REVIEW

EndoLive UK 2015: introducing the best of UK endoscopy to the world

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ABSTRACT

The inaugural EndoLive UK held in the International Convention Centre (ICC) Birmingham on the 12–13 March 2015 was a watershed moment for UK endoscopy and for the British Society of Gastroenterology (BSG). The event provided the perfect platform to demonstrate how the UK is delivering some of the highest quality endoscopic practice, training and research in the world. Organised by UK endoscopy experts and supported by internationally renowned endoscopists such as Professors Paul Fockens, Douglas Rex and Peter Siersema, EndoLive UK pushed back the boundaries of innovation and interaction during a 'Live Endoscopy' event. *Frontline Gastroenterology* supported the event with a special edition of this journal dedicated to *Endoscopic Practice* in April 2015. With over 500 people from around the globe attending this first event, the aim of highlighting the very best of UK endoscopy on a national and international stage was achieved. Furthermore, the educational content of the course was developed to be accessible and appropriate to a variety of clinicians with different levels of experience—endoscopy trainees, nurses, General practitioner (GP) endoscopists, gastroenterologists and surgeons. This article reviews this event and its many highlights and successes.

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Siersema, EndoLive UK pushed back the boundaries of innovation and interaction during a 'Live Endoscopy' event. *Frontline Gastroenterology* supported the event with a special edition of this journal dedicated to *Endoscopic Practice* in April 2015. In addition, the March 2015 debate (#FGDebate) on social media was dedicated to issues pertaining to the event.

With over 500 people from around the globe attending this first event, the aim of highlighting the very best of UK endoscopy on a national and international stage was achieved. Furthermore, the educational content of the course was developed to be accessible and appropriate to a variety of clinicians with different levels of experience—endoscopy trainees, nurses, GP endoscopists, gastroenterologists and surgeons.

BEYOND THE AUDITORIUM

Uniquely EndoLive UK incorporated four sites from which to transmit the live endoscopy sessions to the ICC auditorium. Although admittedly ambitious this enabled live endoscopy, and the implementation of best clinical practice, to be demonstrated in all parts of the UK—from Glasgow (lead by Dr John Morris), to Cardiff (lead by Dr Sunil Dolwani), to Nottingham (lead by Professor Krish Ragunath) and London (lead by Dr George Webster). Each site demonstrated advanced endoscopic techniques—endoscopic mucosal resection, difficult polypectomies, endoscopic retrograde cholangiopancreatography and endoscopic ultrasound scan. There was simultaneous interactive discussion moderated by an expert panel in the auditorium. In addition, a team of nurses, healthcare assistants and junior doctors supported each endoscopist during the live cases to ensure that patient safety was

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maintained at the highest standard throughout procedures.

PATIENT ADVOCATES AND INNOVATION IN LIVE ENDOSCOPY

The independent assessment of patient welfare during endoscopic procedures has been advocated by the European Society of Gastrointestinal Endoscopy (ESGE) in 2014 in the form of 'patient advocates'.¹ This was implemented during all the live cases at all the sites during EndoLive UK with success. Patients and endoscopists reported feeling at ease by the presence of the patient advocates.

Innovation was not limited to clinical governance at EndoLive UK. The use of multiple transmission centres was unique to EndoLive UK, with each of the sites using high-definition imaging to enhance the endoscopic demonstration of lesions or techniques. In addition, the use of silent symposia within the sponsors exhibition centre enabled delegates to hear the latest developments and advances in endoscopic techniques while within the confines of the exhibition hall. The strong collaboration between the organising team and the hugely supportive sponsors of EndoLive UK ensured the successful incorporation of symposia into the course programme.

In addition, the use of Twitter (during live endoscopic cases) acted as an excellent means of interaction between the audience, the expert panel and the endoscopists. The use of #EndoLive enabled EndoLive UK to reach people both within and outside the auditorium simultaneously, while being carefully moderated for patient confidentiality and appropriateness throughout. This coupled with the *Frontline Gastroenterology* #FGDebate with Professor Brian Saunders prior to the event on 'Polypectomy: Tips, tricks and which polyps to remove?' saw that the widest use of social media was fully incorporated into this inaugural event. On initial analysis, tweets from EndoLive UK reached over 50 000 people around the world, with the 'reach' of the #FGDebate extending to over 1 million people, making both events attract a truly global audience!

INTERNATIONAL INSIGHTS AND HIGHLIGHTS

EndoLive UK was enhanced by some of the biggest names in world endoscopy—both within the UK faculty members and the international faculty. Fittingly Professor Douglas Rex from Indiana University School of Medicine, one of the leading figures in world endoscopy, delivered the Christopher Williams Invited Lecture—also becoming the inaugural recipient. The award was created in recognition of the huge contribution Dr Williams has made to UK endoscopy. In receipt of the award, Professor Rex discussed the merits and benefits of using endoscopy to predict colorectal polyp pathology with the aim of reducing costs of histologically assessing small

insignificant polyps plus enabling easy assessment of hyperplastic polyps. Accompanying him in delivering a keynote speech were Professor Siersema from University Medical Center Utrecht, and Professor Fockens from the Academic Medical Center, University of Amsterdam. As editor-in-chief of Endoscopy, Professor Siersema discussed the use of stenting in the gastrointestinal (GI) tract, focusing particularly on the role of stenting to restore luminal patency prior to surgery in patients with GI strictures. As the past president of the ESGE, Professor Fockens discussed the potential future role of GI endoscopy in the next 10 years with endoscopists perhaps perceived as minimally invasive surgeons before the patient goes on to have adjuvant chemoradiotherapy.

In addition, between live endoscopy cases, UK faculty provided insights into important areas for general gastroenterologists, trainees and nurse endoscopists to be aware of. Dr Adrian Stanley and Dr Richard Sturgess gave excellent insights into the management of non-variceal upper GI bleeding and biliary stone management, respectively. Dr Siwan Thomas-Gibson highlighted the multitude of decisions required to ensure therapeutic colonoscopy procedures are as safe as possible. Professor Hugh Barr gave an overview of the issues surrounding the management of Barrett's oesophagus while Professor Saunders provided his insights and tips into performing advanced polypectomies.

In addition, accompanying the events in the auditorium six break out symposium prefixed the start of the second day of the event entitled, 'Meet the expert' sessions. These allowed delegates to meet and discuss endoscopic issues on the topics of their choice—from improving adenoma detection rates to endoscopic submucosal dissection in the GI tract. These symposia allowed greater accessibility to the experts in small groups—learning from those who perform the highest number of these often-complex endoscopic procedures on a daily basis.

SOCIALISING AND NETWORKING

EndoLive UK was an opportunity to meet other endoscopists from around the UK and world. The conference dinner was enjoyable and well attended by many delegates. All the UK and international faculty were present allowing more informal conversation away from the auditorium and exhibition centre.

THE FUTURE OF ENDOLIVE UK

EndoLive UK has demonstrated the very best practice in UK endoscopy, lead by some of the leading endoscopists in the world with a wide range of interest—from research through to training and quality improvement. It has set the 'bar' high for future events and was a credit to the organising committee. Such was its resounding success, the next EndoLive UK will undoubtedly be on the horizon in the near

future. EndoLive UK will surely become an essential event for any clinical endoscopist to attend so get a ‘frontline’ insight into the best practices not just in the UK, but the world.

Twitter Follow Philip Smith at @DrPhilipJSmith

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