

CURRICULUM VITAE

**PAUL GERARD WILSON
MB ChB, FRCP**

**CONSULTANT GASTROENTEROLOGIST
HEARTLANDS HOSPITAL, BIRMINGHAM**

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GENERAL AND PERSONAL

Surname: Wilson

Forenames: Paul Gerard

General Medical Council: Registration No. 3281051

Medical Protection Society: Membership No. 335686

Date on Specialist Register: 1st September 2000

Present Post: Consultant Physician and Gastroenterologist
Birmingham Heartlands Hospital

GENERAL EDUCATION

1976-1981 Saint Bernard's Roman Catholic Comprehensive
School
Rotherham
South Yorkshire

1981-1983 Thomas Rotherham Sixth Form College
Rotherham
South Yorkshire

MEDICAL EDUCATION

- Medical School:** The University of Birmingham
Faculty of Medicine and Dentistry
Vincent Drive
Edgbaston
Birmingham
- Dates:** October 1983 - July 1988
- Qualifications:** MB ChB 1988 (Birmingham)
MRCP (UK) 1992
FRCP (Lond) 2004
- Prizes:** Solvay Travel Award for poster presentation (European
Pancreatic Club 1997)

SUMMARY OF APPOINTMENTS

Alexandra Hospital, Redditch

August 1988 - January 1989:

House surgeon, general and vascular surgery

Queen Elizabeth Hospital, Birmingham

February 1989 - July 1989:

House physician, general medicine, endocrinology and gastroenterology

Chesterfield and North Derbyshire Royal Hospital

August 1989 - November 1991:

Senior house officer general medical rotation

Cardiology and Neurology
Endocrinology
Chest Medicine
Gastroenterology
Rheumatology

August 1989 - January 1990
February 1990 - July 1990
August 1990 - January 1991
February 1991 - July 1991
August 1991 - November 1991

Chesterfield and North Derbyshire Royal Hospital

December 1991 - August 1992:

Registrar general medicine

Registrar rotation in General Medicine and Gastroenterology

August 1992 - July 1995:

General medicine and gastroenterology

Worcester Royal Infirmary
Selly Oak Hospital, Birmingham
Queen Elizabeth Hospital (Liver Unit)

August 1992 - July 1993
August 1993 - July 1994
August 1994 - July 1995

University of Birmingham

August 1995-August 1998:

Clinical research fellow

Calman Specialist Registrar Rotation in Gastroenterology

September 1998 – December 2000:

General medicine and gastroenterology

Stafford District General Hospital
City Hospital NHS Trust, Birmingham

September 1998 - December 1998
January 1999- December 2000

Consultant Physician and Gastroenterologist

City Hospital, Sandwell and West Birmingham NHS Trust
December 2000 – October 2008

Consultant Gastroenterologist

Birmingham Heartlands Hospital, Heart of England Foundation Trust
October 2008 - present

CURRENT APPOINTMENT

I am currently a consultant gastroenterologist and physician in a busy teaching hospital.

Weekly Timetable

Monday	0800 – 0900: Teaching 5 th Year Medical Students 0900 – 1300: ERCP list 1330 – 1700: Admin
Tuesday	0800 – 0900: X-ray meeting 0900 – 1300: Follow up clinic (Heartlands Hospital) 1330 – 1700: General Endoscopy list (Solihull Hospital)
Wednesday	0830 – 1300: New Patient Clinic (Solihull Hospital) 1300 – 1700: Upper GI Specialist MDT
Thursday	0800 – 0900: Hepatobiliary MDT 0900 – 1300: Pancreatic clinic (Heartlands Hospital) 1330 – 1700: Endoscopy list including EUS (Heartlands Hospital)
Friday	0800 – 0900: Ward Meeting 0900 – 1330: Flexible cover 1400 – 1700: Flexible cover

Ward cover is done for 2 months out of every 5 in addition to the above job plan
On call for gastroenterology and gastrointestinal bleeds is on a 1:9 rota, covering Heartlands Hospital, Solihull Hospital and Good Hope Hospital.

SERVICE DEVELOPMENT

(City Hospital)

Since being appointed as a consultant at City Hospital there were a number of key areas that I developed:

There was no nutrition team when I started at City Hospital. I developed the nutrition team with motivation and leadership, encouraging colleagues to come on board. As a result of this hard work, we developed a multidisciplinary nutrition team consisting of two consultant gastroenterologists, gastroenterology SpR, a nutrition nurse, pharmacist, dietician and speech and language therapist. This team met twice per week. As the team developed, in tandem with this, a nutrition steering group was formed.

