Welcome to the January 2014 edition of New Wave. If you have any relevant articles of papers that you would like to be included in future editions, please email them to warren.jackson@hey.nhs.uk

* Please pay particular attention to the call for CPD as highlighted below.

Accredited Independent Practitioners of the Association of GI Physiologists:
Call for CPD submission covering the period 1st May 2012 to 30th April 2014

It is that time again, when all Accredited Independent Practitioners of AGIP are required to submit their CPD activity to cover the period 1st May 2012 to 30th April 2014.

Most registered practitioners are well versed in this process and fully appreciate the necessity to maintain accurate and up to date CPD records, in line with other statutory bodies. For newly Accredited Independent Practitioners, CPD is the means by which we maintain our knowledge and skills related to our professional lives and helps to ensure competence to practice, resulting in the provision of better health care.

AGIP requires that all Accredited Independent Practitioners have a portfolio of CPD activities and submit the necessary evidence for scrutiny by the Accreditation Officer and members of the Education Committee every 2 years. It has never been more important with the program for IQIPS (Improving Quality in Physiological Diagnostic Services) in full swing and the high profile CQC (Care Quality Commission) visiting our work place.

The process is very easy, with most of the required evidence within
ARE YOU GETTING ALL THE DATA?

How are you assessing your PPI resistant patients today?

Patients on PPI’s who continue to experience symptoms such as cough, heartburn, regurgitation and chest pain often are difficult to diagnose using traditional acid (pH) monitoring approaches. In fact, a recent study states that physicians using only acid (pH) monitoring for diagnostics, lack the capability of accurately diagnosing GORD in 35% of their patients*. The ZepHR® Impedance/pH Reflux Monitoring System employs impedance to detect ALL reflux activity and uses pH to categorize each episode as acid or nonacid for Total Reflux Monitoring. Comprehensive analysis quantifies all reflux patterns and symptom associations in patients studied on or off acid suppression medication.

Having introduced impedance/pH monitoring to the G.I. market, Sandhill continues to evolve this unprecedented technology... delivering all the information you need for a precise, comprehensive assessment of acid and nonacid reflux as well as the correlation between reflux and symptoms.

**Indications for combined impedance/pH testing**
- Persistent symptoms while on acid suppressive therapy
- Primarily postprandial symptoms
- Reflux symptoms and frequent meal ingestion (i.e., infant)

**Get TOTAL REFLUX monitoring ANALYSIS**

**Small size... Big Performance**
Small BUT powerful! Your patients will appreciate the large, easy to understand controls including our well known symptom buttons that make reporting as easy as 1-2-3.

**Treatment Conclusions**
- Patients with non acid reflux identified by impedance/pH whose symptoms have not responded to PPI therapy may benefit from the use of other medications.
- Clinical trials have established that non-acid reflux can be associated with GORD symptoms. In addition, ZepHR® provides a true negative study by identifying patients with no reflux association.
- Positive symptom index for nonacid or acid reflux using impedance/pH predicts successful response to Laparoscopic Nissen Fundoplication.

*An Analysis of Persistent Symptoms in Acid-Suppressed Patients Undergoing Impedance-pH Monitoring: Sharma, Agrawal, Freeman, Vela & Castell; Clinical Gastroenterology and Hepatology 2008;600x

*For a Demonstration or more information contact: SynMed
7 The Pavilion Business Centre, 6 Kinetic Crescent, Innova Park, Enfield EN3 7FJ
Tel: 01992-782570 Fax: 01992-667010 Email: sales@synmed.co.uk Web: www.synmed.co.uk
individual’s existing portfolios already.

Detailed instructions are available on the BSG website, follow the links: Sections; AGIP; AGIP membership, where Forms 8, 9 and 10 are available. Please read ALL of these forms carefully and complete the necessary sections as instructed. There is a helpful checklist at the bottom of Form 8 which should be used to avoid common errors and ensure that the correct information has been included prior to postage.

