



# Association of GI Physiology

AGIP Members Handbook

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# 1. Constitution

The Association of Gastrointestinal Physiology (AGIP) is an Associate group within the British Society of Gastroenterology (BSG), inaugurated in 1991.

The constitution of AGIP is governed by BSG guidelines, and states that a council be formed from members of the association to work together to enhance the role and standing of their association within the medical field.

## 1.1 Council Structure

The AGIP Council should ideally be comprised of the roles below, including at least one medically qualified member nominated by the Council.

The position of Honorary President is also held by an international expert in the field at the invitation of the AGIP Council (see 1.6).

The Council will have officers with specific roles and terms of office (which may be extended with the full agreement of the AGIP Council):

Chairperson	Three Years
Honorary Treasurer	Three Years
Education Secretary	Three Years
Accreditation Officer	Three Years
Symposium Secretary	Three Years
Publication (Inc. NewWave) Secretary	Three Years
IQIPS Representative	Three Years
Paediatric Representative	Three Years
Communications Officer	Three Years

Administrative support for the Chair will be provided by the minute secretary (admin member).

The Upper and Lower GI Representative positions on the AGIP Council are non-voting roles. The AGIP Council approaches distinguished individuals from the GI community who are recognised as leaders in their field and whose expertise and advice are deemed to be of significant benefit to the AGIP Council and the GI Physiology community across the UK.

In the absence of the Chair, the Council meeting may be convened by an appropriate designate. A minimum of five Council members must be present for a meeting to be convened.

Information regarding AGIP Council Members is published on the AGIP section page of the BSG website and should be listed in NewWave.

## 1.2 Council Meetings

The Council is to meet a minimum of four times per year (including the Annual General Meeting). Elected Council members must attend a minimum of two of the four meetings each year to retain their seat. The exception to this is the minutes secretary where attendance to a minimum of three out of four meetings a year are required. In the event of non-attendance, the Council member may submit an explanatory letter requesting the Council to consider retention of their seat. In addition, an individual member may be asked to leave the Council if a simple majority of the other members support a vote of no confidence in the individual's commitment to the aims of AGIP.

## 1.3 Annual General Meeting

An Annual General Meeting (AGM) will take place if at least 10 AGIP members plus 5 Council members (or their appointee) are present. The AGM can be in-person or online. Adequate notice should be given to all AGIP members of the date, time and joining instructions of this meeting.

## 1.4 Sub-Committees

Sub-committees or working parties may be formed to discuss and resolve specific issues relating to AGIP. Once resolution of the issue has been reached, the sub-committee may be dissolved. Any appropriate member of AGIP may be requested to serve on a sub-committee. There will be no time restriction applied to serving on a sub-committee, although both the Council and the other AGIP members of the sub-committee will scrutinise an individual's role on the sub-committee for continuing suitability. At least one member of each sub-committee must also be a member of the AGIP Council. The Council Chairperson will be an ex officio member of each sub-committee, and a full written report must be provided to the AGIP Council.

## 1.5 Bursaries

AGIP members will be eligible to apply for bursaries from the Council to fund expenses related to attendance at relevant scientific meetings or training courses. Bursaries will be dependent on funds being available and will be conferred by approval of the AGIP Council. Currently, the bursaries available are:

- 'Margaret Marples Bursary' (max of £500) to attend the BSG annual meeting
- 'European Bursary' (max of £750) to attend the United European Gastroenterology (UEG) meeting
- 'Graeme Duthie International Award' (max of £1500) to attend the Digestive Diseases Week (DDW) meeting

Priority will be given to AGIP members who have an abstract accepted to the above mentioned meetings, with the remaining bursaries awarded by a random ballot. All bursaries are conditional upon submitting a scientific report to the AGIP Council for publication in NewWave.

## 1.6 Honorary President

The position is held by an international expert in the field at the invitation of the AGIP Council. The post has no fixed term. The role of the Honorary President is to promote the Association within Gastroenterology in the United Kingdom and further afield.

