



BRITISH SOCIETY OF
GASTROENTEROLOGY

NewWave

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**The Official e-Newsletter of the
Association of GI Physiologists**

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January 2024

Welcome

Welcome to the **January 2024** edition of NewWave!
If you have any relevant articles or papers that you would like
to be included in future editions, please email
gemma.norris@sthk.nhs.uk or elisabeth.kirton@nhs.net

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2024 UPPER GI PHYSIOLOGY VIRTUAL SYMPOSIUM

5th & 6th February 2024

Upper GI physiology is one of the few areas of medicine that remains both a science and an art. This virtual course will cover the most up-to-date evidence in investigating and treating patients presenting with oesophageal disorders (dysphagia and reflux). Furthermore, step-by-step analysis of high-resolution manometry traces, 24hr pH-impedance traces and wireless pH monitoring will be provided, ranging from simple to more complex and nuanced cases. There will also be plenty of opportunity for questions and discussion.



Dr Rami Sweis,
Consultant Gastroenterologist
Course Director



Dr Natalia Zarate Lopez,
Consultant
Neurogastroenterologist



Dr Asma Fikree,
Consultant
Neurogastroenterologist



James Endersby,
Clinical Scientist



Dr Amanda Raeburn,
Physiologist



Holly Mills,
Clinical Scientist

Course Fees:

