

Curriculum Vitae

Personal Details

Name	Dr. Gurbilas P. Singh
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Marital Status	Married
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MCI Certificate no.	15224 (1996)

Qualification

FRCP (London, UK)	2016
MRCP (UK)	2004
Internship <i>General Hospital, Sector 16</i> Chandigarh, India	1994-1995
MBBS <i>Kasturba Medical College</i> <i>Mangalore, India</i>	1989-1994
10+2 (A levels equivalent) Khalsa College, (C.B.S.E.) Amritsar, India	1987-1989
Matriculation (O levels equivalent) <i>St. Francis High School, (I.C.S.E.) Amritsar, India</i>	1986-1987

Present Posts:

Senior Consultant, Jeevandeep Liver, Gastroenterology and Endoscopy Centre (Chandigarh), Apollo Clinics (Chandigarh), Paras Hospital,(Panchkula, India).
Director (Education and Training) and Interventional Endoscopist, Sarvhit Gastrocity, Smt. Parvati Devi Hospital, Amritsar, Punjab (India)

Previous posts:

Consultant Gastroenterologist and Hepatologist, Fortis Hospital, Amritsar, India
(Oct 2010 – October 2018)

Locum SAS	<i>Musgrove Park Hospital Taunton, UK</i>	Gastroenterology	Jan 2009 – Sept 2010
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Postgraduate training

(SpR- Specialist Registrar, SHO-Senior House Officer, COE- Care of the Elderly)

SpR	<i>Musgrove Park Hospital Taunton, UK</i> Dr.'s S Pugh & P Thomas	Gastroenterology & GIM	Sept'07-Aug'08
SpR	<i>Weston General Hospital, Weston, UK</i> Dr. D R Parker	Gastroenterology &GIM	Sept'06-Aug'07
SpR	<i>Cheltenham General Hospital, Cheltenham, UK</i> Dr.'s I R Crossley,J T Anderson, T N Brooklyn & D McGovern	Gastroenterology & GIM	Sept'05-Aug'06
SpR	<i>Gloucestershire Royal Hospital Gloucester, UK</i> Dr.'s R M Valori, I S Shaw Prof. J Brown	Gastroenterology & GIM	Feb'05-Aug'05

Senior SHO (SpR rota)	<i>Queen Elizabeth Hospital, Cambridgeshire, UK</i> Dr. E B Kumar	Cardiology	Aug'04-Jan'05
Senior SHO (SpR rota)	<i>Queen Elizabeth Hospital, Cambridgeshire, UK</i> Dr. R Mathialagan	C.O.E & Gastroenterology	Feb'04-July'04
SHO <i>(Rotation)</i>	<i>Queen Elizabeth Hospital, Cambridgeshire, UK</i> Dr. E B Kumar	Cardiology	Aug'03-Jan'04
SHO <i>(Rotation)</i>	<i>Queen Elizabeth Hospital, Cambridgeshire, UK</i> Dr.'s M Blunt and K Burchett	Critical Care	Feb'03-July'03
SHO <i>(Rotation)</i>	<i>Queen Elizabeth Hospital, Cambridgeshire, UK</i> Dr. A Pawlovicz	Respiratory	Aug'02-Jan'03
SHO <i>(Rotation)</i>	<i>Queen Elizabeth Hospital, Cambridgeshire, UK</i> Dr. J C McGourty	C.O.E.	Feb'02-July'02
SHO <i>(Rotation)</i>	<i>Queen Elizabeth Hospital, Cambridgeshire, UK</i> Dr. R C McGouran	Gastroenterology	Aug'01-Jan'02
PRHO	<i>Queen Elizabeth Hospital, Cambridgeshire, UK</i> Dr.'s A C Douds and J Phillips	Gastroenterology & C.O.E.	Feb'01-July'01
PLABE 1&2, IELTS and Clinical Attachment – London, Edinburgh, Cambridgeshire (UK)			Aug'99 - Dec'00

Jr. Resident	<i>Chandigarh Medical Centre & General Hospital Chandigarh, India (Dr. A. Sahni, Dr. S.K. Bhandari)</i>	General Medicine and Gastroenterology	Jan'96-July'99
Internship	<i>General Hospital, Chandigarh & Wenlock Hospital, Mangalore India</i>	General Medicine/ Obstetrics/Community Medicine & Surgery	Oct'94-Oct'95