In addition to the nutrition team and closely allied to this I developed the PEG care pathway that is now in use across Sandwell and West Birmingham NHS Trust. This came about as a result of a PEG audit which demonstrated that the indications were poor and complication rates of PEG insertion were high. Re-audit demonstrated clear improvement with much lower complication rates and much lower 30 day mortality.

As lead for endoscopy from 2001 – 2006 I was involved in the development of the endoscopy unit related to the Global Rating Scale (GRS). In the first two years of the GRS ratings, we were one of the most improved endoscopy units nationally and contributed on a national level to solve some of the problems associated with the GRS.

Endoscopic ultrasound (EUS) was an embryonic service when I was appointed as a consultant with no one to actually use the kit that had just been purchased. Single handedly I developed the service. I spent my spare time going to various units in Europe to learn EUS and was able to provide a comprehensive diagnostic service. With the appointment of a new colleague in 2006, I trained up this individual to do EUS thus providing a continuous EUS service that did not founder when I was on leave. In 2008, I secured £90 000 of funding for the purchase of a therapeutic echoendoscope to further develop EUS services across the trust.

I was a key member of the team which has successfully bid for the national bowel cancer screening programme. We became a recognised center for bowel cancer screening and I was one of two accredited clinicians within the trust who undertook the bowel cancer screening colonoscopies.

The Birmingham Treatment Centre (BTC) was opened in 2004 with the intention of providing a more seamless 'one stop' approach to outpatient services. This facility had a purpose built endoscopy unit which was never opened due to issues around access to the facility out of hours. As gastroenterology lead for the trust from 2006 – 2008, I secured £200 000 of funding to open the endoscopy unit in the BTC which was additional capacity to the fully functional endoscopy unit in the main hospital at the City site.

In 2008 I recently reached an agreement with Birmingham Children's Hospital to provide a comprehensive endoscopic retrograde cholangiopancreatography (ERCP) service for them. This meant transferring of older children to City Hospital where they had their ERCP. This required negotiation with the anaesthetists to provide cover for

these children. For younger children and those under 50Kg, I did the ERCPs at the Children's Hospital.

All these developments were achieved while running a very busy clinical practice.

(Heartlands Hospital)

Since being appointed at Heartlands Hospital in 2008, I have continued to develop services and be an innovator.

I have been lead for endoscopy on the Heartlands site since my appointment in 2008. I have instituted a number of changes to effect a more efficient running of the endoscopy service, including having 'fixed' lists (ie each endoscopy session is clearly identified with a endoscopist) and 'back-filling' of lists to ensure that even with holidays and study leave the unit continues to provide a complete service.

I have developed the endoscopic ultrasound service at Heartlands hospital from scratch in 2008 to the point where there are two or three endoscopic ultrasound lists per week. Since then I have also trained up two colleagues in this skill so we can continue provide a service at all times of the year.

I continue to provide the supraregional paediatric ERCP service, but now do all the cases at Birmingham Children's Hospital, rather than have them transferred to Heartlands Hospital.

MANAGEMENT

I have had a number of management roles since becoming a consultant:

Endoscopy lead at City Hospital 2001 – 2006. In this role I organised regular endoscopy users meetings, developed the booking rules, which ensured lists were neither overbooked nor underutilized, and developed a system for 'back filling' of endoscopy lists. During this time I was also the key individual in securing funding for the appointment of an endoscopy co-ordinator, which led to the smoother running and booking of lists. I also implemented the GRS and brought about significant improvements in our score, which ultimately supported our successful bid to become a colon cancer screening center.

Clinical lead for gastroenterology across Sandwell and West Birmingham NHS trust 2006 – 2008. This was a cross site role encompassing all gastroenterology for the trust. In my role as lead I organized the regular clinical governance meetings to which the upper GI surgeons also attended. As part of this we engaged in national audits of gastrointestinal haemorrhage and inflammatory bowel disease. I also drew up the in house audit programme. In this role I regularly attended the division of medicine team meeting, outlining developments within gastroenterology and keeping the management team updated on areas of interest within the department. In this role I also supported the endoscopy leads in the ongoing improvements in the GRS that I initiated. Partly in this role and partly as an enthusiastic supporter of the development of endoscopy services, I

brought together a team to bid for and successfully fund and open the endoscopy unit in the BTC. This allowed us to run more 'one stop' clinics and also increase capacity in endoscopy which at that time was running at close to maximum across the trust.

Colon cancer screening programme team 2005 – 2008. Although I was not the lead clinician for this (a role that had been filled by two different individuals from 2005 - 2008), I was the single individual who had been involved at all stages in the bids for the trust to become a colon cancer screening center. On the second occasion we had a successful bid and met regularly to ensure the smooth running of the programme.