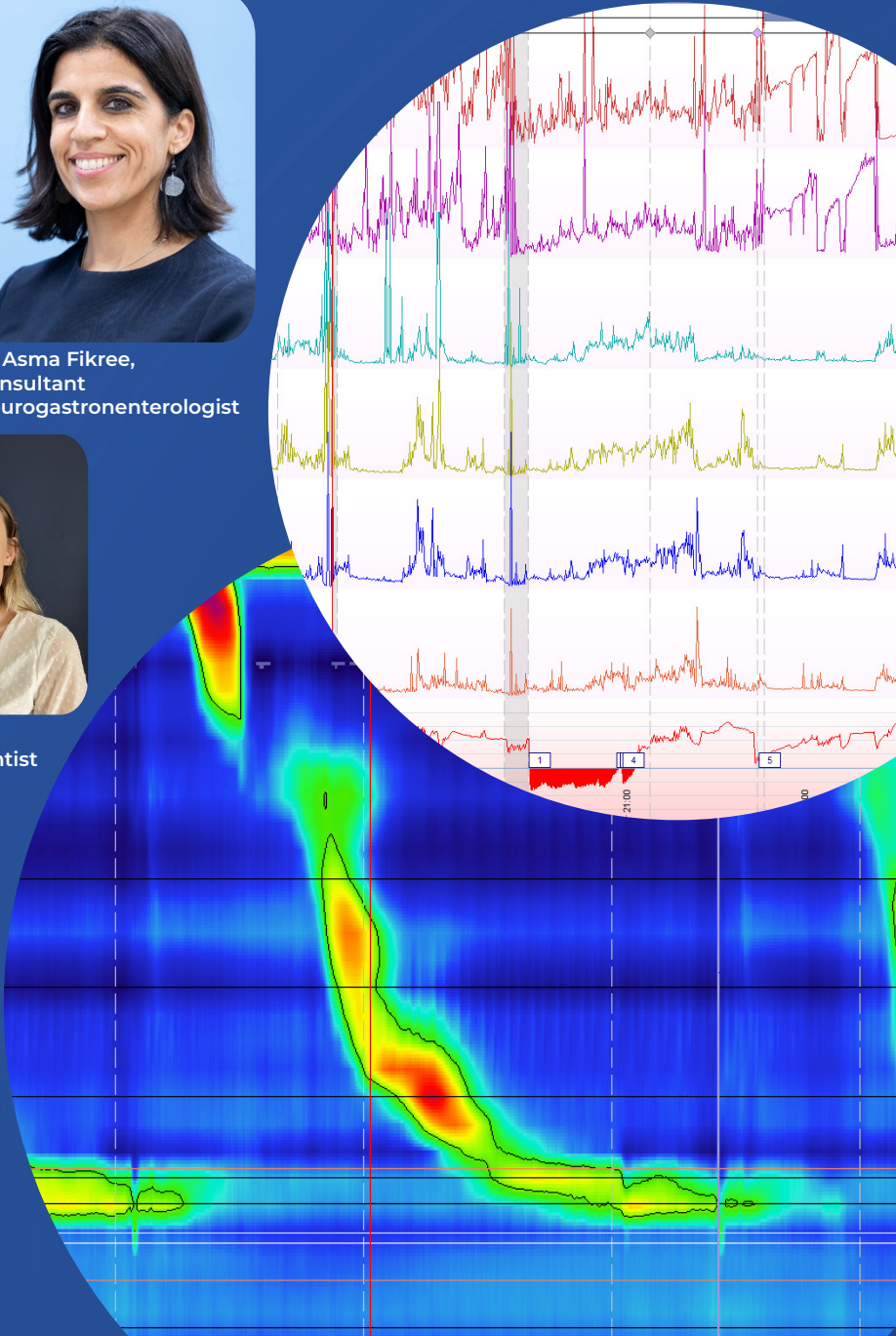
- One day: £100
- Two days: £150

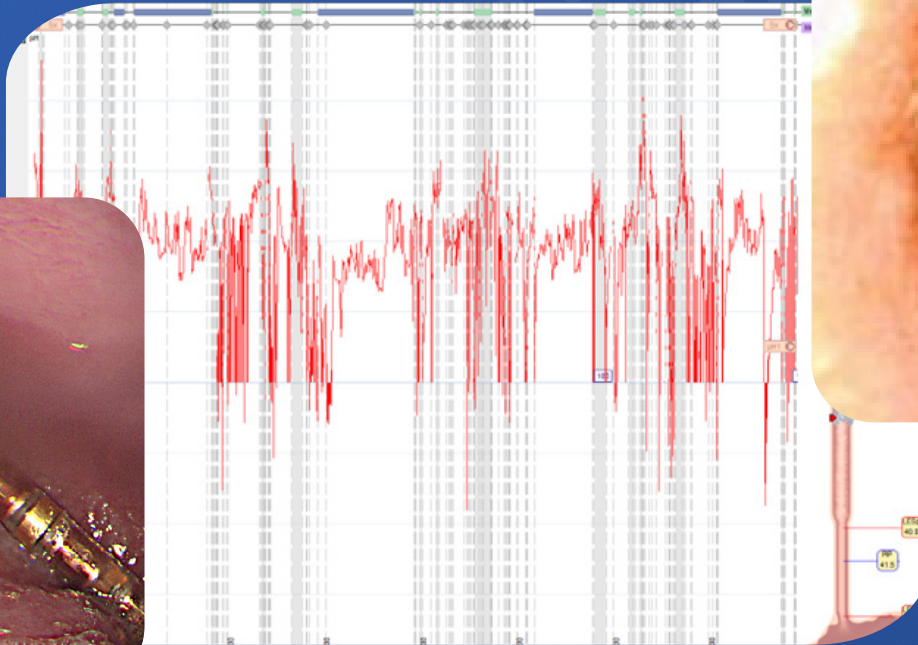
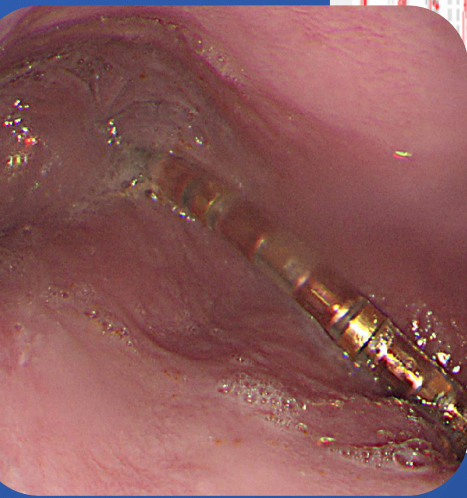
REGISTER HERE:



Email:

HRMSymposium@outlook.com





Course Schedule

DAY 1 – BASIC HRM & REFLUX TESTING	
8:30-9:00	REGISTRATION
9:00-10:00	HOW TO INVESTIGATE BENIGN OESOPHAGEAL DISORDERS
10:00-11:00	HOW TO SET UP FOR TESTING & EXAMPLE TRACES
11:00-11:15	BREAK
10:15-12:15	BACKGROUND & PRINCIPLES OF REFLUX TESTING
12:15-12:40	EXAMPLE CASES
LUNCH 12:40-13:20	
13:20-13:50	NORMAL VARIANTS & ARTEFACTS IN HRM
13:50-14:30	EXAMPLE CASES & CHICAGO CLASSIFICATION V4.0
14:30-14:45	BREAK
14:45-15:15	NORMAL VARIANTS & ARTEFACTS IN REFLUX TESTING WITH EXAMPLE CASES
15:45-16:45	STANDARD MANAGEMENT OF MOTILITY & REFLUX DISORDERS
16:45-17:00	QUESTIONS

DAY 2 – ADVANCED HRM & REFLUX TESTING	
8:30-9:00	REGISTRATION
9:00-10:00	CCV4.0: PROVOCATIVE TESTING
10:00 -10:30	PROVOCATIVE TESTING EXAMPLES
10:30-10:50	BREAK
10:50-11:50	PRINCIPLES OF PROLONGED WIRELESS pH MONITORING & EXAMPLES
11:50-12:20	ENDOSCOPIC MANAGEMENT OF REFLUX
LUNCH 12:20-13:00	
13:00-14:15	TESTING, DIAGNOSIS & MANAGEMENT OF FUNCTIONAL OESOPHAGEAL DISORDERS
14:45-15:00	BREAK
15:00-16:30	COMPLEX CASE STUDIES: FROM TESTING TO TREATMENT
16:30-17:00	QUESTIONS

Please join us for an Advanced HR-ARM Study Day at Woburn House

 **April 24th 9:15 - 16:00**  **Woburn House Conference Centre, London**  **Chaired by Dr. Mark Scott**

09.15-09.45	Registration
09.45-10.00	Introduction
10.00-10.45	High-resolution manometry (HR-ARM); part of the diagnostic armamentarium available for investigating patients with disorders of defaecation (Mark Scott)
10.45-11.30	The London Classification of anorectal disorders (Mark Scott)
11.30-12.00	Coffee break
12.00-13.15	HR-ARM software update: quality improvement, troubleshooting traces and recognition of artefact (Jan-Willem van der Wal / Mark Scott)
13.15-14.00	Lunch
14.00-14.40	Nurse-led conservative management of disorders of defaecation (Karyn Grimmer)
14.40-16.00	Case study discussion
16.00	Meeting close

[Click here to register](#)

or scan the QR code



For more details please contact
UKorders-GI@laborie.com



CATHETER FREE, WIRELESS DIAGNOSIS OF GASTRO OESOPHAGEAL REFLUX DISEASE (GORD)

Simplified capsule releasing process, using 3 switches.

The pH value monitored continuously for 4 full days (96 hours) of acid detection.

Data wirelessly transmitted to the external data recorder.



The alpHaONE, a competitive pH Capsule wireless monitoring System.

The alpHaONE wireless pH system now offers a new calibration free capsule (simply requires a 5 minute activation in pH4), saving up to 20 minutes per procedure. This pH capsule wireless monitoring system is used to record the pH value inside the oesophagus to aid in the diagnosis of Gastro Oesophageal Reflux Disease (GORD).

The pH capsule is fixed to the oesophageal mucosa using a simplified delivery device.