## 1.7 Membership Criteria

Application for AGIP membership is through the BSG's **AHP / AGIP / GP** membership option and is intended for health professionals with an interest in GI physiology.

Those with sufficient experience may apply to become an Accredited Independent Healthcare Professional in GI Physiology (see section 4.0).

## 1.8 Retired

Associate members of the BSG will not be eligible for continued membership upon retirement (see limitations in BSG handbook). However, retired members may be considered for Honorary Associate Membership of the BSG.

## 2. Statement on the Role of an Accredited Independent Healthcare Professional in GI Physiology

Appropriately trained and qualified Healthcare Professionals in GI Physiology provide a physiological assessment service in Gastroenterology. Investigative techniques of an invasive nature are used to assess possible abnormalities or disease processes throughout the GI tract. The role of the GI Physiologist is to be responsible for performing all aspects of the required procedures and contribute to the overall clinical management of patients. An Accredited Independent Healthcare Professional in GI Physiology will provide expert advice on selection and reporting of the investigation for optimum diagnostic outcome.

GI Physiology investigations are undertaken for the diagnosis of various disorders of the GI tract. These may include (not an exhaustive list):

- Motor dysfunction of the GI tract
- Sensory dysfunction of the GI tract

- Gastro-oesophageal reflux disease
- Microbial disorders
- Carbohydrate malabsorption
- Pelvic floor dysfunction

Appropriately trained Healthcare Professionals in GI Physiology may also undertake therapeutic techniques, such as Biofeedback Therapy or Neuromodulation.

The Accredited Independent Healthcare Professional will provide a range of services, which may include:

- Planning and performing a wide range of investigations for the assessment of GI tract function whilst adhering to best practice standards
- Analysing and providing a technical report of data measurements from the diagnostic or therapeutic procedures undertaken
- The provision of a safe working/clinical environment to ensure both clinician and patient safety
- Maintaining records of all procedures for audit purposes
- Managing implanted devices (e.g. devices for sacral nerve neuromodulation)
- Evaluating, procuring, calibrating and carrying out quality control procedures for GI Physiology equipment
- Providing specialist training to other Healthcare Professionals
- Involvement in research and development in the field of gastroenterology
- Involvement in education, training and provision of continuing professional development of GI Physiologists
- Providing professional advice on the appropriateness of investigations and vetting referrals in order to avoid low value testing
- Contributing to the overall clinical management of the patient

### **3. AGIP Code of Professional Conduct**

#### **3.1 Introduction**

The purpose of this code of professional conduct is to provide guidance for the expected standard of conduct for Healthcare Professionals in Gastrointestinal Physiology. All Healthcare Professionals must have regard for the physical and psychological needs of patients and their carers, including vulnerable adults and children. This code of conduct is designed to provide advice to Healthcare Professionals for guidance only, and should not be seen as a definitive statement.

#### **3.2 Objective**

To provide workable guidance for the Healthcare Professional, to enable good working practice with respect to:

- Relationships and responsibilities to patients

- Professional integrity
- Professional working relationships and responsibilities
- Maintenance of professional standards
- Adherence to good clinical and scientific practice

### **3.3 Statement of Standard to be Achieved**

#### **3.3.1 Relationships and responsibilities to patients**

- Confidentiality of patient information must be maintained. In exceptional circumstance, where sharing of information is required, the consent of the patient must be obtained where possible.
- The safety, privacy, autonomy and dignity of the patient must be respected at all times, and informed consent must be obtained prior to any procedure undertaken. This should be written consent for all invasive procedures. The Healthcare Professional must accept that the patient may withdraw their consent for the procedure at any time.
- Care must be given to the same high standards to all patients in accordance with the Equality Act 2010.

#### **3.3.2 Professional integrity**

- The privileged relationship between the Healthcare Professional and the patient and carer must be respected.
- The Healthcare Professional must work to the highest standard of integrity and must adhere to national guidelines for equal opportunities.
- The Healthcare Professional must not work when under the influence of any substances that may impair their performance.
- The Healthcare Professional must not accept gifts or favours that may be offered in exchange for preferential management.