Responsibilities in present job:

Presently I am working as Senior Consultant in a group practice of Gastroenterology and Hepatology at **Sarvhit Gastrocity, Amritsar**, which is "Pentax Centre of Excellence" (the first in the region) and also at **Paras Hospital, Panchkula**, which is a large (232 bedded) tertiary care multi specialty and cancer hospital. I was responsible in setting up the Gastroenterology services and endoscopy Unit as it was a start up hospital. Until recently I was working with **Fortis Hospital Amritsar**, which is a 160 bedded multi specialty hospital in private sector having state of the art Intensive Care Unit and tertiary care Cardiac Sciences and Neurosciences apart from Gastrosciences. As a team we were providing tertiary care services in a region with a population of 1.5 million. Our team included 4 consultants, 2 Surgeons (1 part time), and 2 medical Gastroenterologists. I was the clinical lead in the endoscopy services (lower and upper GI), GI Cancer services, and Peripheral Outpatients, and Multidisciplinary meetings. I also work at Jeevandeep Liver, Gastroenterology and Endoscopy Centre, a private clinic with group practice in Gastroenterology.

On an average, I was seeing about 175 patients monthly (new and follow up) in outpatients, and performing 50-60 endoscopic procedures monthly (200-225 being the total number of endoscopic procedures performed monthly in our unit). At Sarvhit Gastrocity we have dedicated Gastro sciences beds and there are usually 25-30 patients under the joint care of our team.

Although I gained some experience in ERCP during my training in the UK, I was not formally signed off. Therefore, I endeavored to train myself further since our unit was doing a fair number of procedures. Currently, I am independently doing intricate ERCP's. Furthermore, I was doing three peripheral clinics in the rural areas per month and hold periodic 'camps' for the benefit of rural population. The region is, unfortunately, the hub of Hepatitis C infection, and alcohol consumption apart from rampant diabetes and

drug dependence. The volume of problem can be ascertained from a rural camp where 130 patients were tested for HCV, and 30 were found to be positive (card test).

I have developed a special interest in treatment of NASH, and prevention of Chronic Liver Disease, given the enormous load of fatty livers and Diabetes in the region. We recently formed Bariatric team locally, wherein we have jointly taken up the role of coordinating pre-operative management of appropriate patients. Also, I plan to learn the skill of **Endoscopic Ultrasound** as part of my career progression. My Hepatobiliary colleague is already well versed with this skill.

In addition, apart from being responsible for training and educational activities related to Gastroenterology/ Hepatology within the hospital, I am also a member of Mortality Committee and Clinical lead, Endoscopy services.

Endoscopic skills

Orogastrroduodenoscopy (including advanced therapeutic procedures, e.g. Stenting, PEG)

Colonoscopy and polypectomy (including advanced therapeutic procedures)

Endoscopic Retrograde Cholangio-Pancreatography (benign and cancer diseases)

General Medicine

I am trained in General Medicine as well as Gastroenterology. Although I have primarily been practising Gastroenterology for past several years, we have many shared patients with General Medical colleagues who continue to give me adequate exposure of General Medicine, which makes my management of Gastroenterology patients wholesome with specialist advice from Medicine as and when necessary.

Teaching

I am an overseas examiner for MRCP (UK).

All my jobs till date have required me to have formal teaching sessions. I am presently involved in teaching diploma students, medical officers and nurses apart from endoscopy training at Sarvhit, Amritsar.

I have taught students and junior doctors affiliated to St. George's University Hospital, Addenbrooke's hospital and Bristol University whilst in the UK.

Clinical Governance

I have been involved in Clinical Governance at various levels:

Audits

Patients with Cirrhosis in a tertiary care hospital in Amritsar - their management strategy, and its effect on long-term management (ongoing comparison with patients admitted under Gastroenterology team and other specialists).

Patient discomfort during colonoscopy (May 2008), Musgrove Park Hospital.

Colonoscopy completion and sedation audit (June 2007), Weston General Hospital.

Coeliac disease and low ferritin (May 2007), Weston General Hospital.

Clostridium difficile – audit on hospital deaths in Weston General (Dec. 2006).