Unlike conventional pH catheters patients are less aware of the procedure and more likely to maintain their regular lifestyle, activities and diet providing the clinician with more realistic profile of the frequency and severity of the acid reflux.



ADVANTAGES OF THE PH CAPSULE WIRELESS MONITORING SYSTEM INCLUDE:

Calibration free capsule- Saves up to 20 mins per procedure.

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Identify motility disorders by providing real-time pressure and dimension measurements in the esophagus, pylorus and anal sphincters.

Ambulatory pH monitoring is considered the most objective means of diagnosing GERD



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Reflux Capsule**
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Upcoming Events: 2024

February 2024	<p>UCLH Upper GI Physiology Virtual Symposium 2024 Online 2024 Upper GI Physiology Virtual Symposium 5th—6th February 2024</p>
	<p>North West GI Physiology Meeting Online Please contact Elisa Skinner (Elisa.Skinner@nca.nhs.uk) for details 28th February 2024</p>
March 2024	<p>Northern GI Physiology Working Group Meeting Castle Hill Hospital, Cottingham Please contact John Gallagher (john.gallagher6@nhs.net) for details 1st March 2024</p>
	<p>Guy's and St Thomas' Pelvic Floor Disorders Course 2024 London Pelvic Floor Disorders Course 2024 6th—8th March 2024</p>
	<p>South West GI Physiology Group Meeting Oxford Please contact Tanya Miller (Tanya.Miller@ouh.nhs.uk) for details 22nd March 2024</p>
April 2024	<p>30th UKCS Annual Scientific Meeting Cheltenham UKCS 10th—12th April 2024</p>
	<p>Laborie Advanced HRM-ARM Study Day London Laborie Study Day Registration 24th April 2024</p>
May 2024	<p>Digestive Disease Week (Washington D.C. + Virtual) Digestive Disease Week 18th—21st May 2024</p>
June 2024	<p>BSG LIVE 2024 ICC Birmingham BSG LIVE 17th—20th June 2024</p>
October 2024	<p>UEG Week 2024 Vienna UEG 12th—15th October 2024</p>
	<p>ICS 2024 Madrid ICS 23rd—25th October 2024</p>

From the Editor

Welcome to the January 2024 issue of NewWave! A belated Happy New Year all. I've had an action-packed start to 2024, as I married my husband Julian and gained a new surname!

The AGIP committee is delighted to announce that a variety of bursaries are available to AGIP members in 2024, to support attendance at relevant conferences. Please see further information about the bursaries available and how to apply on [Page 4](#). AGIP's Paediatric Representative Rachael McGhee is looking to develop a network of paediatric GI Physiology practitioners; if you're involved in GI Physiology investigations for paediatric patients, please find further information and Rachael's contact details on [Page 5](#). On [Page 6](#), Tanya Miller has provided important information about how to submit CPD for AGIP Accreditation. To remain as an Accredited Independent Healthcare Professional in GI Physiology, you must submit CPD evidence to AGIP every 2 years. The deadline for the next CPD submission is 30th April 2024, so don't forget!



In our feature articles, Kendra Hall has kindly provided an engaging overview of the newly-established Midlands GI Physiology Group meeting ([Page 8](#)). The meeting was hosted by John Hayman at Sandwell Hospital, and was sponsored by Medtronic. Kendra has summarised the range of interesting presentations at the meeting, including training pathways in GI Physiology and the Faecal Incontinence and Constipation Healthcare Service (FINCH) at Sandwell and West Birmingham NHS Trust.

Taylor Dow, a new Trainee Clinical Scientist in GI Physiology, has kindly written a reflective account of the 2023 STP Induction Day ([Page 14](#)). It sounds like it was a great opportunity for the new STP trainees to network and learn about different specialisms, as well as introducing options for career progression. Well done Taylor, and welcome! Samuel Ndaa, our own new Trainee Clinical Scientist at the Hull GI Physiology unit, has also written a thought-provoking reflective piece about his experiences starting the STP ([Page 16](#)). Sam writes about managing "imposter syndrome" and finding his feet in a new unit with refreshing honesty and humour. Well done Sam!

Finally, this will sadly be my last issue as NewWave Editor, as I'll be handing the role over to my brilliant colleague Gemma Norris. I've thoroughly enjoyed putting together each issue, and it's been a pleasure to help NewWave grow over the last 2 years. However, the time has come to hand the AGIP role on to a fresh face. I'll be supporting NewWave in a backseat role for the April issue, and I'm excited to see where Gemma takes NewWave going forward!

Please do get in touch with Gemma (gemma.norris@sthk.nhs.uk) or myself (elisabeth.kirton@nhs.net) with any ideas for articles, or information you would like to share with the GI Physiology community via NewWave!

Elisabeth Blumenröder (née Kirton)

AGIP News

Conference Bursaries: Available for AGIP Members!

In order to support a high level of training and education within our discipline, the AGIP committee are delighted to announce that accredited AGIP members (or STP/ASP trainee AGIP members) will be eligible to apply for the following bursaries to fund expenses related to conference attendance:

- **Graeme Duthie International Award'** (up to £1500, 1 bursary available) to attend [Digestive Disease Week \(DDW\)](#) (18th-21st May 2024, Washington DC)
- **Margaret Marples Bursary'** (up to £500, 10 bursaries available) to attend [BSG LIVE 2024](#) (17-20th June 2024, Birmingham)
- **'European Bursary'** (up to £750, 1 bursary available) to attend [United European Gastroenterology \(UEG\) Week](#) (12-15th October 2024, Vienna)

For the Margaret Marples Bursary, applicants will be **required to prepare a report on one relevant presentation from the meeting for publication in New Wave**. Priority will be given to AGIP members who have an abstract accepted, with the remaining bursaries awarded by a random ballot.