#### **3.3.3 Professional relationships and responsibilities**

- Both public and patient interest must be served, ensuring that the good standard and reputation of the profession is upheld.
- Healthcare Professionals have a responsibility to report any conduct not in line with best practice to their line manager.

#### **3.3.4 Maintenance of professional standards**

- Procedures should only be undertaken on patients according to established criteria.
- Healthcare Professionals must ensure safe standard of practice at all times.
- Where the Healthcare Professional is involved in research, it is their responsibility to ensure that the project has been approved by the appropriate body and/or ethics committee, and that the work is undertaken in a manner which will not jeopardise the subject's welfare. All results must be presented

without prejudice, and all research should adhere to the International Council for Harmonisation's quality standards for Good Clinical Practice.

- Professional development must be maintained throughout the working career, and where appropriate the Accredited Independent Healthcare Professional should be actively involved in the development of students and other Healthcare Professionals.
- It is the responsibility of the Accredited Independent Healthcare Professional to seek suitable Continuing Professional Development (CPD) to facilitate personal development, and to submit evidence of this to the AGIP Accreditation Officer as part of the ongoing AGIP CPD process.
- Healthcare Professionals in GI Physiology are legally accountable for any action undertaken as part of their professional duties.
- Healthcare Professionals in GI Physiology must not allow themselves to be misrepresented as other qualified Healthcare Professionals.

### **3.3.5 Adherence to good clinical and scientific practice**

- A formal portfolio should be maintained, which should include academic and clinical experiential history and current activity.
- The portfolio should have evidence to demonstrate good clinical and scientific practice and cover the domains of:
  - Professional Practice
  - Scientific Practice
  - Clinical Practice
  - Research and development and innovation
  - Clinical Leadership
- The contents of the portfolio should meet the standards required by national regulatory bodies and should be available for review if required.

## **3.4 AGIP Disciplinary Procedures**

A complaint or notification of misconduct arising from certain judicial proceedings or from contravention of the Professional Code of Conduct received by the AGIP Council will be considered and may be referred on to the appropriate body. This may be the employing authority, the BSG Council or the relevant regulatory/registration body. A substantiated complaint may result in suspension or termination of Accredited Independent Healthcare Professional status and AGIP membership.

Judicial proceedings include:

- Proven fraud or dishonesty
- Conviction for any other criminal offence
- Proven professional negligence

Non-Judicial proceedings include:

- Expelled from membership of a professional or registration body on grounds of misconduct

A sub-committee will be convened to address individual breaches of the Code of Conduct and will consist of the Chair or an appropriate appointee, a full member of the BSG, and at least 2 other members of the AGIP Council.

## 4. Criteria for Entry to the Accreditation Register

### 4.1 Accredited Independent Membership

**AGIP registration as an 'Accredited Independent Healthcare Professional' in GI Physiology will be given to those Healthcare Professionals who:**

- Are associate members of AGIP (BSG)
- Are State Registered where appropriate
- Have a minimum of 3 years of experience in GI Physiology
- Have either:
  - Followed an approved training pathway and obtained appropriate academic qualifications and professional competencies (see section 5.0)
  - Been assessed through the AGIP Equivalence Route to Independent Practitioner Status (see section 5.0)
- Have a formal portfolio that evidences practice conforming to the highest standards of good clinical and scientific practice (see section 3.3.5)

**To retain registration as an 'Accredited Independent Healthcare Professional in GI Physiology' members must:**

- Demonstrate a commitment to continuing professional development. This must be evidenced by attendance at appropriate continuing professional education. This should be a **minimum of 10 hours** per annum, which can include a mixture of both in-house or mandatory training and external training/courses per year (the AGIP Symposium including the AGM fulfils 2.5 hours of external CPD; attendance at 1 full day of the BSG annual conference fulfils all 5 hours of external CPD required per annum)
- Reflect on any development activity undertaken. A separate Reflective Practice Account should be submitted for each of the six (three per year) reports required for submission.
- Return appropriate CPD forms and evidence every two years by following the instructions on the AGIP webpage and submitting to the online portal (late CPD submissions could be subjected to a late submission fee, payable to the BSG)
- Maintain a portfolio of CPD which should be available for scrutiny
- Comply with codes of professional conduct
- Maintain registration status where appropriate
- Obtain appropriate training (and provide evidence of this) when developing and expanding into new modalities

Independent Healthcare Professionals whose role now includes a high

percentage of management, specialism or teaching must ensure that competencies in direct patient testing are retained at a level that ensures compliance with safety and diagnostic testing criteria.