Upper GI cancer lead Sandwell and West Birmingham NHS trust 2002 – 2008. I grew into this role, having taken it on early during the turbulence of reorganization of upper GI cancer services across Birmingham. We had weekly upper GI cancer (multidisciplinary team) MDT meetings and had excellent peer reviews, particularly in the last two visits. I worked with my counterpart in Sandwell hospital to develop a single MDT for upper GI cancer across the trust. In this role I also obtained approval from the cancer network to offer patients the choice of where they had their upper GI cancer surgery.

Clinical lead for Hospital at Night (Sandwell and West Birmingham NHS trust). March 2007 – September 2007. As the initial lead for hospital at night I brought on board clinical and non clinical colleagues and arranged and chaired weekly meetings. During the short time that I was lead, I gained the support of my surgical colleagues and obtained agreement for the i-bleep system to be installed. With the project manager I identified individuals to be the night time co-ordinators and helped draw up agreement to train these individuals. I gave up the role for personal reasons.

Endoscopy lead Heartlands Hospital (2008 – 2010). As endoscopy lead I have changed working patterns within endoscopy to provide a more efficient and patient centered service. Endoscopists now do fixed sessions within the working week which means that patients can be booked into lists specifically to be seen by doctors with specific endoscopic skills. Prior to this it was very 'hit and miss' which doctors were doing particular patients, sometimes leading to patients having to be rebooked. This also makes it much better for planning nursing services within endoscopy. In addition to this I am a key member for the development of the new endoscopy unit which is due to be built in 2013. I attend regular meetings and working groups in this role.

Hepatobiliary lead (Heartlands hospital 2008 – present). As hepatobiliary lead, I chair and lead the HPB MDT. I have to ensure that all patients with complex hepatobiliary disease across the trust are discussed at our weekly meetings and I am a key individual in developing the management plan for these patients. I have to liaise with surgeons, oncologists, radiologists and specialist nurses in this role, as well as attend network and management meetings regarding hepatobiliary cancers.

I was appointed as the trust clinical lead for gastroenterology in May 2011. In this role I have secured the purchase of a fibroscan machine for the assessment of liver fibrosis. In addition I am in the process of securing funding for capsule endoscopy. I arrange and chair the regular gastroenterology departmental meetings.

MEDICOLEGAL WORK

I have experience of medicolegal work including the writing of reports for the courts, assessment of cases for solicitors and court appearances. I have attended a number of courses on all aspects of medicolegal work.

RESEARCH

Although extremely busy with many commitments, I have continued to produce peer reviewed publications, abstracts and presentations at regional and national meetings. These have been mainly clinical based publications and audits (see below). I am also a referee for Alimentary Pharmacology and Therapeutics which requires me to assess and analyse papers submitted to this journal for publication.

PUBLICATIONS

Papers

- 1) **Wilson PG**, Ogunbiyi G, Neoptolemos JP. The Timing of Endoscopic Sphincterotomy in Gallstone Acute Pancreatitis. *European Journal of Hepatology and Gastroenterology* 1997, **9**: 137-144
- 2) **Wilson PG**, Manji M, Neoptolemos JP. Acute Pancreatitis as a Model of Sepsis. *Journal of Antimicrobial Chemotherapy* 1998, **41**(suppl A): 51-63
- 3) Evans JD, **Wilson PG**, Carver C, Bramhall SR, Buckels JAC, Mayer AD, McMaster P, Neoptolemos JP. The Outcome of Surgery for Chronic Pancreatitis. *British Journal of Surgery* 1997, **84**: 624-629
- 4) Niedobitek G, Mutimer DJ, Williams A, Whitehead L, **Wilson P**, Rooney N, Young LS, Hubscher SG. Epstein-Barr virus infection and malignant lymphomas in liver transplant recipients. *International Journal of Cancer* 1997, **73**: 514-20
- 5) Neuberger J, **Wilson P**, Adams D. Protocol liver biopsies: the case in favour. *Transplantation Proceedings* 1998, **30**: 1497-9
- 6) Evans JD, **Wilson PG**, Barber PC, Neoptolemos JP. Duodenal gangliocytic paraganglioma presenting as an ampullary tumour. *International Journal of Pancreatology* 1996, **20**: 131-134
- 7) Brookes MJ, Field M, Dawkins DM, Gearty J, **Wilson P**. Massive primary hepatic tuberculoma mimicking hepatocellular carcinoma in an immunocompetent host. *MedGenMed* 2006, **8**(3): 11

