



BRITISH SOCIETY OF
GASTROENTEROLOGY

NewWave

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

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Welcome

Welcome to the August 2019 edition of NewWave.

If you have any relevant articles or papers that you would like to be included in future editions, please email them to steve.perring@poole.nhs.uk

If you want financial support with applying for STP equivalence then you need to act now!

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Forthcoming Events 2019:

3-6 September 2019	ICS 2019, Gothenburg, Sweden https://www.ics.org/2019
11 September 2019	HRM and Impedance/ pH Study Day Hamilton House, King's Cross, London Contact rachel@ardmorehealthcare.com
8-10 September 2019	GESA Australian Gastroenterology Week (AGW), Adelaide South Australia http://www.gesa.org.au/education/agw-australian-gastroenterology-week/
19-23 October 2019	United European Gastroenterology (UEG) Week Barcelona, Spain https://www.ueg.eu/week/news-article/article/ueg-week-2019/
6-8 November	The Pelvic Floor Society Annual Meeting Crowne Plaza, Plymouth https://www.acpgbi.org.uk/events/11th-pelvic-floor-society-annual-meeting-plymouth/
29-31 January 2020	BSPGHAN Annual Meeting Brighton Dome, Brighton https://www.bspghan.org.uk/content/bspghan-2020
28 February 2020	AGIP Masterclass in Upper GI Physiology Royal College of Physicians, London
25-28 March 2020	The Federation of Neurogastroenterology and Motility Adelaide Convention Centre, Adelaide, South Australia http://fnm2020.org.au/
15-18 June 2020	BSG Annual Meeting, Liverpool.
Early 2020	Ascona III Meeting on Advances in Clinical Measurement of GI Motility and Function

AGIP News

STP Equivalence Process Application Fee:

The AHCS has announced that from the 1st September 2019 the fee for the STP Equivalence process will be £350. To take advantage of the current rate, please begin your STP Equivalence application and make payment before 31 August 2019.

AGIP STP Equivalence Process Application Fee Funding:

At the recent AGIP AGM, BSG in Glasgow (18.06.19) AGIP announced that funding for those GI Physiologists who are AGIP members to help with their STP Equivalence application fee will cease in 6 months (i.e. end on the 18.12.19). If you want AGIP's financial support to gain Clinical Scientist Status then take steps now!

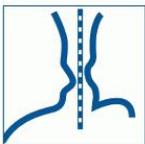
OSFA Chief Station Writer Steps Down:

AGIP's chief ASFA station writer, Elisa Skinner, is stepping down. We appreciate her efforts over the years

STP Funding:

Recently trust chief executives have received a letter from Health Education England (HEE) regarding funding of STP places. It states that the HEE budget has been fixed at the 2016 level. As a result HEE's contribution to funding trainees has not been subject to any uplift in spite of rises in pay scales. Chief executives were encouraged not to abandon STP training. However as long as this situation continues it will get increasingly difficult to maintain training in an environment of reducing real-terms funding for STP trainees.

WORLD'S SMALLEST PORTABLE HRM SYSTEM



MALT is a unique compact and portable High Resolution Manometry System, in addition to the traditional short-term recordings it can also offer the

option of performing long-term ambulatory high-resolution Oesophageal recordings lasting several hours – giving a unique insight into the functional processes of the gastrointestinal tract.

High-Resolution Oesophageal Manometry (HRM) from Standard Instruments allows assessment of the entire Oesophagus including sphincters immediately and in real time. The HRM catheter is very accurate, recording up to 36 channels of pressure and 15 channels of impedance.

Also available for High-Resolution Anorectal Manometry (HRAM) allowing assessment of the entire rectum and the pelvic floor muscles. Due to the topographic view, high and low pressures are immediately determined and diseases can be diagnosed earlier and more accurately.



Advantages:

- Option for Long-term ambulatory High Resolution Manometry
- Unique insight into the gastrointestinal tract.
- Compact and easy to use.
- Both HRM and HRAM Catheters.
- Easy to understand topography.
- Diagnosis within 15 minutes.



