIO will be the most appropriate vehicle to ensure we provide the best quality clinical care to the patients we are privileged to be able to serve

I look forward to seeing all of you at Oxford and enjoy an excellent scientific and social interaction.

Best wishes

Vinod Menon  
Honorary Secretary BOMSS (on behalf of BOMSS Council)

## Treasurer's Report – Mr James Byrne



This is my fourth and final year as BOMSS treasurer, with Ahmed Ahmed coming into post.

We as a society have been very lucky to inherit a legacy of careful stewarded resource and have enjoyed consistently good levels of income through professionally and financially successful scientific meetings over recent years.

The last annual accounts for BOMSS, contained within the AUGIS annual report were published in their Annual report 2020, and at that time BOMSS had designated funds of £262,502.

### *National bariatric surgery registry*

NBSR is funded by contributions from trusts performing bariatric surgery and part funded by HQIP at the time when consultant level outcomes were published annually on the NHS choice website.

NBSR requires funds to maintain and also develop/upgrade the registry and support activities of the NBSR committee. The restricted funds in the NBSR were £96,795 in the May 31, 2020 AUGIS annual report.

### *Royal College of Surgeons Site specific lead*

We secured funding of £45K over 3 years from 2020-2023, and following a COVID-19 related pause, appointed Dimitri Pournaras consultant surgeon at North Bristol into this role following a highly competitive interview process.

### *BOMSS administration*

BOMSS is now administered by Executive Business Support Ltd (EBS), a professional secretariat who also act for the Vascular Society GB&I and a number of other professional bodies. The previous arrangement for admin support by AUGIS ceased on December 31, 2020. Working with the extended EBS team has been a pleasure and we now have in place financial systems to collect direct debits, payments for scientific meetings and congress directly. Our new systems provide real time financial reporting to support council and the executive in their activities on your behalf.

### *BOMSS-AUGIS financial separation*

Negotiations are ongoing between a small group of AUGIS and BOMSS representatives. Once an agreement in principle has been reached, this will be put to council for ratification.

### *BOMSS clinical membership/subscription*

Subscription rates have been carefully set to ensure excellent value for money that includes membership of IFSO and access to discounted rates for IFSO and BOMSS educational activities and meetings, that is particularly highly subsidised for trainees and IHPs. We currently have total membership of 359 members – which is an amazing result, given all

systems have been set up from scratch and reflects the hard work of all council members in driving recruitment of all those involved in our specialty.

Our accounting year will move from May 31 to October 31, and new annual subscriptions will be collected on that date from October 2022. This revised date will align much better with our subscription to IFSO, which is based on the number of full and IHP members and is payable Dec 31<sup>st</sup> every year.

#### *BOMSS website*

We have a budget and plans to create a BOMSS website that enhances the value of your membership of BOMSS and that will act as a resource for our patients, allied health colleagues and the general public.

#### *The future*

Our vision for the future is that BOMSS will be incorporated in the new BOMSS CIO charity subject to a vote at our AGM. Through the tireless work of our president/council, BOMSS CIO has secured key corporate memberships, which has enabled BOMSS administration since December 31, 2020 and is an excellent financial foundation for our charity.

James Byrne  
Treasurer, BOMSS Council

## NBSR Committee Report – Mr Peter K Small



The National Bariatric Surgery Registry is recognised as being the most precious jewel in the crown of BOMSS by David Kerrigan, the outgoing President of BOMSS. The society is able to produce the most accurate assessment of the risks and benefits of modern bariatric surgery in the UK using real data from real patients. This is only possible through the commitment and dedication of all the Bariatric teams in the UK who submit their patient data. In addition, the enthusiasm of the NBSR Committee and Dendrite Clinical Systems has resulted in the production of many outcomes, even when the UK has been in the grip of the Covid Pandemic.

### *Covid Report*

Elective Surgery in the UK was in turmoil at the start of the Covid epidemic with guidance being issued from various places as to how to perform surgery that was not only safe for the patient, but also for all involved healthcare workers. BOMSS was able to adapt the NBSR quickly to produce a report that recorded unplanned ITU admissions and deaths that might be related to Covid infection.

This resulted in a weekly report being issued to all consultants to demonstrate that elective bariatric surgery was safe in the Covid era, and has shown even better survival rates than previously reported.