For the European Bursary and the Graham Duthie Award, applicants will be **required to have an abstract accepted and prepare a short report on the conference for publication in New Wave**. If more than one application is made, the bursary will be awarded by a random ballot.

The closing dates for bursary applications are as follows:

Graeme Duthie International Award	28.02.2024
Margaret Marples Bursary	07.04.2024
European Bursary	02.08.2024

In order to apply for a bursary, please send the following information to Joanne Hayes (joanne.hayes@uhb.nhs.uk):

- Name
- Organisation
- The bursary you are applying for
- AGIP membership (Accredited AGIP Member / STP or ASP Trainee AGIP Member)
- Job Title
- Accepted Abstract Title (if applicable)

Payment of the bursary will be given via BACS payment, following:

1. The submission of appropriate receipts for the meeting expenses
2. The submission of the report/abstract for inclusion in NewWave

Paediatric GI Physiology Network: Enquiry from AGIP's Paediatric Representative

Rachael McGhee, Healthcare Scientist in GI Physiology
Alder Hey Children's Hospital



Alder Hey Children's
NHS Foundation Trust

My name is Rachael McGhee and I am the Paediatric Representative of the Association of GI Physiologists. I am looking into the range of staff who perform Paediatric Gastrointestinal Physiology investigations, and what support and knowledge is available to you and your department (both within your trust and

externally). I am keen to develop a network of Paediatric GI Physiology Practitioners, so that we can share knowledge, experiences and skillsets.

If you perform any Gastrointestinal Physiology investigations (including pH/impedance studies, oesophageal manometry, anorectal manometry or hydrogen breath tests) in any capacity (setting up, calibration, investigation or reporting) on patients aged 0-18 and are interested in joining this network, please email me at rachael.mcghee@alderhey.nhs.uk.

Please include your job title, background (e.g. Nurse, HCA, Medical Physicist, GI Physiologist), an overview of the procedures you're involved with, and what age ranges you accept referrals from. Please also indicate if you are exclusively paediatric, or if you are part of a predominantly an adult service who facilitates paediatric referrals.

If you could respond by **Friday 1st March**, I will be in touch again after this time with more information. Please do direct this to anyone who may be interested in such a network.

REMINDER: CPD is Due 30th April 2024

Guidance for CPD Submission

Tanya Miller, Head of GI Physiology
Oxford University Hospitals
NHS Foundation Trust

Dr Tanya Miller – AGIP Accreditation Officer

It's that time again, CPD submissions are due by 30th April 2024!

The process is the same as in previous years, and [Form 4](#) can be found on the BSG website in the GI Physiology section; this contains all the necessary forms to enable a complete submission.

Please send a paper copy (to reduce the amount of printing required for the review panel) directly to Tanya Miller at the Churchill Hospital in Oxford, as detailed in the AGIP section. Please only send what is necessary to achieve re-accreditation. An electronic copy can be sent in addition to the paper copy, but is not required.

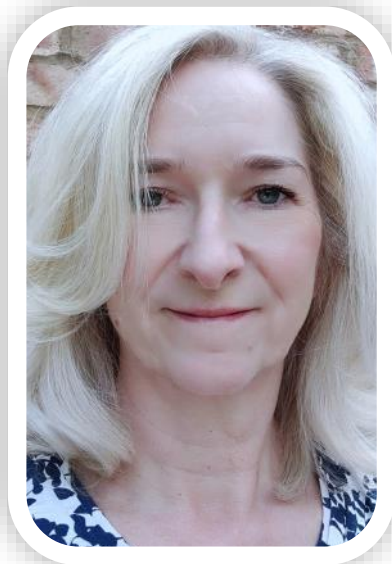
All online Teams or Zoom meetings are acceptable as external CPD, including attendance at webinars, conferences, training courses and distance learning. Please ensure that you include certificates or other evidence of attendance for this CPD. Programme schedules are NOT valid evidence of attendance.

Internal CPD includes statutory and mandatory training, but can also include internal meetings (either face-to-face or online). Evidence for meetings is acceptable in the form of a signed letter from the Chair of the meeting, who should be able to confirm participation from the register of attendance.

Internal and external CPD can also be the base for reflective practice where appropriate. **Please remember to have ALL reflective practice accounts signed AND dated by YOU AND your Manager; incomplete forms will be sent back.**

Six reflective practice accounts spread over 2 years are required for re-accreditation. Please try to provide a range of experiences; for example, they may include case studies, research projects, reviews of interesting articles/research papers, knowledge gained from attending training / conferences, teaching, or processes involved to purchase new equipment. In each reflective practice account, please discuss if these experiences have impacted or changed your service.

N.B. 2023 graduates from the STP program are NOT required to submit CPD for the 2024 submission. Graduates from 2022 will be required to submit CPD for the year May



2023 to April 2024. Prolonged absences due to sickness, maternity leave are all subject to pro rata submissions. Working from home is NOT acceptable as exclusion criteria.

Late submissions are subject to an administrative charge of £50

Review of submissions is subject to the availability of the panel. The result of the CPD submission will result in either continuation of AGIP membership, OR a request for additional information due to an incomplete submission (a timeframe for re-submission will be provided if this is the case).

Failure to submit will lead to removal from the register as an Accredited Independent Healthcare Professional in GI Physiology.

Don't Forget! CPD Deadline

To remain as an Accredited Independent Healthcare Professional in GI Physiology, you **MUST** submit evidence of continuous professional development (CPD) to AGIP every 2 years. The deadline for the next CPD submission is **30th April 2024**.

CPD information and the relevant forms can be found on the BSG website here:
<https://www.bsg.org.uk/people/gi-physiologists/agip-accredited-independent-healthcare-practitioner-cpd-forms/>

**Northern GI Physiology Working Group Meeting:
1st March 2024**

We are delighted to announce that the next Northern GI Physiology Working Group Meeting will be held on **Friday 1st March 2024**, at Castle Hill Hospital (Hull University Teaching Hospitals NHS Trust).