SIGNIFICANT INCREASE
IN BOTH THE PATIENT
AND USER COMFORT

Overview of the STP Equivalence Process

Kate Mason
Registered Clinical Scientist

The Equivalence assessment process was developed by the Academy for Healthcare Science for individuals who have the appropriate experience and wish to demonstrate their equivalence to the relevant PTP, STP or HSST courses accredited by the National School of Healthcare Science. In order to achieve Equivalence an individual must meet the standards of Good Scientific Practice in the context of the relevant Modernising Scientific Careers curriculum. Upon successful completion of the process (STP) a Certificate of Equivalence is issued by the AHCS, which enables an individual to apply to the Health and Care Professions Council statutory register and use the protected title Clinical Scientist.

I completed and obtained STP Equivalence in November 2017 and here is my personal experience of the process.

The assessment involved four key stages;

- Application
- Portfolio assessment
- Interview
- Ratification and certification



Application

The application stage involved setting up a profile on the AHCS online system and uploading preliminary information such as career details, qualifications, professional references and a DBS certificate. It also required a payment of £250 (this fee has now increased to £350).

Portfolio assessment

Once the above documents were submitted a brief administration check was undertaken and I was then able to upload my portfolio onto the system. Six months are given to submit a completed portfolio. I actually started my portfolio prior to my application so that I did not feel rushed once the 6 month clock had started and I was glad I had as it took several months to put together. My final portfolio was a 100 page document which comprised a summary of relevant training and experience, a completed Good Scientific Practice Mapping Template and supporting evidence. The portfolio gave me an opportunity to demonstrate my knowledge, skills and competences against the five domains of Good Scientific Practice. The AHCS recommends that a completed portfolio should be between 60 and 150 pages.

In relation to the summary of my GI training and experience, I provided a written account, using evidence and examples, of my education, qualifications, professional duties/ responsibilities, service development

projects, past and current research and courses undertaken. I completed the GSP Mapping Template after writing my summary (the other way round I feel would be very time consuming). Mapping involved cross-referencing my evidence against each standard of GSP to demonstrate that I met the standards of a Clinical Scientist (for some of my examples I was able to use one piece of evidence to support more than one standard). With regards providing supporting evidence (certificates etc), I found it useful to look at the learning outcomes of the STP curriculum to ensure I was equivalent with an individual exiting the programme.

Interview

My portfolio was checked by an assessment panel. At this point the assessors may judge the portfolio to be insufficient and it could be rejected, with guidance as to where it is deficient. Mine was accepted and I proceeded to the interview stage. The interview assessment panel comprised of 2 professional assessors (including 1 GI Clinical Scientist) and 1 lay assessor. For my interview I travelled to London but since 2018 interviews are now conducted via video-conferencing, which is more convenient and cost-effective for all involved. The interview involved clinical scenarios to assess workplace competence to ensure all the relevant standards were met.

Ratification and Certification

All Equivalence outcomes are ratified by the AHCS Education and Training Committee. On successful completion of the process I received an email confirming I had demonstrated full Equivalence and was awarded the Certificate of Equivalence (STP). HCPC was then advised of the outcome and I was eligible to apply to their Clinical Scientist register.

I found Equivalence to be a well structured, worthwhile and distinguished qualification and I encourage anyone still deciding whether to proceed to undertake it. Obtaining the award has enabled me to join an Accredited Healthcare Science Register and demonstrate my commitment to maintaining high standards of competence and conduct within the workplace, providing assurance to both patients and employers.

For more information on Equivalence please visit the AHCS website;

<https://www.ahcs.ac.uk/equivalence/>

Abstracts from AGIP Members at the British Society of Gastroenterology Annual Meeting, Glasgow

Lactose Intolerance Hydrogen Breath Testing: Extending the sample duration time reduces a false negative diagnosis

Gallagher, J. Kirton, E. Anderson-Leary, L. Hewitt, S. Burke, J. Jackson, W.
GI Physiology, Castle Hill Hospital, Castle Road, Cottingham, East Yorkshire, HU16 5JQ, UK.