Of interest, the report also included private cases, which seems to have stimulated better case recording in the private sector.

### *3<sup>rd</sup> Report*

Despite Covid restrictions the 3<sup>rd</sup> Report from the NBSR was published on line in August 2020. It is available to all, including the public, and can be downloaded at <https://www.e-dendrite.com/bariatric> .

The President of the Royal College of Surgeons of England recognised the importance of bariatric surgery in his foreword, particularly given obesity was identified as a major risk factor in disease severity and mortality in the first wave of the Covid pandemic.

As before, the report confirmed the exceptionally low in hospital mortality rate of 0.04% and complication rate of 2.4%. The report also looks at One Anastomosis Gastric Bypass for the first time, demonstrating very similar outcomes to the “gold standard” roux-en-Y gastric bypass.

For the first time, the 3<sup>rd</sup> report has examined the variable access to bariatric surgery both between countries of the UK and within regions of England. Correction of the clear inequities will require careful planning and political will, especially if we are to meet the BOMSS goal of 20,000 procedures per year. As before, improvement in data collection is required to make the NBSR more robust. However, it is now one of the largest registries in the field of Bariatric Surgery with records of over 78,000 procedures. I am very grateful to Kamal Mahawar for his dedication in inviting contributions from all over the world and editing the Report.



### *Research and Publications*

Omar Khan has established a research sub-committee for the NBSR. There have been 13 research projects proposed to the committee for consideration. A sub-committee has been established under the guidance of Omar Khan to guide and allocate lead consultants and trainees for each.

Publications in the last year have included:

*Outcomes of Bariatric Surgery in Extreme Obesity: Results from the United Kingdom National Bariatric Surgery Registry for patients with Body Mass Index over 70 kg/m<sup>2</sup>* published online in SOARD June 2021

*Obstructive sleep apnea remission following bariatric surgery: a national registry cohort study* published online in SOARD May 2021.

*Bariatric surgery for patients with type 2 diabetes mellitus requiring insulin: Clinical outcome and cost-effectiveness analyses* published in PLOSMed December 2020.

### *COP Report*

A decision was made to not produce a COP report for 2019-20 for a number of reasons. The production of a COP report incurs significant administrative costs, which used to be covered by a grant from HQIP. This was withdrawn in 2020.

In addition, there were far fewer bariatric procedures performed since March 2020 because of the significant restriction in elective procedures caused by Covid restrictions on the NHS. Hospital Trusts were clearly concentrating activities on Covid related issues, so to request financial support at this time was not considered appropriate.

The NBSR has a sufficient reserve, however, to proceed with a new COP report. This can be developed to look at new items such as funnel plots of the length of stay for each operation by surgeon. Other possibilities include unanticipated ITU stay and in-hospital complication rates in addition to the current data displayed in previous COP reports.

### *NBSR Developments*

We almost forget that less than 2 years ago, the UK was gripped in the Brexit Issue. This affected the collection and sharing of NBSR data. Data are collected from Eire, which remains part of the EU. I am pleased to report that the EU announced on 28<sup>th</sup> June that the UK Data Protection Regulations and GDPR DO meet their Data Protection Adequacy requirements, and consequently data can (continue to) flow freely between the EU and the UK.

We are in the early stages of designing a dataset for Bariatric Emergency/Complication surgery entered into the NBSR. This will allow surgeons to record surgery performed on patients they have not operated on in the past. There will need to be the option of linking to previous entries to facilitate data merging.

### *Patient Survey for CAG and S251*

I was pleased to invite Paul Chesworth onto the NBSR committee as a patient representative in early 2020. He has been invaluable in co-ordinating a survey of patients and public

persons as requested by the Confidentiality Advisory Group of the Health Research Authority as part of our annual application for permission to collect data.

The survey demonstrated overwhelming support for recording and storing patient specific surgical data in the NBSR. The survey did ask if backdating NHS numbers was appropriate, as the S251 does allow. There was lower acceptance of this and suggested that patients operated on before 2017 were asked if at all possible.

Nonetheless, CAG continues to support data collection with further conditions of patient involvement having been applied.

#### *Finances*

Referring to the Treasurers summary in this yearbook , the NBSR restricted account remains buoyant. It however, remains in the Bank Account of AUGIS at present. There are ongoing discussions with AUGIS for the appropriate transfer of NBSR funds to the BOMSS ICO bank account for closer management.