Audit on colorectal cancer surveillance in ulcerative colitis patients (June 2006), Cheltenham General Hospital.

Heart failure – Managing patients as per evidence (March 2005).

Anticoagulation in AF (May 2004) Practicing as per evidence?

PEG or not to PEG (March 2004) The outcome of PEG tubes inserted over 2 years in Queen Elizabeth Hospital, Kings Lynn.

Service Development

Apart from setting up the department and endoscopy centre at Paras Hospital I was instrumental in developing advanced **endoscopic services** locally at Fortis Hospital, Amritsar. I have made efforts to take our endoscopy unit to a different level by **implementing certain aspects of the 'Global Rating Scale'**, and to further modernize our endoscopy unit.

I have also successfully set up a **multidisciplinary forum** within our hospital for discussions regarding our cancer patients. Although it is not always possible for all to attend such meetings regularly because of pressing commitments, I have taken responsibility of liaising with all, and making the results of discussions known.

I successfully put forward a plan of a **common Gastro sciences area in the Outpatients**; thereby, making it convenient for the patients, and enabling us to arrive at quick decisions regarding their management. Our next plan is to have a **Liver ICU**, which shall also be managed jointly. This will be the first of its kind in the region.

I was successfully running rural outpatient clinics on monthly basis in various parts of the region with active support from my hospital.

In the UK whilst working in Gloucestershire, I had been closely involved with “Global Rating Scale” locally, and actively involved in the endoscopy improvement project; I was responsible for preparing the **local guidelines** for:

1. Upper GI endoscopy
2. Flexible sigmoidoscopy

I spearheaded a project looking into the **patient satisfaction with a dietician led Coeliac Clinic**. Once diagnosed with a duodenal biopsy suggesting the diagnosis, the dietician sees the patient to advise further and for follow up thereafter. This project was to look into their satisfaction with the information and service provided and ultimately led to a formal clinic in the Trust led by the dietitian.

Management experience

I am founder **Secretary of Amritsar Gastro sciences** Forum, a body comprising of local Gastroenterologists and Surgical Gastroenterologists along with being co-founder and **Treasurer of Gastrointestinal Rendezvous**, an organization involved with academic activities as well as patient awareness and education. I was nominated on the **Editorial Committee of Indian Journal of Medical and Dental Sciences**, (IJMDS) an indexed journal.

I have been attached to several non-medical organizations doing socially productive work in Punjab, India, for a long time. Currently, I am the **Managing Director, SGTB School and College of Education; Member, Punjab Backward Classes Development Board**; and responsible for running the affairs **Akal Trust and Harmohan Trust**. Clubbing the medical and non medical organizations, I was able to do several awareness and socially productive activities including making of a couple of documentaries in local language, to **create awareness amongst the general public regarding Liver diseases and Colon Cancer**.

Presentations, Research and Publications

Changing healthcare for few - What about others? Jerath AM, Singh GP. Int J Med and Dent Sci 2015; 4(1):538-539.

Alarming rise in chronic liver disease and challenges ahead. Singh GP. Int J Med and Dent Sci 2014; 3(1):242-243

Anti tubercular treatment in Cirrhotics

Fortis International Liver Summit (March, 2012), Chandigarh, India

'Patient discomfort during colonoscopy' (Singh, G., Thomas, P.D.) at **United European Gastroenterology Week**, Vienna 2008

Audit on colorectal cancer surveillance in ulcerative colitis patients.

S Shetty, G Singh, I Shaw, J Brown

Presentations at Regional Meetings in UK:

All that appears Crohn's isn't so (Singh G.P., Shenoy A.H., Valori R.M.) SWGS 2005

Vasculitis – a difficult diagnosis (Shenoy A.H., Singh G.P.) SWGS, 2005

Immunomodulators in IBD (12/07/05)

Screening for Colorectal Cancer (12/04/05)

Guidelines for Barrett's Oesophagus (11/04/06)

Following were the ongoing **research projects** in Cheltenham General Hospital, UK, which I was involved with whilst working there :

1. Risedronate preventing bone loss in IBD during short courses of steroids.

This was a multicentre, double blind, randomized, placebo-controlled trial to evaluate whether Risedronate 35 mgs. once weekly prevents bone loss following high dose steroid therapy for an acute exacerbation of IBD.

