

Young gastroenterologists angle: Friends of the UEG young talent group consensus statement on the structure of young gastroenterology sections

INTRODUCTION

Throughout Europe, Young Gastroenterology Sections (YGS) play a crucial role in the success of national gastroenterology organizations and societies. Both trainees and national organizations benefit by including the next generation of gastroenterologists (GI). Specifically, national organizations have the chance to nurture future leaders, promote innovation and new perspectives, enhance diversity and inclusivity as well as ensure future sustainability and growth of the national society. Young trainees benefit through targeted support and mentorship fitting their needs, networking opportunities with peers, and by having a clear voice for representation and advocacy for the needs of the next generation of gastroenterologists.

Many national organizations in the UEG member states already work and coordinate well with their respective young sections. Nevertheless, the structure of young GI sections in UEG member societies is heterogeneous. Some national organizations currently do not have a formal young GI section.¹ Previously, the UEG Young Talent Group published a 'cookbook' on how to start a young GI section^{2,3} giving valuable insights into the pivotal steps in the first months. Notably, this document does not sufficiently address the desired long-term structure and maintenance of young GI sections. In our eyes, a durable and practical structure is fundamental to long-term effective cooperation and success. Therefore, we present a consensus on a possible structure for national young GI sections.

TRUE REPRESENTATION OF THE DIVERSE NEXT GENERATION OF GASTROENTEROLOGISTS IS FUNDAMENTAL

A clear definition of who qualifies as a young gastroenterology section member is necessary to accurately represent the next generation. The threshold could be either age (e.g. younger than 40 years)

or the state of specialty training (e.g. members who have finished their gastroenterology training in the last 3 years). Exceptions to colleagues with non-linear careers, such as times of childcare or research breaks, are an effective tool to reflect the diversity of individual vitae.

Future gastroenterologists with an academic as well as non-academic background and a focus on outpatient or inpatient care should be invited to join the young gastroenterology section to manifest the whole breadth of gastroenterology. Successful gastroenterology is diverse and interprofessional, and young GI sections should be open to professionals with a shared interest in gastroenterology besides physicians (e.g. early-career basic and translational scientists, dietologists, and nurse practitioners with a GI or endoscopic focus). Allowing medical students to be part of the Young GI sections or devising specific events targeted at students is another way of raising the interest of potential future colleagues in the field of gastroenterology.

DEMOCRATIC STRUCTURES: INCREASE PARTICIPATION AND TRANSPARENCY

A speaker or spokesperson should be elected by members of the section. To guarantee continuity, a team of speakers and vice-speakers with overlapping terms, and progression from vice-speaker to speaker should be considered. Additional designated posts (e.g. treasurer), should also be determined through election by the section members. Implementing a term limit ensures the ongoing renewal of young gastroenterology section leadership. To promote equality and representation throughout the YGS and to embrace the heterogeneity of the next generation of gastroenterologists, rules on gender, geographic, or ethnic origin of the speaker team (e.g. gender-parity with regards to speaker and vice-speaker) should also be considered.

This is an open access article under the terms of the [Creative Commons Attribution-NonCommercial-NoDerivs](https://creativecommons.org/licenses/by-nc-nd/4.0/) License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

© 2023 The Authors. United European Gastroenterology Journal published by Wiley Periodicals LLC on behalf of United European Gastroenterology.

REGULAR INTERNAL AND JOINT MEETINGS ARE THE CORNERSTONE OF SUCCESSFUL COLLABORATION

Meetings between young section speakers and society representatives are crucial for exchange and maximizing productivity. Therefore, there should be regular meetings to discuss joint projects, needs, and future directions. At these meetings, the speaker team should represent the young GI section, and a dedicated representative of the society's secretariat and possibly the board should be present. Additionally, board members and project leads on specific young gastroenterology section projects can be invited to join the meetings on a need-to-attend basis, but the size should always be limited to promote effective work. The minutes of the meetings should be shared among all members for feedback and transparency.

A fixed position on the board of national gastroenterology societies for the speaker or another member of the young gastroenterology section, preferably with full voting rights, can further enhance cooperation, as it improves information flow between YGS and national organizations.

Additionally, YGS should hold regular internal open meetings for transparency and integration of all members in decision-making. Here, online or hybrid formats can help to increase participation. Updates on current and planned projects should be given, and the meetings should serve as a forum for feedback from and involvement of all young gastroenterology section members. A culture of transparency helps to improve participation and foster a feeling of belonging.

