Welcome to *Frontline Gastroenterology*

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It gives me great pleasure to welcome you to the British Society of Gastroenterology's (BSG) new clinical journal, *Frontline Gastroenterology*. The idea of this journal is to focus on best practice and improved service delivery. I hope that the journal will support BSG's goal of being the authoritative voice of gastroenterology when it comes to commissioning of high quality services.

BSG has long been well recognised for setting quality standards for the care of patients with gut and liver disorders. Guidelines and audits have been at the heart of British gastroenterology for many years. It is highly appropriate that *Frontline Gastroenterology*'s editorial team is fronted by Roland Valori, whose work on quality in endoscopy has arguably established British endoscopy as the quality standard for endoscopy worldwide.

But we face challenges. Others aspire to produce guidelines in gastroenterology, including NICE. It will be wise to develop a collaborative, rather than competitive, relationship. And are our guidelines practical enough? Do we perhaps need to supplement them with management protocols, at least in template form to allow for local variation? Might this be an area for *Frontline Gastroenterology*?

There are also opportunities. BSG has a good relationship with the UK Department of Health. We can seize the challenge made by Lord Darzi to put clinical standards based at the heart of policy. That is why the 'new ways of working' domain in the Mission Statement is important. In the future we will need to argue for workforce maintenance or expansion in more functional terms. Perhaps the BSG's forthcoming document proposing subspecialists with specific responsibility for alcohol services is a new way of working that will attract respect.

Equally, in our straightened economy 'value for money' matters and represents an opportunity for a more satisfyingly relevant professional life. I hope *Frontline Gastroenterology* will host vigorous debates about effete activities that we continue because we have always done them but which may be past their sell by date. This especially applies where there is some risk to patients. For example, is every CT scan we do really necessary and do we really think about the iatrogenic hazard that this imposes on long term patients? Rationalising diagnostics is a theme within the Department of Health that we should seek to inform.

The 'patient experience' is a further domain in the Mission Statement. I think we have only scratched the surface of patient involvement in service development. Let us go beyond paying attention to the patient experience and develop relationships with patients such as the National Association for Colitis and Crohn's Disease's regional patient panels that actually work with doctors to influence policy. I hope *Frontline Gastroenterology* will stimulate debate here too.

But, I hear you say, do we need a new journal? I also hear voices asking "do we need the old journal, *Gut*?" Because it so highly reflects top academic work, *Gut* has become one of the jewels in the international publishing crown. For some this has reduced its interest. This will partly be addressed by *Gut* placing a greater emphasis on publishing clinical trials and other means. But *Gut* will not focus on the practicalities of delivering high-quality, patient-oriented care. *Frontline Gastroenterology* will. A self-confident multidisciplinary society needs both journals. This is a great step forward.

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