An application form for '**Accredited Independent Healthcare Professional in GI Physiology**' can be found on the AGIP webpage

## 4.2 Fellowship Status

Fellowship status will be available to Accredited Independent Healthcare Professionals who:

- Have a minimum of 10 years of experience in GI Physiology
- Have taken an active role in AGIP
- Are considered by the AGIP Council (as voted by a majority) to have made an outstanding contribution to GI Physiology

Fellowship status will also be available to AGIP members with no clinical experience who have been employed in academic research or development or teaching and who fulfil the criteria for fellowship. Those Healthcare Professionals who have attained the status of Fellows would be recognised as having the appropriate experience to give expert advice in their field of practice.

Such individuals must be proposed by two Fellows of AGIP, scrutinised by the AGIP Accreditation Officer and ratified by the full Council. Fellows may use the designatory letters FAGIP.

An application form for '**Fellowship of AGIP**' can be found on the AGIP webpage

## 5. Training Pathways

### 5.1 Entry-Level Training Programmes

To achieve Accredited Independent Healthcare Professional status in GI Physiology, members must complete an AGIP-recognised training pathway.

AGIP recognises the Scientist Training Programme (STP) (part of Modernising Scientific Careers) as the preferred entry-level training pathway for aspiring Gastrointestinal Physiologists. Upon completion, trainees are eligible to register with the Health and Care Professions Council (HCPC) and use the protected title of Clinical Scientist.

AGIP also recognises the Accredited Specialist Scientific Practice (ASP) route for those who require a more flexible option without Clinical Scientist registration or a full MSc qualification. Modules can be selected to focus on either Upper or Lower GI Physiology investigations.

## **5.2 Higher-Level Training Programmes**

AGIP recognises the Higher Specialist Scientist Training (HSST) Programme (also part of the Modernising Scientific Careers framework) as the recognised pathway to achieve Consultant Clinical Scientist registration with the Academy for Healthcare Science.

The programme is delivered by the Manchester Academy for Healthcare Scientist Education (MAHSE) in collaboration with the National School of Healthcare Science (NSHCS), and leads to the award of a Doctorate in Clinical Science (DClinSci), a qualification equivalent to a PhD, conferred by the University of Manchester.

## **5.3 Equivalence Route to Independent Practitioner Status**

This route provides a structured and rigorous mechanism by which experienced practitioners, who have not completed the STP or ASP training pathways, may demonstrate equivalence to the standard expected of an AGIP-accredited Independent Practitioner.

It is not intended to replace existing formal training routes. Applicants must have equivalent education and training experience to someone who has completed one of the formal programmes including having a Master's degree in a relevant subject or already being registered as a clinical scientist. Applicants will be required to submit a portfolio of evidence and must still complete an End Point Assessment similar to the ASP process.

## **6. Criteria for Unit Accreditation**

AGIP recognises the processes for unit accreditation provided by the Improving Quality in Physiological Services (IQIPS) programme and the assessment process provided by the National School of Healthcare Science (NSHCS) for units involved in the formal training of Clinical Scientists. All units should work towards the standards set out in these schemes.

## **7. Application Forms**

Applications forms are available online through the AGIP section webpage on the main BSG site.

For AGIP registration as an Accredited Independent Healthcare Professional and to become a Fellow of AGIP, application forms can be found on the webpage.

For submitting accreditation CPD, this is done via an online submission portal also on the webpage (see section 4.0).

To join the AGIP committee, the BSG holds elections every year. Upcoming vacancies will be announced on the BSG website and AGIP members will receive an email ahead of voting.

Application for AGIP membership is done through the BSG (see section 1.7).