#### *Committee*

I am grateful for the continued support of the following committee members in the management and development of the NBSR.

Omar Khan  
Bruno Sgromo  
Rachel Batterham  
Kamal Mahawar  
James Hopkins  
Chris Pring  
Alan Askari (Trainee rep)  
James Byrne (BOMSS Treasurer)  
Paul Chesworth (Patient Representative)  
Richard Welbourn (Advisor)  
Peter Walton (Dendrite)

## Education Report – Mr Sherif Awad



This year BOMSS launched a number of educational initiatives (with many more in the pipeline) for the benefit of multidisciplinary colleagues involved in the management of patients with obesity. These were delivered as free webinars (kindly supported by BOMSS' corporate sponsors) allowing colleagues to register from around the UK and World.

In January 2021 we launched monthly Educational Journal Club Webinars (on the second Wednesday of each month at 8pm) with the aim of discussing relevant up to date publications in the field of Obesity. The Journal Club Webinars were hosted, in turn, by multidisciplinary members of different Bariatric Centres around the UK helping to showcase members of the MDT from different Bariatric Centres.

Two papers are discussed - an IHP paper and a surgical/medical paper. We would like to thank all the units who have participated and look forward to those presenting in the coming months.

Additionally we launched monthly Educational Webinars (on the fourth wednesday of each month at 8pm); delivered by eminent International and National Speakers with a Q&A at the end of each presentation to allow attendee participation. We would like to thank our guest speakers and sponsors for participating in these high quality educational webinars.

These educational events have attracted 100's of webinar registrations each month and have generated excellent interest and discussions. Feedback has been excellent to date and we look forward to widening the topics presented and delivering truly first class educational content for the benefit of our colleagues.

BOMSS has been working with industry to develop training opportunities for senior surgical trainees who have an interest in Bariatric Surgery, including cadaveric and hands on operating training courses. BOMSS already advises on and approved (jointly with the Royal College of Surgeons of England) Accredited Bariatric Surgery Training Fellowships in the UK.

Many hours have gone into planning the BOMSS Training Day and ASM which are scheduled as a face to face Congress from 26-27 July 2021 in Oxford, UK. The training day will deliver an excellent interactive educational program including talks and clinical scenarios delivered by UK Specialists with plenty of audience participation. This will be an excellent opportunity to learn from MDT colleagues, network and take a break from usual activities. The ASM presents an outstanding program delivered by eminent International and National Speakers.

Many more educational events are planned for the coming months and we will update you on this in due course.

I look forward to seeing and meeting you at the BOMSS ASM in Oxford. If you have any educational ideas you would like BOMSS to pursue please feel free to email me at [sherif.awad@nhs.net](mailto:sherif.awad@nhs.net).

Sherif Awad  
Educational Lead, BOMSS Council

## Integrated Health Professional (IHP) Report –



Sally Abbott  
Dietitian  
IHP Council Member



Dr Helen Parretti  
GP  
IHP Council Member



Dr Emma Shuttlewood  
Clinical Psychologist  
IHP Council Member

### *Introduction*

We were delighted to be voted in by our members as the IHP representatives on the BOMSS council in 2020. We have been welcomed into the BOMSS Council and it is inspiring to work within a bariatric society that values and embraces a true MDT approach. The three of us meet regularly (albeit virtually for now!) to move forwards with our agenda of increasing IHP voice, advocating for our professions and providing access to training opportunities in bariatrics, nationally. . We would like to share some of the exciting developments we have been working on, for the benefit of our IHP members, detailed below.

### *IHP Training Programme (in conjunction with Ethicon)*

We have been working with Ethicon to provide an IHP training programme. We started this in 2021 with a survey asking IHPs about their training interests and preferences. From the fantastic 157 responses, we began to design the first training webinar, which was held in May. We were delighted to have 168 IHPs from a mixture of professions register for this event.. The webinar, “An MDT Exploration of Medically Unexplained Bariatric Complications”, focused on a complex case presentation with expert panel discussion. A total of 88% respondents in the post-webinar survey reported that it provided useful information that may help to improve their patient outcomes. The recording of this session is due to be made available in the near future for those who were unable to attend on the day.

Following this success, we are continuing to develop the programme and the next event for October. Please keep an eye out for more details on the topic and format in the near future!