THE CONSIDERABLE EXPERTISE HELD BY THE NEXT GENERATION OF GASTROENTEROLOGISTS IS A RESOURCE THAT SHOULD BE UTILIZED

The expertise held by members of the next generation should be utilized in national meetings, including (co-)chairing sessions and giving lectures. The YGS can help identify suitable members for any specific theme. A quota of (co-)chairs from the next generation at meetings is a possibility to ensure adequate representation. Additionally, opportunities to independently plan sessions should be implemented so that the focus of the next generation has the forum it deserves. Also, YGS should be involved in choosing recipients for awards, particularly awards promoting the career development of the next generation (e.g. abstract awards, poster prizes, travel grants, etc.). National societies should consider supporting the young gastroenterology section to organize small meetings or workshops with concise topics.

Additionally, it is important to establish scientific networks for multicenter studies to involve and empower young gastroenterology researchers. Either, young gastroenterology section research projects can be integrated into existing networks, thereby promoting young researchers in gastroenterology. Alternatively, the YGS can be supported to establish their own network, facilitating collaboration

and exchange of ideas between young researchers and institutions. As a future perspective, we see the linkage of several national research networks to a European network of young gastroenterology researchers as a way to foster international multicenter research, and ultimately, improve patient outcomes through increased scientific collaboration.

SUPPORT FOR YOUNG SECTIONS IS VITAL TO ENHANCE THEIR IMPACT

Besides engagement at national meetings, support by the national society to the young gastroenterology section projects should be provided. Projects could include but are not limited to 'summer schools' with a clinical or scientific focus, postgraduate training, or ongoing education possibilities, as well as projects aimed at influencing professional policy on a national level. To meet the needs of the next generation and motivate young volunteers to apply themselves, a high degree of freedom in planning for the YGS is beneficial.⁴

Funding and administrative support are vital aspects for the success and growth of young gastroenterology section projects. Each section should establish rules on acceptable sources of funding (e.g. third-party or industry funding) and conditions for accepting funding from external sources. National gastroenterology societies should communicate a transparent budget for their respective YGS. Administrative support is just as crucial as funding and smoothens cooperation. Therefore, a clerical position in the society's secretariat should support the YGS.

THE INVESTMENT IN THE NEXT GENERATION OF GASTROENTEROLOGISTS WILL ENSURE THE SUCCESS OF EUROPEAN GASTROENTEROLOGY

In summary, integrating young gastroenterologists into national gastroenterology organizations is essential for the success of national organizations as a whole. Without a clear structure, the long-term success of YGS hinges on personal enthusiasm and engagement, limiting their positive impact. Any investment in the next generation will bring future dividends for national organizations and the field of gastroenterology.⁵ Due to heterogeneous local conditions, the suggestions in this article will need adjustment with local particularities in mind. The involvement of the next generation of gastroenterologists in finding the ideal local structure is crucial.

By implementing a clear structure and guidelines, YGS can continue contributing to the growth and success of national gastroenterology associations throughout Europe.

Jonas Jaromir Staudacher^{1,2} 

Johan Burisch^{3,4}

Paula Sousa⁵

Maciej Salaga⁶

Gianluca Pellino^{7,8}

Orestis Sidiropoulos⁹
 Maarten te Groen¹⁰
 Mattias Mandorfer^{11,12}
 Philipp Schwabl^{11,12}
 Zane Straume^{13,14,15}
 Clarisa Birlog^{16,17}
 Ana Dugic^{18,19}
 Cem Simsek^{20,21}
 Jelena Jovanovic²²
 Haluk Tarik Kani²³
 Odri Qejvani²⁴
 Anne M. Fennessy^{25,26}
 Zornica Gorcheva^{27,28}
 Jan Kral²⁹
 Alberto Zanetto³⁰
 Martin Duricek³¹
 Viktor Domislovic³²
 Pilar Acedo³³

Sophie Schlosser³⁴ on behalf of the friends of the Young Talent Group

¹Department of Gastroenterology, Infectious Diseases and Rheumatology (including Nutrition Medicine), Charité - Universitätsmedizin Berlin, Corporate Member of Freie Universität Berlin, Berlin, Germany

²Berlin Institute of Health at Charité - Universitätsmedizin Berlin, Berlin, Germany

³Gastrounit, Medical Division, Copenhagen University Hospital - Amager and Hvidovre, Hvidovre, Denmark

⁴Copenhagen Center for Inflammatory Bowel Disease in Children, Adolescents and Adults, Copenhagen University Hospital, Amager and Hvidovre, Hvidovre, Denmark

⁵Department of Gastroenterology, Centro Hospitalar Tondela-Viseu, Viseu, Portugal

⁶Department of Biochemistry, Medical University of Lodz, Lodz, Poland

⁷Colorectal Surgery, Vall d'Hebron University Hospital, Universitat Autònoma de Barcelona UAB, Barcelona, Spain

⁸Department of Advanced Medical and Surgical Sciences, Università degli Studi della Campania "Luigi Vanvitelli", Naples, Italy