Maintaining your CPD and submitting evidence for peer assessment every 2 years is the only route that guarantees your status as an Accredited Independent Practitioner with AGIP.

Unfortunately, in past years there have been a number of late submissions, and due to the procedures involved to assess the documentation, this is no longer acceptable and will incur an administration fee of £50. There is a strict deadline for submissions of 1st May 2014, and the committee will be obliged to suspend the title of any Accredited Independent Practitioner until the required CPD information is received.

Dr Tanya Miller - Accreditation Officer, AGIP

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Report on the North West Equivalence Group Seminar

We held a seminar here in Manchester on Friday 31st January to introduce the new Academy for Healthcare Science pathway (AHCS) to Equivalence as a Clinical Scientist.

This seminar was funded by Health Education North West and was originally intended to be for our registrants here in the NW but was then belatedly expanded to include delegates nation wide.

The seminar took the form of a presentation by Prof Tony Fisher, Non Exec Director for Science for the Academy of Healthcare Science; a presentation by Patricia Vales; a Q&A session and finally some handouts to try to give some guidance on portfolio building and some examples of “mapping”, the process by which the Domains of Good Scientific Practice are evidenced in a portfolio,

Prof Fisher’s presentation started with the advent of Modernising Scientific Careers (MSC). He explained how this had set out to produce a structured career pathway across all disciplines for the scientific workforce from Healthcare Assistants through to Consultant Clinical Scientists. He introduced the role of the National School of Healthcare Science in providing educational pathways and of the Academy, explaining its structure and its role as a gateway to Clinical Scientist (CS) registration. He explained the concept of “Equivalence” and how this was the mechanism by which experienced individuals already in post could demonstrate that they had equivalent skills and knowledge to apply for CS registration. This is a very brief summary of his presentation and details of MSC etc are all now in the public arena. The most positive outcome of MSC for GI is that there is now a pathway for our members to apply to the Health and Care Professions Council (HCPC) for registration as a Clinical Scientist: a pathway that has been closed to us for the last several years.
Weak peristalsis
*(ineffective oesophageal motor function)*

The tracing shows a large break (proximal square) and a small break (distal square) in the 20 mmHg isobaric contour of the peristaltic sequence. Such swallows are comparable to those labeled as ineffective oesophageal motility (distal pressure<30 mmHg), as they are likely to be associated with oesophageal dysfunction, such as bolus escape and incomplete bolus clearance. Oesophageal hypocontractility is among the most common oesophageal motor disorders in GORD, and is associated with the extent of oesophageal acid exposure and reflux symptoms.

*EndoStim® therapy does not affect LES relaxation*, and *is not associated with dysphagia*, hence it *might be particularly suitable for patients with GORD who have weak peristalsis*

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The second presentation concentrated on the effect of all of these changes on those currently employed in GI Physiology outlining

i. some of the background of AGIP’s interaction with MSC
ii. the effect these changes will have
iii. some practical suggestions for how to prepare for these changes.

i) The two educational pathways that most affect the Physiological Sciences are the Practitioner Training Pathway (PTP), a 3 year full time BSc University course directly accessed through UCAS and the Scientist Training Pathway (STP), a 3 year training post leading to MSc and directly accessed through NHS Scientist Training Programme

AGIP initially tried to support both pathways but pragmatically there are not enough numbers to populate both. Also a high percentage of recruits to BSc in Clinical Physiology already had a first degree, indicative of the academic level of the current workforce. Also, in principle, it was assessed that the clinical responsibility of most GI Physiologists is higher than the new practitioner role and requires statutory regulation. AGIP now has only the scientist training pathway and has opted out of PTP

ii) We are now at the stage where the last cohort of BSc students and the first cohort of STP students are due to graduate in June 2014. As a result of these changes GI units can no longer directly recruit undergraduate trainees into permanent posts and new recruits to the profession will have an MSc. These changes affect everyone in our profession from recent graduates to heads of units.