### *Training Day & Annual Scientific Meeting (ASM) 2021*

We are incredibly excited at the prospect of the first BOMSS in-person event for over 18 months. We hope to see many of our IHP members joining us for the training day on the 26th July followed by the ASM on 27th – 28th July, held at Oxford University. Already, we have had a fantastic sign up from IHPs across a diversity of professions. We were delighted to be invited onto the organising committee for both the training day and ASM – a demonstration of BOMSS’ commitment to making the organisation a full MDT society. We

hope that the programme appeals to IHP interests and training needs, and we have some fantastic expert speakers lined up.

#### *Journal Club Support*

We have supported Sherif and Roxanna in their development of the journal clubs which have been extremely well received and have featured presentations from some of our IHP members from across the country. A recent development is the inclusion of an IHP co-chair each month to further strengthen and support the MDT approach within bariatrics. These are an excellent opportunity for regular CPD for IHPs, shaping our skills in critiquing research which in turn can benefit our clinical practice.

#### *Future Direction, Hopes and Aims*

We all feel passionately about providing a meaningful, interactive and nurturing organisation that supports both academic and clinical practice within the bariatric world. We hope to continue our developments and are looking towards how we can develop useful IHP content on the new BOMSS website, develop regular communication with IHP members, offer further training and networking opportunities and expand the IHP membership and engagement.

We welcome feedback, suggestions and comments on these developments so please do not hesitate to get in touch!

## Research Committee Report - Mr Dimitri Pournaras and Yitka Graham



The BOMSS research team has expanded with the appointment of Dimitri Pournaras as the inaugural BOMSS/Royal College of Surgeons of England bariatric Surgical Specialty Lead (SSL).

Yitka, Dimitri and Roxanna conducted a national research survey to establish the views and priorities of the BOMSS membership in terms of research.

The findings in a nutshell were that

1. Most of our members are keen to do more research.
2. Dedicated time for research remains a challenge.
3. For the members engaged in research time and existing skills are helpful.
4. Our members would like access a network and support in getting funding.

To address these aspirations we will continue building a network providing a collaborative approach and support in study development and grant applications.

With the support of the BOMSS council and great help from Fran an on-line BOMSS research workshop took place on the 26<sup>th</sup> May with more than 50 participants with diverse backgrounds and crossing disciplines including physicians, scientists, psychologists, pharmacists, patients, trainees and surgeons. Four themes were identified; perioperative optimisation, pathophysiology and comparative clinical studies, pharmacotherapy after bariatric surgery and obesity stigma. Teams are formed and we are all looking forward to meeting in person at the Annual Scientific Meeting. More face to face meetings will follow as soon as this is possible.

## Patient Safety Committee Report - Mr Kamal Mahawar



I approached BOMSS executives towards the end of 2019 with some suggestions on how we could work collectively to improve the safety of Bariatric and Metabolic Surgery (BMS) nationally. They warmed up to my suggestion and asked me to form a Patient Safety Committee (PSC). We then asked for expressions of interest from BOMSS members to join the committee. This was a very successful drive and led to the formation of a PSC with Will Carr, Will Hawkins, Omar Khan, Chetan Parmar, Chris Pring, and me as its members; I chair the group. The committee had its first meeting in Aberdeen. Since then, we have had two virtual meetings and have been discussing how to move things forward. The PSC entered into a data collaboration exercise with NHS England where they shared all clinical incident reports related to bariatric surgery in their database with us for the development of strategies for prevention. This mammoth exercise was undertaken with help from colleagues on and off the committee and has since been published.<sup>1</sup> I would strongly encourage colleagues to look up this paper and discuss its findings within their bariatric multidisciplinary teams. I also hope to present its key findings at our next ASM which I encourage all colleagues to attend.

Will Hawkins has liaised with the Confidential Reporting System in Surgery (CORESS) team on behalf of the PSC and is now representing BOMSS PSC on their advisory board. Will informed us that CORESS did not have any obvious bariatric surgery related incidents they could share with us.