- 8) Sadler GJ, Anderson MR, Moss MS, **Wilson PG**. Metastases from renal cell carcinoma presenting as gastrointestinal bleeding: two case reports and a review of the literature. *BMC Gastroenterology* 2007, **7**: 4
- 9) Jothimani DK, Zanetto U, Owen RJ, Lawson AJ, **Wilson PG**. An unusual case of gastric erosions. *GUT* 2009, **58**: 1669
- 10) Bosanko NC, Chauhan A, Brookes M, Moss M, **Wilson PG**. Presentations of pyogenic liver abscess in one UK centre over a 15 year period. *J R Coll Physicians Edinb* 2011, **41**: 13-7

Book Chapters

- 1) Neoptolemos JP, Ogunbiyi G, **Wilson PG**, Carr-Locke DL. Aetiology, pathogenesis, natural history and treatment of biliary acute pancreatitis. in *The Pancreas: A Clinical Textbook*. Ed. Beger H. Blackwell Science Publications, Oxford 1998, pp521-547.
- 2) **Wilson PG**, Evans JD, Ogunbiyi G, Neoptolemos JP. Acute biliary pancreatitis. in *Endoscopy in Pancreatic Diseases: Diagnosis and Therapy*. Ed. Testoni PA. Mosby-Wolfe, London 1997, pp117-124.
- 3) **Wilson PG**, Evans JD, Neoptolemos JP. ERCP in acute pancreatitis: indications and limitations. in *Diagnostic Procedures in Pancreatic Disease*. Ed. Malfertheiner P. Springer-Verlag, Berlin Heidelberg 1997, pp57-66.
- 4) Z'graggen K, **Wilson PG**, Neoptolemos JP, Büchler M.W. Diagnosis of acute pancreatitis: clinical aspects. in *The Pancreas: A Clinical Textbook*. Ed. Beger H. Blackwell Science Publications, Oxford 1998, pp466-471.
- 5) **Wilson PG**, Neoptolemos JP. Gallstone-associated acute pancreatitis. In *Surgical Diseases of the Pancreas*. Ed. Howard JM Williams and Wilkins, Baltimore 1997, pp229- 49
- 6) **Wilson PG**, Finch MD, Neoptolemos JP. Bile duct emergencies: Endoscopic treatment. In *Crucial Controversies in Surgery* 1997. Ed. Schein M and Wise L. Karger Landes, Basel 1997, pp187-94

Published Abstracts

- 1) Evans JD, **Wilson PG**, Carver C, Bramhall SR, Buckels JAC, Mayer AD, McMaster P, Neoptolemos JP. The outcome of surgery for chronic pancreatitis. *International Journal of Pancreatology* 1996, **19**: 218
- 2) **Wilson PG**, Scott E, Adams DH, Neoptolemos JP. Neutrophil activating factors are present in the serum early in the course of acute pancreatitis. *Digestion* 1997, **58** (suppl 2): 61

- 3) Manji M, **Wilson PG**, Gosling P, Keogh B, Bion J. Comparing measures of intestinal permeability. *Intensive Care Medicine* 1997, **23** (suppl 1): S87
- 3) **Wilson PG**, Hastie RF, James RF, Neoptolemos JP, Adams DH. Pancreatic acinar cell secretion of cytokines in humans - A possible unifying reason for the development of acute pancreatitis due to different stimuli. *Gut* 1997, **41** (suppl 3): A135
- 4) **Wilson P**, Scott E, Neoptolemos JP, British Pancreatitis Study Group. Early treatment with the platelet activating factor antagonist Lexipafant reduces mortality and markers of leucocyte and endothelial activation. *Pancreas* 1997, **15**: 461
- 5) Cooper SC and **Wilson PG**. Endoscopic ultrasound: A developing service at City Hospital Birmingham, the first 100 cases. *Gut* 2005, **54**: A70
- 6) Brookes MJ, Michell NP, **Wilson PG**. Endoscopic retrograde cholangiopancreatography training: the trainees perspective. A regional survey of gastroenterology trainees. *Gut* 2005, **54**: A78
- 7) Brookes MJ, Douis H, **Wilson PG**. The incidence, clinical presentation and mortality associated with spontaneous bacterial peritonitis in a UK teaching hospital. *Gut* 2005 **54**: A38
- 8) Farmer AD, Brookes MJ, **Wilson PG**. ERCP training: what has changed in the last five years? *Gut* 2008, **57**: A58
- 9) Farmer AD, Brookes MJ, Jones JIW, **Wilson PG**. Endoscopic ultrasound training: the trainees perspective. *Gut* 2008, **57**: A58