Recent graduates will be affected as they progress through their careers as they are the group most likely to be in competition for promotion with Clinical Scientist. Those who have been longer in the profession and who have developed in-depth knowledge and skills and greater clinical responsibilities need to be cognisant of an increasingly Clinical Scientist workforce. Heads of Units will be affected as vacancies, internal promotions and expansion of services will now have to take into consideration the changing workforce. New recruits will be through applying for an STP trainee and current staff may now wish to pursue in house STP training or support to get CPD at M–level.

iii) The practical advice for all levels is to build up an appropriate portfolio that reflects every aspect of clinical responsibilities and involvement in ensuring the delivery of a highly skilled diagnostic service. A portfolio that evidences fitness to practice will become more and more of a necessity whether or not individuals decide to pursue Equivalence

It is suggested that successful applicants for Equivalence will have a minimum of 3 years in the Profession at the appropriate (sic M) level. Candidates must submit a personal statement followed by a portfolio of experience that is mapped against learning outcomes for STP and Good Scientific Practice (GSP) and finally an interview. The Domains of Good Scientific Practice cover

- Professional Practice
- Scientific Practice
- Clinical Practice
- Research, Development and Innovation
- Clinical Leadership

Experienced personnel in service should, with guidance, be able to evidence all of these
SMARTPILL
Motility Monitoring System

How it works
Smartpill measures pressure, pH and temperature as it passes through the entire GI tract and creates a complete transit profile.

Analysis
- Gastric emptying time
- Small bowel transit time
- Colonic transit time
- Whole gut transit time
- Pressure patterns for the antrum and duodenum

Localising transit abnormalities to a specific GI region is important in a diagnostic evaluation and should be done early in the process to guide appropriate therapy. Eliminate multiple tests and improve patient comfort with use of the sensor based smartpill capsule.

Temperature
Confirms ingestion and passage from the body.

Pressure
Provides motility indices from the antrum and duodenum.

pH
Identifies physiological landmarks, calculating regional transit times.

Lumley Close, Thirsk Industrial Park, Thirsk, North Yorkshire, England YO7 3TD
Tel: (01845) 526660  Fax: (01845) 522199
Email: info@diagmed.co.uk
www.diagmed.co.uk
domains. To this end AGIP will produce a sample portfolio and give individual advice on portfolio content. We will hopefully have a follow up seminar concentrating on portfolio content.

Everyone was reminded that suitable CPD and modules are advertised through New Wave and the AGIP email circuit and that a simple email to Etsuro Yazaki (e.yazaki@qmul.ac.uk) to update email addresses is advisable. Advice was given to ensure that Accreditation status was maintained and also registration with RCCP as both of these evidence important aspects of GSP. AGIP is actively involved with RCCP which, unlike newer voluntary registers, is vigorously pursuing statutory regulation for Clinical Physiologists with HCPC. Our current representative on the RCCP Council is Kathy Noble, katherine.noble@heartofengland.nhs.uk and will answer individual inquiries about registration.

The Q&A session was mostly fielded by Nicholas Fowler-Johnson of Health Education North West and concerned workforce issues and support for both in-house STP trainees and CPD. He was asked to take on board that for most GI units that it is difficult to release staff for CPD and that support for on-line courses at M level is needed. He was also agreeable to hosting a further seminar. Elisa Wraitham who has experience with both a Direct Entry Trainee and an in house trainee reported on the difficulty in releasing a member of the diagnostic team from clinical duties to pursue STP training.

Finally handouts were given out with ideas on

Portfolio Contents and what should go into a personal statement.
An example of an audiology application, submitted before MSC but with a very good contents page and demonstrating a “mapping” exercise.
A breakdown of a Hydrogen Breath Test service. Illustrating for example how a literature search can be used to fulfil CPD and to evidence aspects of GSP.
Advice on building up a document trail.

The seminar evaluation was filled in by all of the participants and of interest the majority of the delegates thought that a follow up seminar would be of great value and suggested that more time should be given to the Q&A and discussion session. Hopefully this will be possible in the not too distant future.