We will soon be rolling out a "Learning from Deaths" drive where colleagues would be encouraged to share any learning from all deaths with 90-days of bariatric surgery and those deaths beyond 90-day where they feel bariatric surgery may have contributed to the death. Colleagues will be able to share lessons learnt whether or not the primary surgery was carried out in their unit. Details on this will follow. Another issue that PSC is currently pursuing is understanding intestinal failure after bariatric surgery – its approximate incidence and prevalence, causative factors, and most importantly how to prevent it. I have also been advising executives on patient safety related queries and we will develop a web-based form on our new website for anyone to report patient safety incidents to the PSC. There is also a proposal to identify learning points from medicolegal events which we intend to pursue. All in all, PSC has got off to a flying start and we hope to make a difference!

Kamal Mahawar  
Chair, Patient Safety Committee, BOMSS

### References:

Omar I, Madhok B, Parmar C, Khan O, Wilson M, Mahawar K. Analysis of National Bariatric Surgery Related Clinical Incidents: Lessons Learned and a Proposed Safety Checklist for Bariatric Surgery. *Obes Surg* 2021; 31(6): 2729-2742.

## Trainee Report – Ms Roxanna Zakeri



The past year has seen a whirlwind of activity for trainees within BOMSS. I am extremely grateful to my predecessor, Ms Corinne Owers, for her passion and tireless work to boost the trainee voice within the society and beyond. Thanks to her success and the welcoming reception of BOMSS Council, we have been able to address trainee perspectives at every step during the COVID-19 pandemic and establishment of the new BOMSS charitable organisation.

### *Membership*

Our foremost achievement has been the successful recruitment drive at the end of 2020 leading to trainee membership rising more than twofold and engagement with the society at an all-time high. Thanks to the generosity of BOMSS Council and sponsors, membership for all under- and post-graduate trainees is now free of charge, alongside free access to training webinars and heavily subsidised Annual Scientific Meeting registration. My aims were to broaden the awareness of and interest in a career in bariatric surgery amongst trainees of all grades and I am delighted that we now have a diverse, bustling trainee cohort with members from across the country ranging from medical student to post-CCT fellow. The enthusiasm our new junior members have shown has been inspiring, with many looking forward to presenting at the upcoming ASM.

### *Journal Club*

In February, BOMSS Education Representative, Mr Sherif Awad, and I launched the BOMSS journal club, a new monthly web-based fixture. Bariatric MDTs from the length and breadth of the UK and Ireland were invited to host each month, presenting important recent or landmark papers from a surgical and allied-health theme. BOMSS has been hugely supportive of our mission to ensure trainees are at the heart of these sessions and I have been delighted that we have had a trainee presenting the surgical paper every month. Attendance and feedback for the journal clubs have been excellent which is testament to the high academic calibre of our trainee members and a clear enthusiasm for a multidisciplinary approach to training.

### *Research*

The inaugural BOMSS research workshop took place in May led by the new RCS Bariatric SSL, Mr Dimitri Pournaras. This was a resounding success with fantastic trainee turnout and engagement. From this, four research groups were formed to develop novel, important research studies in the field of obesity and bariatric surgery. The group themes are perioperative optimisation, pathophysiology and comparative clinical studies, pharmacotherapy after bariatric surgery, and stigma. We are keen for as many trainees to join as possible so please email [research@bomss.org](mailto:research@bomss.org) if you are interested in contributing. Last year, I launched the BOMSS Trainee Research Collaborative, working with fellow Trainee Research Co-Lead Mr Andrew Currie and the support of BOMSS Research Lead Dr Yitka Graham. We designed the first national multicentre study investigating variation in the management of bariatric emergencies across General Surgery units nationwide. Progress was halted by the COVID-19 pandemic but we look forward to launching this study later this



year. Trainees interested in joining the study steering committee and/or leading a study through the Research Collaborative network are very welcome; please email [trainees@bomss.org](mailto:trainees@bomss.org) for more information.

NBSR has provided numerous fruitful opportunities for trainee-delivered publications in the past and this year was no exception. Congratulations to Ms Anna Kamocka, Ms Vasha Kaur and Ms Emma Rose McGlone for their fantastic papers! In collaboration with NBSR Research Lead Mr Omar Khan and fellow trainees Mr Alan Askari (NBSR Trainee Representative) and Ms Emma Rose McGlone, I established a trainee research group for NBSR projects. Over 12 projects are underway with each trainee paired with a Consultant supervisor to develop and investigate a focused research question from the NBSR dataset for a longitudinal or health economic study. We are grateful to the NBSR Council for their keen support and guidance.