We would like to invite all interested members to join us for this exciting meeting. If you wish to attend the event, please contact John Gallagher (john.gallagher6@nhs.net) for further details.



Please feel free to share this invitation with your colleagues and peers who may be interested in attending. This is a great opportunity to meet and network with other professionals in the field of GI Physiology.

We look forward to seeing you on 1st March 2024!

Feature Articles

Event Review: **Midlands GI Physiology Network Meeting** **(30th November 2023)**

Kendra Hall, Clinical Scientist
Sandwell and West Birmingham NHS Trust

This event was organised by John Hayman and hosted by the GI Physiology department at Sandwell Hospital, Sandwell and West Birmingham NHS Trust (SWB).

It was fantastic to meet so many attendees and to put faces to names. There was representation from across the Midlands including from Birmingham, Shrewsbury, Derby, Stoke and Birmingham Children's Hospital, with specialists in both Upper and Lower GI Physiology and paediatrics, as well as representatives from NHS England and Medtronic. Many thanks to all contributors and attendees, and special thanks to Medtronic who kindly sponsored the event enabling us to provide catering.



John Hayman (SWB) introduced the event, intended as an informal event to promote networking and discussion. He was joined by Peter Bill, Regional Chief Healthcare Scientist for the Midlands, to introduce and explain NHS England's plan for regional networks. The Midlands comprises a wide geographical area where the GI Physiology provision is predominantly comprised of a number of small / single-person centres, and thus a network will be a valuable resource.

We then had various talks from topical subjects in GI Physiology (Figure 1).

Prof. Nigel Trudgill (Consultant Gastroenterologist): High-Resolution Manometry (HRM) and pH Impedance Studies – The Clinician's Viewpoint

Prof Trudgill spoke about HRM and pH impedance studies from a clinician's viewpoint.

Prof Trudgill talked about causes of dysphagia; although gastro-oesophageal reflux disease (GORD) is far and away the highest prevalence cause, he highlighted the increasing prevalence of Eosinophilic oesophagitis (EoE) (74 per 100,000 cases

compared to 27 per 100,000 for achalasia), and therefore the importance of EoE exclusion at OGD as a cause of dysphagia prior to HRM referral (Figure 2).

Midlands GI Physiology Network

Thursday 30th November

Conference Room, Sandwell Medical Education Centre, Sandwell Hospital B71 4HJ

Agenda		
9.45am	Arrival, Tea & Coffee	15 mins
10.00am	Midlands GI Physiology Network <i>Welcome, introductions, plans for regional physiology networks by John Hayman Clinical Scientist SWBH and Peter Bill West Midlands Lead Healthcare Scientist, BCH</i>	30 mins
10.30am	High Resolution Manometry and 24-hour pH Impedance studies <i>Clinician's viewpoint - who to test and what makes a good test by Prof N Trudgill, Consultant Gastroenterologist, SWBH</i>	30 mins
11.00am	Open Discussion of Upper GI Physiology Clinical Practice <i>All participants</i>	15 mins
11:15am	Tea/Coffee break	15 mins
11.30am	Bravo – Overview and where do we use? <i>Including Tips & Tricks by Lewis Howard (Medtronic)</i>	25 mins
11.55am	Training Pathways in GI Physiology – Open Discussion <i>Overview of pathways, followed open discussion of issues, role of network in creating training collaborative. By John Hayman, Clinical Scientist SWBH</i>	35 mins
12.30am	Lunch	45 mins
1.15pm	Overview of SWBH Faecal Incontinence and Constipation Healthcare service (FINCH) <i>By Liz Clarson, Finch Team, SWBH</i>	30 mins
1.45pm	Open Discussion of Lower GI Physiology Clinical Practice <i>All participants</i>	15 mins
2:00pm	EndoFlip – Why and where do we use? <i>The future of testing? by Lewis Howard (Medtronic)</i>	20 mins
2.20pm	IQIPs accreditation <i>Overview, Process, Role of collaborative working by Laura Booth, UKAS</i>	30 mins
2.50pm	Open Discussion – Future plans for Network	40 mins
3.30pm	Round up & Close	



Figure 1. Agenda from the Midlands GI Physiology Network Meeting (30th November 2023)

Prof Trudgill described indications for HRM, focusing on BSG guidelines and the strong evidence supporting adjunctive testing (such as solid swallows and the rapid drink challenge, which may be more likely to induce symptoms than 5 mL water swallows). He also gave a quick overview of the treatment options available for each manometric diagnosis.

Prevalence causes of dysphagia

- Gastro-oesophageal reflux disease
 - 8819 per 100 000 (Dirac 2020)
 - Dysphagia in 65% with frequent symptoms (Bollschweiler 2008)
- Eosinophilic oesophagitis
 - 74 per 100,000 (Hahn 2023)
- Achalasia
 - 27 per 100,000 (Harvey 2019)
- Diffuse oesophageal spasm
 - Approx 1 per 100,000 (Goel 2023)



Figure 2. Prevalence of causes of dysphagia (slide from Prof. Trudgill)

Prof Trudgill also recommended measuring impedance alongside pH in patients with heartburn or regurgitation symptoms that are refractive to twice daily PPI, as well as for those with chest pain, throat or respiratory symptoms suspected due to GORD, and for those with recurrent or persistent GORD symptoms following anti-reflux surgery (ARS).

Impedance measurement provides more reproducible results and increases positive symptom association compared with a pH only study, and can detect aerophagia and supra-gastric belching. However, impedance analysis is dependent on the manual editing of reflux episodes and symptoms for accurate reflux quantification and symptom association. He added that only where GORD symptoms are responsive to PPI could pH only monitoring be considered alone prior to ARS.