Presentations at Meetings

- 1) Endoscopic Ultrasound: A developing service at City Hospital, the first 100 cases. Cooper SC & **Wilson PG**. West Midlands Physicians Association, November 2003
- 2) Liver abscess at City Hospital: An 11 year retrospective review. Gladman L, Brookes MJ, Johns NM, Cooper BT, Moss M & **Wilson PG**. Midland Gastroenterological Society, 2004
- 3) The role of the nutrition team in percutaneous gastrostomy assessment – what happens to those patients who are declined a PEG. Chopra P, Chapman W, **Wilson PG** & Lewis MJV. Midland Gastroenterological Society 2005
- 4) Endoscopic Ultrasound training in the West Midlands – the trainees perspective. Farmer AD, Brookes MJ, Jones JIW & **Wilson PG**. Midland Gastroenterological Society 2007
- 5) Sensitivities and specificities of EUS in the assessment of oesophageal cancer staging – a single centre experience. Jothimani DK, Patodi N, **Wilson PG**. Midland Gastroenterological Society 2008

- 6) Should we biopsy all gastritis – a case report. Jothimani DK, Zanetto U, Owen RJ, **Wilson PG** Midland Gastroenterological Society 2008
- 7) Helicobacter heilmanii related gastritis in humans, presentation of 2 new cases with PCR confirmation and review of the literature. Chan S, Jothimani D, Lawson A, Owen RJ, **Wilson PG**, Lewis M & Zanetto U. International Academy of Pathology – Australia. June 2011

TEACHING AND TRAINING

As a consultant I devote significant amounts of time to teaching and training. I always have an SpR, ST1 and FY1 trainee attached to my firm. I spend time with all these individuals, but particularly the SpR teaching practical skills in endoscopy. I also teach consultant colleagues from other trusts in endoscopic ultrasound techniques and skills. I give the ST1 trainees regular bedside teaching leading up to the PACES exam and I am educational supervisor for an FY2 and SpR trainee.

I was college tutor from 2002 until 2005. During this period I arranged the regular teaching programme for the SHOs and many of the SHOs obtained their MRCP on the first occasion, making City Hospital a popular place for candidates to apply for medical rotations. I sat on the education committee and was involved in developing strategies to ensure trainees obtained all their protected teaching time and entitled study leave. I co-ordinated and hosted one Royal College visit and two Deanery visits. Feedback from both the College and Deanery were very good.

I regularly lecture to third year medical students and also take them for weekly bedside teaching. My feedback has been very good for these sessions and I have personally received written notes of thanks from the last block of students. I also teach 5th year students at the bedside once a week and have had excellent feedback for these sessions as well.

Every week I take fifth year medical students for bedside teaching and have very good feedback from these teaching sessions.

Since 2003 there has been an annual PEG study day which was developed by myself and now jointly organised with our nurse endoscopist. This is a whole day of study directed at nurses, junior doctors and GPs to increase knowledge and familiarity with PEGs. We cover not only practical issues, but also ethical issues regarding the use of PEGs.

I teach regularly on the nursing endoscopy course at Birmingham City University (formerly University of Central England). I deliver a regular lecture entitled 'ERCP: indications and complications' and have done so for the last 5 years. In the last year the curriculum for this course has been significantly overhauled and I have been involved in this latest curriculum development and am a named curriculum advisor.

I have been a regular invited speaker to the midland gastroenterology nurses meeting, lecturing on various aspects of endoscopy and also interpretation of blood tests. In addition to this I have also been an invited speaker for the last 2 years on the regional PasTest update course for consultant colleagues. I am invited at regular intervals to lecture on the Heart of Birmingham GP study days.

I teach candidates for the PACES examination on a regular basis. I am now also a regular contributor to the 'Ryder' MRCP teaching course both as a teacher and 'examiner'.

SOCIETIES

I am currently a member of the British Society of Gastroenterology, the Midlands Gastroenterological Society and the British Pancreatic Society.

POSTGRADUATE COURSES

I have attended a number of postgraduate courses since qualification.

- 1) POPUMET course, Sheffield University, 1991
- 2) 2nd Scottish Therapeutic Endoscopy Workshop, 1998
- 3) ACLS course, City Hospital, 1999
- 4) Wolverhampton practical colonoscopy course, 2000
- 5) ACLS as instructor candidate, City Hospital, 2000
- 6) University of Birmingham medical management course 2000
- 7) Teaching the teachers course, City Hospital 2001
- 8) Equal opportunity course, University of Birmingham 2004
- 9) Cotton ERCP course, Salisbury 2004
- 10) Cotton ERCP course, Salisbury 2006

I regularly attend the annual BSG meeting and the regional MGS meetings. I exceed my CPD requirement.