Patricia Vales
Hon Member BSG
Fellow AGIP
We hope to publicise forthcoming meetings and educational events. We would like to invite interested parties to contact the NewWave editor (warren.jackson@hey.nhs.uk) to have their details included in future issues.

February - Dec 2014  **Medical Measurement Systems (MMS) web seminar schedule for 2014: [All webinars are 3.00-4.30pm CE(S)T - Amsterdam time]:**

**Urodynamics:**
- Friday 14\textsuperscript{th} February
- Wednesday 11\textsuperscript{th} June
- Tuesday 16\textsuperscript{th} September
- Wednesday 17\textsuperscript{th} December

**Impedance-pH:**
- Wednesday 19\textsuperscript{th} March
- Wednesday 23\textsuperscript{rd} April
- Tuesday 7\textsuperscript{th} October
- Wednesday 29\textsuperscript{th} October

**Advanced HRM case interpretation:**
- Tuesday 11\textsuperscript{th} March
- Thursday 17\textsuperscript{th} April
- Thursday 15\textsuperscript{th} May
- Tuesday 17\textsuperscript{th} June
- Thursday 4\textsuperscript{th} September
- Thursday 13\textsuperscript{th} November
- Thursday 11\textsuperscript{th} December

**High Resolution Anorectal Manometry:**
- Thursday 3\textsuperscript{rd} April
- Thursday 6\textsuperscript{th} November

**High Resolution Oesophageal Manometry (HRM):**
- Tuesday 25\textsuperscript{th} February
- Wednesday 14\textsuperscript{th} May
- Thursday 16\textsuperscript{th} October
- Wednesday 19\textsuperscript{th} November


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**Future Meetings/Events**

**24\textsuperscript{th} – 26\textsuperscript{th} Feb 2014**  "Short Course in Lower GI Physiology"
Newcastle University
For more information, please email: lynne.smith@sth.nhs.uk

**28\textsuperscript{th} March 2014**  "Capsule Endoscopy Study Day (MiroCam system)"
Charing Cross Hotel, The Strand, London
[http://www.synmed.co.uk/news_capsule_endoscopy_day_march_2014.htm](http://www.synmed.co.uk/news_capsule_endoscopy_day_march_2014.htm)

**14\textsuperscript{th} May 2014**  "St Thomas’ Hands-on Endoanal Ultrasound Study Day"
Further information telephone: Deepa Solanki / Monica Lyons
0207 1889918 / 0207 188 9899
22\textsuperscript{nd} - 23\textsuperscript{rd} May 2014
Capsule Endoscopy in Clinical Practice (Spring Course)
(Pillcam system) Lumley Castle Hotel, County Durham
http://www.diagmed.co.uk/documents/
LumleyCapsuleCourseRegistrationForm2014.pdf

16\textsuperscript{th} - 19\textsuperscript{th} June 2014
British Society of Gastroenterology Annual Meeting
Manchester Central Convention Complex
[Registration Now Open, Early Bird Deadline: 28 March 2014
Accommodation Booking Deadline: 25 April 2014]

10\textsuperscript{th} – 11\textsuperscript{th} July 2014
International Masterclass on Lower GI Function Testing
Queen Mary University of London, Whitechapel Campus, London
http://www.ardmorehealthcare.com/downloads/International%
20Masterclass%20Lower%20GI%20London%20July%202014%20UK%20version.pdf

18\textsuperscript{th} – 22\textsuperscript{nd} Oct 2014
United European Gastroenterology (UEG) Week
Vienna, Austria
www.ueg.eu/week

13\textsuperscript{th} - 14\textsuperscript{th} Nov 2014
Capsule Endoscopy in Clinical Practice (Autumn Course)
(Pillcam system) Lumley Castle Hotel, County Durham
http://www.diagmed.co.uk/documents/
LumleyCapsuleCourseRegistrationForm2014.pdf