Lewis Howard (Medtronic Representative): BRAVO Overview and Where Do We Use

Lewis Howard from Medtronic spoke about Medtronic's 96-hour wireless pH monitoring system (BRAVO).

The BRAVO device is inserted during an endoscopy appointment and is attached to the oesophageal lining by deployment of a pin mechanism into oesophageal mucosa. Once in place, the device will monitor oesophageal pH for up to 96-hours, which may lead to more representative data than 24-hour studies. Being wireless, it can be more

comfortable and discrete for patients and does not require a follow-up appointment for its removal.

BRAVO is unable to measure impedance and is more expensive compared to catheter-based testing, it is therefore recommended only after failed nasal intubation, inconclusive 24-hour pH tests, or for use in paediatric patients. Lewis outlined good practice including appropriate instruction the patient and showed us an [education video](#) which can be signposted to patients.

John Hayman (Clinical Scientist): Training Pathways in GI Physiology

John Hayman went on to lead a discussion of training provision within the Midlands. Professionals come to GI Physiology from a wide range of backgrounds. Specific GI training is gained through The Scientific Training Programme (STP), Higher Specialist Scientific Training (HSST), Accredited Scientific Practice (ASP) and Equivalence (Figure 3). However, there are low training numbers nationally. One GI Physiology STP trainee qualified from the Midlands recently, and there is a yearly national cohort of <10 GI Physiology trainees.

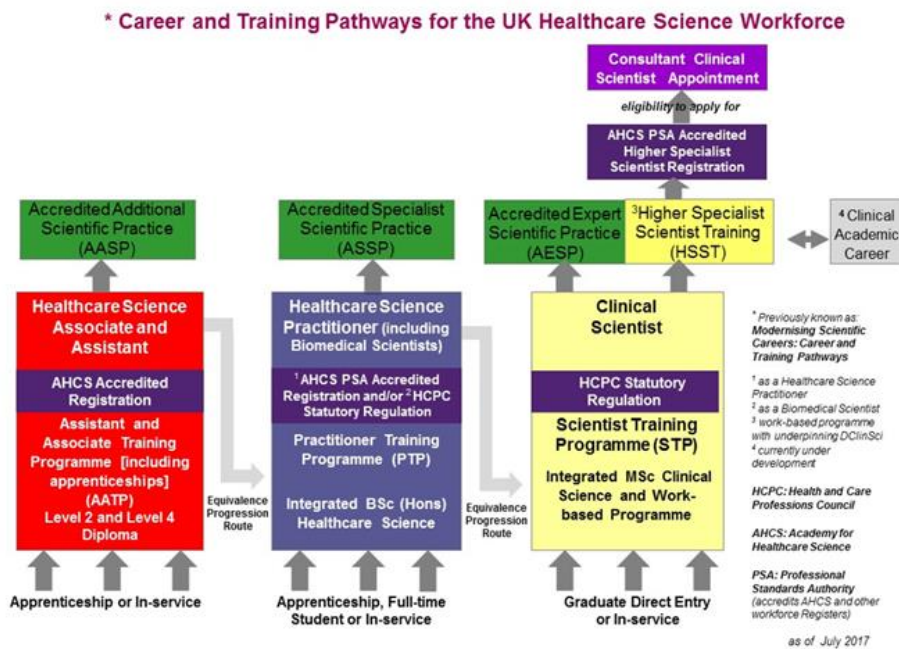


Figure 3. Career and Training pathways for the UK Healthcare Science Workforce

Many centres within the Midlands are small or single practitioner with high clinical workload. Workforce issues contribute to centres lacking both the necessary time commitment for training and suitable links with rotational specialities. One of the proposed roles of the network was to work in collaboration, to assist each other to fulfil training needs within the region by sharing training demands between departments.

Additionally, the network will aim to support training of existing practitioners. One way suggested to achieve this includes working together in Physiology MDTs. Midlands trusts were invited to attend monthly online oesophageal MDT at SWBT with Clinical Scientists,

Gastroenterologists and Upper GI surgeons to discuss complicated cases and share knowledge and support for those more complex cases.

Liz Clarson (Clinical Nurse Specialist): Overview of SWB Faecal Incontinence and Constipation Healthcare Service (FINCH)

Liz Clarson, Clinical Nurse Specialist, discussed her work with the FINCH Service at SWB. FINCH is a unique specialist nurse-led service for anyone experiencing bowel dysfunction, regardless of cause. The FINCH team are involved in the triage, diagnosis, and management of such patients. Liz described their published 4-staged treatment algorithms for managing various disorders, including faecal incontinence and constipation (Figure 4).

