



**University of Dundee**

**ToRcH-UK**

*Published in:*  
Frontline Gastroenterology

*DOI:*  
[10.1136/flgastro-2021-101948](https://doi.org/10.1136/flgastro-2021-101948)

*Publication date:*  
2022

*Licence:*  
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*Document Version*  
Peer reviewed version

[Link to publication in Discovery Research Portal](#)

*Citation for published version (APA):*  
(2022). ToRcH-UK: shining a light on liver disease in the UK. *Frontline Gastroenterology*, 13(3), 266-268.  
<https://doi.org/10.1136/flgastro-2021-101948>

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# **ToRcH-UK: Shining a light on liver disease in the UK**

Trainee Collaborative for Research and Audit in Hepatology UK\*§

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To the editor,

Segal and colleagues have highlighted the challenges laying ahead for gastroenterology and hepatology trainee networks in the UK[1]. Undoubtedly, whilst there have been numerous local success stories, our community is lacking a national project. This may be for numerous reasons, particularly timing given the COVID-19 pandemic.

For a project to enthuse trainees on a national scale, there are multiple considerations that need to be addressed. Firstly, is the research question being asked relevant on a national level? Whilst niche areas of gastroenterology such as post liver-transplant care are undoubtedly interesting, they are unlikely to engage trainees outside of level 3 centres. Secondly, is the answer likely to be important to our day-to-day working lives? As doctors, we are all patient-focused and look for ways to improve patient outcomes. Projects that deliver a palpable solution to improve patient care are likely to be more popular amongst trainees. Finally, are trainees being offered exposure to research and audit that they would not have access to, thus empowering them to seek further projects? Or are they merely being utilised as data collection machines?

The Trainee Collaborative for Research and Audit in Hepatology UK (ToRcH-UK) was established following a number of consultations with trainees from different backgrounds and interests in hepatology from across the UK. It aims to deliver high quality research and audit projects in order to identify and improve outcomes for patients with liver disease. It is open to all trainees no matter seniority, academic background or region as we understand that the UK requires future hepatologists

across the country and spectrum of clinical hepatology. We aim to foster a collaborative research culture for future gastroenterologists and hepatologists as well as providing the opportunity for all trainees to participate with large scale research and audit projects. We believe that this will engage trainees early in their career and secure the future of hepatology in the UK.

The standardised mortality from chronic liver disease has dramatically risen since 1970[2]. Whilst there are a number of reasons for this, the 2013 NCEPOD demonstrated that only 47% of patients with alcohol related liver disease received good care in hospital and preventable deaths were highlighted [3]. In response to this, the BASL/BSG admission bundle for patients with decompensated chronic liver disease (dCLD) was developed [4] but it is inconsistently utilised across the UK.

ToRcH-UK has launched its first project which is a retrospective audit of the BASL/BSG admission bundle for patients with dCLD and its impact on patient outcomes. Undoubtedly this project is relevant to our day-to-day work as gastroenterology registrars and we aim to get a snapshot of dCLD patient care across the UK. However, to achieve this, we require registration of as many sites in the UK as possible. We urge you to contact us on our corresponding email or visit our Twitter page (@uk\_torch) for more information. All contributors will be acknowledged as collaborators and we have been endorsed by the SSG, BASL and WAGE. Only by working together can we improve outcomes for our patients.

## **CONTRIBUTORSHIP STATEMENT**

All collaborators, as listed in the Supplementary Materials, contributed to the conceptualisation of the manuscript.

The Project Management Subgroup, as listed in the Supplementary Materials, drafted the initial manuscript.

All collaborators reviewed the manuscript, made critical revisions and approved the final draft.

## **FUNDING**

None to declare

## **COMPETING INTERESTS**

Oliver Tavabie and James Maurice are both members of the Editorial Board at Frontline Gastroenterology.

## **ACKNOWLEDGEMENTS**

We are grateful to the British Association for the Study of the Liver, the Scottish Society of Gastroenterology and the Welsh Association for Gastroenterology and Endoscopy for their endorsement. We are grateful to Dr Stuart McPherson (Consultant Hepatologist, Newcastle Hospitals NHS Foundation Trust) and Dr Brian Hogan (Consultant in Critical Care Medicine and Hepatology, King's College Hospital) for their advice in the development of the audit.

## **REFERENCES**

1. Segal, J., et al., *What next for gastroenterology and hepatology trainee networks? Lessons from our surgical colleagues*. *Frontline Gastroenterology*, 2021: p. flgastro-2021-101784.
2. Williams, R., et al., *Addressing liver disease in the UK: a blueprint for attaining excellence in health care and reducing premature mortality from lifestyle issues of excess consumption of alcohol, obesity, and viral hepatitis*. *Lancet*, 2014. **384**(9958): p. 1953-97.
3. NCEPOD. *"Measuring the Units" - A review of patients who died with alcohol related liver disease*. National Confidential Enquiry into Patient Outcome and Death (UK) 2013 Accessed online 24/05/2021:-  
[http://www.ncepod.org.uk/2013report1/downloads/MeasuringTheUnits\\_FullReport.pdf](http://www.ncepod.org.uk/2013report1/downloads/MeasuringTheUnits_FullReport.pdf).
4. McPherson, S., et al., *Response to the NCEPOD report: development of a care bundle for patients admitted with decompensated cirrhosis—the first 24 h*. *Frontline Gastroenterology*, 2016. **7**(1): p. 16-23.