Background:

A hydrogen breath test is an inexpensive, non-invasive and safe diagnostic test used to investigate intestinal disorders¹. It provides information about the digestion of certain carbohydrates, such as lactose.

The recent publication of the North American consensus statement² states that hydrogen and methane-based breath tests should be conducted over the course of 3hours. Our department's protocol stipulates the procedure should be undertaken for 4hours for suspected lactose intolerance and a significant number of patients have a rise in expired hydrogen after the recommended 3hours; a small retrospective audit was undertaken to explore this further.

Methods:

In the last year patients referred for suspected lactose intolerance firstly underwent a lactulose hydrogen breath test to establish the presence of hydrogen producing bacteria. Those found to produce hydrogen who did not meet the diagnostic criteria for Small Intestinal Bacterial Overgrowth (SIBO) were included in this audit. After a baseline reading, patients provided a breath-hydrogen sample every 15minutes for 1hour post ingestion of a lactose solution. Further breath hydrogen samples were taken every 30minutes for the duration of 4hours. Results were analysed to determine the number of patients who met the diagnostic criteria for lactose intolerance (>20ppm rise in hydrogen above baseline) and of this group, how many demonstrated a rise >20ppm above baseline 3-4hours post lactose ingestion.

Results:

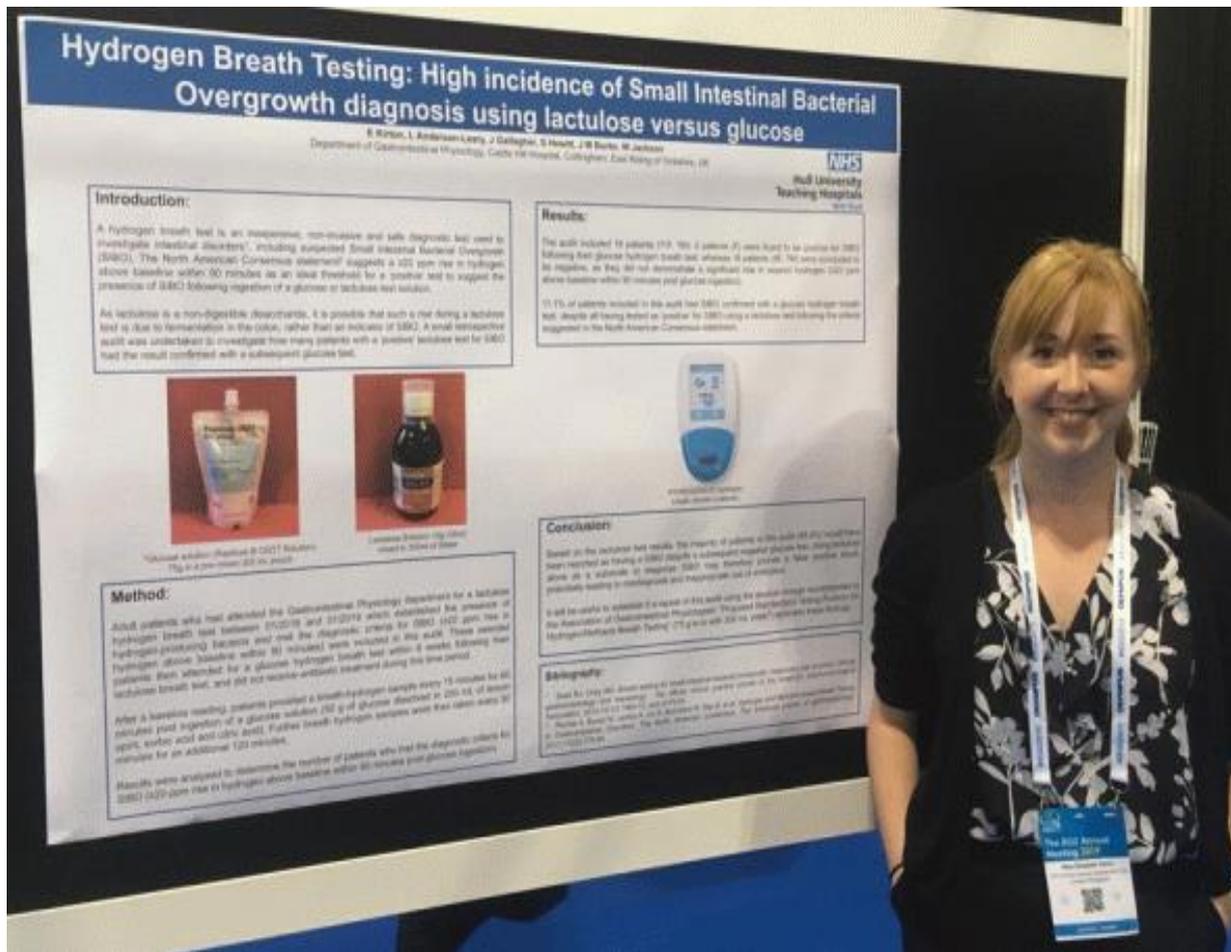
98 patients were included in this audit, 27 patients (20F, 7M) were found to be lactose intolerant. 22 patients (16F, 6M) demonstrated a significant rise in expired hydrogen (>20ppm above baseline) within the first 3hours, while 5 patients (4F, 1M) 18.5% experienced the rise in the 3-4hour time period.