2. Prospective monitoring survey of AZA monotherapy cf AZA and 5ASA combination.

My involvement in the above projects was to identify suitable patients, and enroll them for study.

3. Colonoscopy Training and Feedback.

Speaker at various Medical Association meetings stressing upon the **Management of Chronic Liver diseases** in Punjab, including **Indian Medical Association** (Amritsar, Ferozepur, Taran Taran, Gurdaspur and Batala) and **Amritsar Surgeon's Society**.

Courses and meetings

- GI Rendezvous 2019, 2nd 3rd March, 2019 (convener)
- FILD, (Faculty), 12-13 January, 2019, Bangalore
- Endoscopic Premier League (Faculty), September 2018, New Delhi
- INASL Annual Meeting, September 2018, New Delhi
- Frontiers in Liver Disease (Faculty), November 2017, Kocchi
- GI Rendezvous, March, 2016 (convener)
- Mumbai Live Endoscopy, January 2016
- INASL/CPLD Annual meeting, New Delhi (August, 2015)
- GI Rendezvous, March, 2015 (convener)
- Annual Conference of Indian Association of Medical Journal Editors (IAMJE), New Delhi, Nov. 2013
- Mumbai Live Endoscopy Conference, Sept. 2013
- Fortis International Liver Summit (Faculty), Chandigarh, March 2012
- UEGW (2008, 2009)
- Colonoscopy Masterclass, March 2007
- Acute Medicine Conference, May 2006
- British Society of Gastroenterology (2006, 2007, 2008)
- Basic Colonoscopy skills course, December 2005, Cheltenham General Hospital (**JAG approved**)
- Basic Upper GI endoscopy course, June 2005, Gloucestershire Royal Hospital (**JAG approved**)
- Practical Gastroenterology, April 2005, Oxford

Contribution towards Gastroenterology/Hepatology

The scenario in the region I work is pretty different from my training ground, the United Kingdom. Here, majority of the tertiary care hospitals are under private sector, and hence, healthcare comes for a cost to the patients. This puts the onus on the consumer, and increases the responsibility of the masses towards prevention, and early diagnosis of the diseases. Having worked in a system where team work helped achieve more, I was instrumental in bringing together the Gastroenterology practitioners, both medical and surgical, in Amritsar on a common platform, and form **Amritsar Gastrosiences Forum** to promote research activities, make protocols, and standardize the treatments provided in the private healthcare system locally.

This has become a discussion forum with regular meetings where challenging cases are discussed, and also academic lectures are organized periodically. I am the **Secretary** of this forum, and responsible for its meetings and activities. I am one of the key figures in the inception and development of an idea called **Gastrointestinal Rendezvous**, now a registered body with an aim to promote academic activities and awareness programs in the region of Amritsar, Punjab.

Our first ever **one-day national level Conference was held on the 1st of March 2015**, and was a resounding success with a potpourri of various Surgical and Medical Gastroenterology topics for medical and surgical practitioners. This was also the first meeting of its kind in the region.

Through this organization, for the first time ever in the region, we have commenced a strategic activity of regularly giving awareness lectures to Schools, Colleges, Universities and social Diaspora locally in order to educate the masses, and involve them in the interactive sessions, increasing their interest in knowing more about benign and malignant diseases of the Gastrointestinal tract. I am the key speaker and **Treasurer** of the society.

I am **Member of Executive Committee** and Editorial Committee of **Indian Journal of Medical and Dental Sciences**, which is an indexed journal. Apart from reviewing general articles for the Journal, I am actively highlighting the enormous volume of chronic liver disease, and its complications in my region in particular, and the world in general.

Other Activities:

Having realized my dream of becoming an accomplished Gastroenterologist in my region, I now intend to take the initiative of developing inexpensive, quality healthcare services available to all strata of society. Furthermore, my colleagues and me, plan to start an endoscopy training center, which would be highly beneficial for the humungous population, and shall be helpful in reducing the cost of the procedures as well as early diagnosis of cancers.

Vision :

Given my experience and skills, I would like to work at places where I may be helpful, periodically, on mutually beneficial terms. I am keen to hone my skills in procedures I am already doing and also develop newer skills including Endoscopic Bariatric procedures and EUS.

References:

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3. Dr D R Parker

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4. Dr Arvind Sahni

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