#### *IHP collaboration*

An exciting move towards more multidisciplinary education was made this year in collaboration with BOMSS IHP Representatives Dr Helen Parretti, Dr Emma Shuttlewood and Ms Sally Abbott. We first surveyed the training needs and interests of IHPs and surgical trainees in January, identifying key topics and preferred approaches. With the support of Ethicon, the IHP team's first webinar was held in May focused on complex bariatric complications with an impressive turnout. I strongly believe that surgical trainees should gain a firm understanding of integrated health principles and professional practice, particularly in such a multidisciplinary specialty like bariatric surgery. I am hugely grateful to Helen, Emma and Sally for embracing my inputs to their monthly meetings and constant willingness to incorporate surgical trainee needs into their educational ventures. I encourage all bariatric trainees to attend their next event in October as well as the upcoming multidisciplinary training day at BOMSS ASM.

#### *BOMSS ASM and training day*

We look forward to a strong trainee attendance at the upcoming meeting in Oxford. The number and quality of abstracts submitted by surgical trainees was excellent, demonstrated by our domination of the free paper sessions! I am grateful to the ASM organising committee, in particular Mr Bruno Sgromo and Mr Chetan Parmar, and BOMSS Exec for enthusiasm in promoting trainees to join the faculty and co-chair sessions. BOMSS trainee member Mr Niall Dempster will be co-hosting the gastric band practical at the training day which will be a highly informative session for trainees and IHPs of all grades.

#### *Roux Group collaboration*

The allegiance between Roux Group and BOMSS trainees remains steadfast, with mutual support provided for both society's training and education ventures this year. We have worked closely with the Roux Committee and AUGIS to ensure trainees have no limitations in being able to maximise all learning opportunities provided in the field of Upper GI Surgery. BOMSS consultant and trainee members provided invaluable contributions to the Roux Group annual training weekend in March, discussing indications for bariatric surgery, operative approaches, management of bariatric emergencies and novel endoscopic therapeutics. Feedback from attendees was excellent with many appreciating the opportunity to gain insights in bariatric surgery otherwise unattainable in their training regions. We are also very fortunate in having 2 further BOMSS trainee members, Mr Andrew Currie and Mr Alan Askari, elected to the Roux Group Committee this year as Endoscopy Lead and Social Media Lead, respectively, and I will continue in the role of

Bariatric Lead. Together we will continue to represent the needs of bariatric trainees in the Upper GI Surgery forum.

*Recovery of training: COVID-19 and curriculum implications*

The pandemic has had an undeniably detrimental effect on surgical training, in particular to bariatric surgery fellowships with elective surgery paused during much of the past year. I have worked closely with BOMSS Council to ensure trainee needs are represented as they worked with Royal Colleges, NHS England and other surgical societies to design COVID-safe bariatric lists with additional focus on improving trainee access to the independent sector. Access to endoscopy training is now also severely limited in some regions. In response to this and the rise of bariatric endoscopic procedures, BOMSS is developing an endoscopy sub-committee with trainee representation to campaign for improved access and develop accredited training programmes.

Surgical training is undergoing a vast transformation this August with the introduction of the new curriculum. With this comes the risk that subspecialty training in bariatrics will move towards post-CCT credentialling. BOMSS Council are working with the Royal Colleges and JCST to increase bariatric surgery content in the General Surgery curriculum and FRCS exam, which will undoubtedly help to improve awareness of the subspecialty amongst trainees and appreciation for the needs of patients with obesity in all aspects of surgical care. The coming year will pose further challenges for trainees, but I hope to reassure you that, as negotiations take place for significantly increased capacity for bariatric surgery in the NHS, we will be campaigning for bariatric posts and fellowship opportunities to increase alongside. BOMSS have clearly stated their intentions to focus on boosting training opportunities through focused fellowships and skills courses in the near future. We are compiling a comprehensive account of accredited bariatric surgery fellowships nationwide and hope to announce these very soon.

I look forward to seeing you all at the ASM in Oxford this July. As always, please feel free to get in touch with me any time for training queries, requests or feedback you have ([trainees@bomss.org](mailto:trainees@bomss.org)). As shown by the trainees mentioned above, there are lots of exciting opportunities for you to get involved with BOMSS projects and events. If you would like to then please reach out - I would be more than delighted to help!