⁹Department of Gastroenterology, NIMTS Hospital, Athens, Greece

¹⁰Department of Gastroenterology and Hepatology, Radboud University Medical Center, Nijmegen, The Netherlands

¹¹Vienna Hepatic Hemodynamic Lab, Division of Gastroenterology and Hepatology, Department of Internal Medicine III, Medical University of Vienna, Vienna, Austria

¹²Division of Gastroenterology and Hepatology, Department of Internal Medicine III, Medical University of Vienna, Vienna, Austria

¹³Riga East Clinical University, Gastroenterology, Hepatology and Nutrition Clinic, Riga, Latvia

¹⁴Department of Internal Diseases, Riga Stradins University, Riga, Latvia

¹⁵Ogre Regional Hospital, Endoscopy Department, Ogre, Latvia

¹⁶Ponderas Academic Hospital, Bucharest, Romania

¹⁷Young Taskforce, European Association of Endoscopic Surgeons, Eindhoven, The Netherlands

¹⁸Department of Medicine IV, Heidelberg University Hospital, Heidelberg, Germany

¹⁹Department of Medicine Huddinge, Karolinska Institute, Stockholm, Sweden

²⁰Department of Gastroenterology, Health Sciences University, Istanbul, Turkey

²¹Institute of Health Sciences, Hacettepe University, Ankara, Turkey

²²Clinic for Gastroenterology, Department of Hepatology, University Centar of Serbia, Belgrade, Serbia

²³Department of Gastroenterology, Marmara University, School of Medicine, Istanbul, Turkey

²⁴Division of Gastroenterology and Hepatology, Department of Internal Medicine, University Hospital Center "Mother Teresa", Tirana, Albania

²⁵Centre for Colorectal Diseases, St Vincent's University Hospital, Dublin, Ireland

²⁶School of Medicine, University College Dublin, Belfield, Ireland

²⁷Medical University Pleven, Pleven, Bulgaria

²⁸Department of Internal Diseases, UMBAL Sveta Marina Hospital, Pleven, Bulgaria

²⁹Department of Hepatogastroenterology, Institute for Clinical and Experimental Medicine, Prague, Czech Republic

³⁰Gastroenterology and Multivisceral Transplant Unit, Padova University Hospital, Padua, Italy

³¹Clinic of Internal Medicine - Gastroenterology, Jessenius Faculty of Medicine in Martin (JFM CU), Comenius University in Bratislava, Bratislava, Slovakia

³²Department of Gastroenterology and Hepatology, University Hospital Centre Zagreb, Zagreb, Croatia

³³Institute for Liver and Digestive Health, Royal Free Hospital, University College London, London, UK

³⁴Department of Internal Medicine I, Gastroenterology, Hepatology, Endocrinology, Rheumatology and Infectious Diseases, University Hospital Regensburg, Regensburg, Germany

Correspondence

Jonas Jaromir Staudacher.

Email: jonas.staudacher@charite.de

DATA AVAILABILITY STATEMENT

The creation of this consensus statement did not involve the utilization of primary data. Given the absence of primary data usage, the availability of data in this context is not applicable.

ORCID

Jonas Jaromir Staudacher  <https://orcid.org/0000-0001-5697-2798>

REFERENCES

1. Heinrich H, Rodríguez-Lago I, Nakov R, Skuja V, Acedo P, Nitsche U, et al. Young GI societies in Europe: 2019 update. *UEG J.* 2020; 8(2):227–32. <https://doi.org/10.1177/2050640620906771>
2. Fockens P. How to start a Young GI Section in your country – a cookbook. *UEG J.* 2017;5(6):910–12. <https://doi.org/10.1177/2050640617731720>
3. Skuja V, Nakov R, van Herwaarden Y, Rodríguez-Lago I, Acedo P, Mikolasevic I, et al. How to start a Young GI Section in your country: a cookbook. *UEG J.* 2020;8(3):355–8. <https://doi.org/10.1177/2050640620912635>
4. Acedo P, Simsek C, Heinrich H. Young GI angle: what being a myUEG young GI associate can offer you-Check it out. *United Eur Gastroenterol J.* 2022;10(1):134–5. Epub 2022 Feb 7. PMID: 35129306; PMCID: PMC8830286. <https://doi.org/10.1002/ueg2.12199>
5. Upadhyaya A, d'Afflitto M, Yassa B. Letter to the Editor: how to raise the interest for neurogastroenterology among young gastroenterologists? *United Eur Gastroenterol J.* 2022;10(1):126–7. Epub 2022 Jan 3. PMID: 34981671; PMCID: PMC8830287. <https://doi.org/10.1002/ueg2.12191>