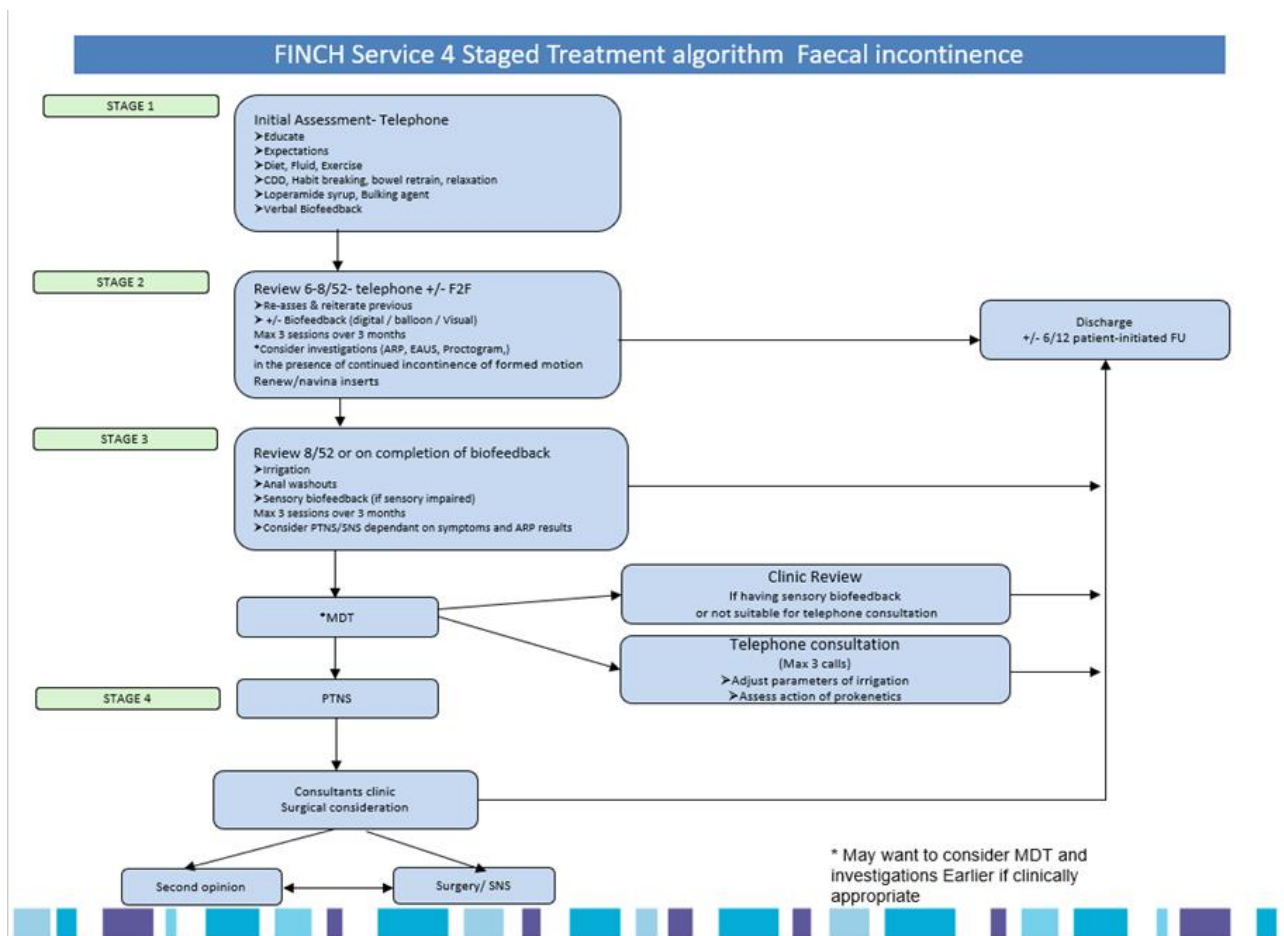


Figure 4. FINCH Service 4 staged Treatment algorithm, Faecal Incontinence

They work closely with other specialists, including the GI Physiology department at SWB, for investigations including anorectal physiology and endoanal ultrasound. They also run regular joint pelvic floor clinics with consultants and co-ordinate a pelvic floor MDT. They follow-up with patients for as long as needed, providing support and management (including irrigation, PTNS and SNS) and they work across outpatient departments and within the community. Their impact has resulted in the streamlining of services, reduced clinic visits and improved patient outcomes and resulted in them winning national awards.

Lewis Howard (Medtronic Representative): EndoFlip—Why and Where Do We Use

Lewis also gave a talk about Medtronic's EndoFlip device. He began by explaining Impedance Planimetry, and showing us the equipment and available catheters that have both diagnostic and surgical utility. EndoFlip can be used diagnostically during OGD to measure oesophagogastric junction minimal opening diameter, anti-reflux barrier function and oesophageal stiffness and diameter for impaction risk in EoE. It can also identify normal motility by assessing the presence or absence of repetitive anterograde contractions, which he suggested could negate need for HRM testing in some patients.

EndoFlip can be used before, during and after surgical procedures (including myotomy, fundoplication and dilation) to assess oesophageal distensibility and likely surgical outcomes.

Rebecca Barnett (UKAS Representative): IQIPS Accreditation

Rebecca Barnett from UKAS joined us virtually via Microsoft Teams to outline Improving Quality in Physiological Services (IQIPS) accreditation, including the benefits of IQIPS accreditation and what is involved for departments.

She gave an overview of the accreditation process from start to finish, alongside the ongoing accreditation cycle.

The day was designed to educate and promote discussion on a broad range of topics. An important aim of this first meeting was to frame the role of the network going forward. Feedback from attendees was positive and in favour of making this a biannual event, with hopes to use it to expand training and collaboration and provide support and continuing development of service across the Midlands.

If you are interested in attending future Midlands GI Physiology network events, please contact John Hayman at johnhayman@nhs.net.

Event Review: **Reflecting on the STP Induction Day 2023** **(8th September 2023)**

Taylor Dow, Trainee Clinical Scientist
Glasgow Royal Infirmary

The STP induction day started with registration and networking, which allowed me to interact with trainees from other STP specialities and gain insight to the number of people doing the STP course. There were approximately 500 STP trainees present, which surprised me as Scotland has much smaller numbers. This is largely due to lack of funding, as stated by the Scottish government in a letter responding to concerns over the lack of STP training places and the impact on patient safety (1,2). This made me feel incredibly lucky to have been selected for this course; as I was the only Scottish 1st year trainee present, I was able to be an advocate for Scottish STPs.



I explored the various stalls they had present, and although there was not a GI Physiology stall there was a Scottish STP one. The person at the stand was Jonathan Hassan, a current 3rd year STP; he expressed his interest in starting a Scottish STP network and after this we exchanged details, and the Scottish STP Network is currently a work in progress. Jonathan also provided insight into how niche GI Physiology STPs are in relation to other specialities, which made me realise why there perhaps wasn't a GI Physiology stand present and the challenges surrounding representation of GI Physiology. This has made me want to spend time during the STP to spread awareness of GI Physiology and the work that Clinical Scientists in this specialism do.

As a networking and icebreaker event, our table was tasked with ranking the items needed on a NASA spaceship after an unforeseen crash. This activity allowed those who were more extroverted to take a leading role, and those who were more introverted to take a more observant role. Importantly, it allowed mediators to translate the two extremes of personalities to meet a shared goal. This task explored several of the NHS's core values, such as working together and mutual respect. I learned that I like to mediate in decision-making, and I am able to look at both sides of an argument and create compromises on either side to support a team.

Later in the day, a talk by Dr Lisa Ayers and Dr Namir Al Hasso provided an insight into the scale and impact of healthcare science within the UK. I was surprised to learn how healthcare scientists make up such a small proportion of the NHS in relation to their level of involvement in patient diagnosis. Future prospects of healthcare (integrating a

personalised medical approach) were also discussed, gaining insight into the possibilities of this career in years to come and highlighting the importance of my role in the NHS.

The trainee panels helped me gain an insight into the backgrounds other STPs came from. There was a large variety of backgrounds and paths into this career, and it was refreshing to see so much diversity in the room. There was also a panel of inspirational alumni, including John Gallagher who specialises in GI Physiology. He gave insight into his career path to date and his inspiration for applying to the HSST. This showed me that there is clear career progression within this field and many different opportunities. Examples of opportunities I have been made aware of include endoscopy training, sacral nerve stimulation, and becoming involved in research and teaching.

Finally, the importance of managing our workload, wellbeing and mental health was emphasised. I really appreciated the outlining of areas of support and the destigmatisation of the need to be supported during adverse events in life.

Overall, the STP induction event was a worthwhile experience, which allowed me to network with my peers, and those further afield whom I may have not encountered otherwise. The event provided hard-hitting realities of how challenging the course can be, alongside the rewarding impact a Clinical Scientist can have and the importance of this role within the NHS. This solidified a complete image of what is expected from me, and what I can expect from others throughout my three years of training.

References

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Are you attending a conference / event?

NewWave is always looking for reviews of GI physiology events and meetings. If you have an event coming up and would like to submit a review (or advertise it in our next issue!), please contact Gemma Norris (gemma.norris@sthk.nhs.uk) or Elisabeth Kirton (elisabeth.kirton@nhs.net)

Trainee Experience: Starting the GI Physiology STP

Samuel Ndaa, Trainee Clinical Scientist
Hull University Hospitals NHS Trust

Hello, my name is Samuel Ndaa. I'm a first year GI physiology STP trainee, working at the Hull University Teaching Hospitals NHS Trust GI Physiology department.

I'm not one to lie, but imposter syndrome can really get you feeling like you've "mission impossible-d" your way into positions and places you have no business being in. Before starting my current role as a Trainee Clinical Scientist, I worked in Respiratory Physiology for over 3 years before working for 1 year in a GI Physiology department. I was able to speak to several Clinical Scientists about their role and STP process, and put in 3 applications for the STP before being accepted on my 4th; this meant I was able to do plenty of research about the course and the career pathway thereafter. Despite all of my preparation, there are still aspects of this role that can catch you off guard or feel a bit overwhelming. With things like new scientific concepts, university assignments, new practical and technical skills to learn, a never-shrinking OneFile list, and mandatory Trust training, for someone like me (who likes to plan their life out to every detail) it can be a lot!



At the very beginning of this course, the afore-mentioned imposter syndrome hit a little hard; so many of my course-mates had recently finished MScs (or even PhDs) and didn't seem as intimidated by the academic requirements of study. For me who had been out of education for over 4 years by this point, I felt a little out of my academic game.

However, even just a few months into the STP, there have been moments and days that make this imposter syndrome seem not such a big deal; the moments when concepts start to click, when I achieve a task a little faster than I did before, and when my colleagues validate my progress. I know that over time, as more of these moments and days start to compound, I'll gain more confidence in my own abilities. It's these moments that make me feel like a 'real' scientist, and remind me that I have earned my position and space to be here.

There are a lot of these good moments to look back on already. For example, pH-impedance lines are starting to look less like ambiguous abstract artist impressions. I'm more confident in taking on responsibilities my colleagues feel I'm ready for, feeling more like a colleague than a stranger in the department, finally learning how to write a reflective piece on OneFile, and generally feeling more like I can actually do this. Even considering all of that, the best part is the feeling that my scientific curiosity is validated.

I'm in a position where I can ask questions, keep asking, and am then asked to ask more. To know that learning is an asset and not a hindrance is wonderfully refreshing.

Slowly but surely, I'm finding my balance and stride. If you're anything like me, you find it hard to celebrate all your smaller wins. However, it's a good reminder to be more intentional about enjoying and celebrating the moments you want; every small or big milestone, moments you get to connect with your colleagues and patients, moments things start to click and come together.

I want to give a general shout-out to STP students (those who may be reading this); especially my GI Physiology course-mates, hey! Remember to give yourself some slack. We've moved to a new city, started at a new university and new job. We have new colleagues (who may not immediately get our cracking sense of humour) and new responsibilities. We're figuring out a new work-life balance, whilst not having our usual community around... it's a lot. Plus it's winter, with all the joys that come with the dark and cold days. My tip is to keep asking questions, no matter how stupid you think they may seem.

I'd like to thank my colleagues at the Hull University Hospitals NHS Trust GI Physiology department for the support, patience and confidence you've given me starting this new role. I'd also like to say thank you to my old colleagues at Oxford GI Physiology and Pelvic Floor department for the invaluable experience I gained that helped my STP application.

"It's been a pleasure meeting Samuel, who's doing a great job in his new role in the GI Physiology department at Hull University Teaching Hospitals Trust. Welcome on board Sam!"

Warren Jackson
(Clinical Scientist / GI Physiology Department Manager)

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