Conclusion:

Terminating the test at the recommended 3 hours would have missed 18.5% of patients who demonstrated a rise in hydrogen after this cut off point. These patients would have been given a false negative result, impacting on patient care and potentially triggering further investigations. Extending the test for an extra hour (4hours in total) may detect a significant group of patients who are intolerant to lactose.

¹Saad RJ, Chey WD. Breath testing for small intestinal bacterial overgrowth: maximizing test accuracy. *Clinical gastroenterology and hepatology : the official clinical practice journal of the American Gastroenterological Association*. 2014;12(12):1964-72; quiz e119-20.

²Rezaie A, et al. Hydrogen and Methane-Based Breath Testing in Gastrointestinal Disorders: The North American Consensus. *The American journal of gastroenterology*. 2017;112(5):775-84.



Hydrogen Breath Testing: High incidence of Small Intestinal Bacterial Overgrowth diagnosis using lactulose versus glucose

Kirton, E. Anderson-Leary, L. Gallagher, J. Hewitt, S. Burke, J. Jackson, W.
GI Physiology, Castle Hill Hospital, Castle Road, Cottingham, East Yorkshire, HU16 5JQ, UK.

Background:

A hydrogen breath test is an inexpensive, non-invasive and safe diagnostic test used to investigate intestinal disorders, including suspected Small Intestinal Bacterial Overgrowth (SIBO). The recent publication of the North American Consensus statement¹ suggests a rise ≥ 20 ppm of hydrogen within 90min as an ideal threshold for a positive test to suggest the presence of SIBO following ingestion of glucose or lactulose. As lactulose is a non-digestible disaccharide, it is possible that such a rise during a lactulose test is due to fermentation in the colon, rather than an indicator of SIBO. A small retrospective audit was undertaken to investigate how many patients with a positive lactulose test for SIBO had a subsequent positive glucose test.

Methods:

Adult patients who had previously attended for a lactulose hydrogen breath test which established the presence of hydrogen-producing bacteria and met the diagnostic criteria for SIBO were included in this audit. All patients attended for a glucose hydrogen breath test within 6 weeks of their lactulose breath test, and had not received antibiotic therapy during this time period. After a baseline reading, patients provided a breath-hydrogen sample every 15min for 60min post ingestion of a glucose solution. Further breath hydrogen samples were then taken every 30min for 180min. Results were analysed to determine the number of patients who met the diagnostic criteria for SIBO (≥ 20 ppm rise in hydrogen above baseline within 180min).

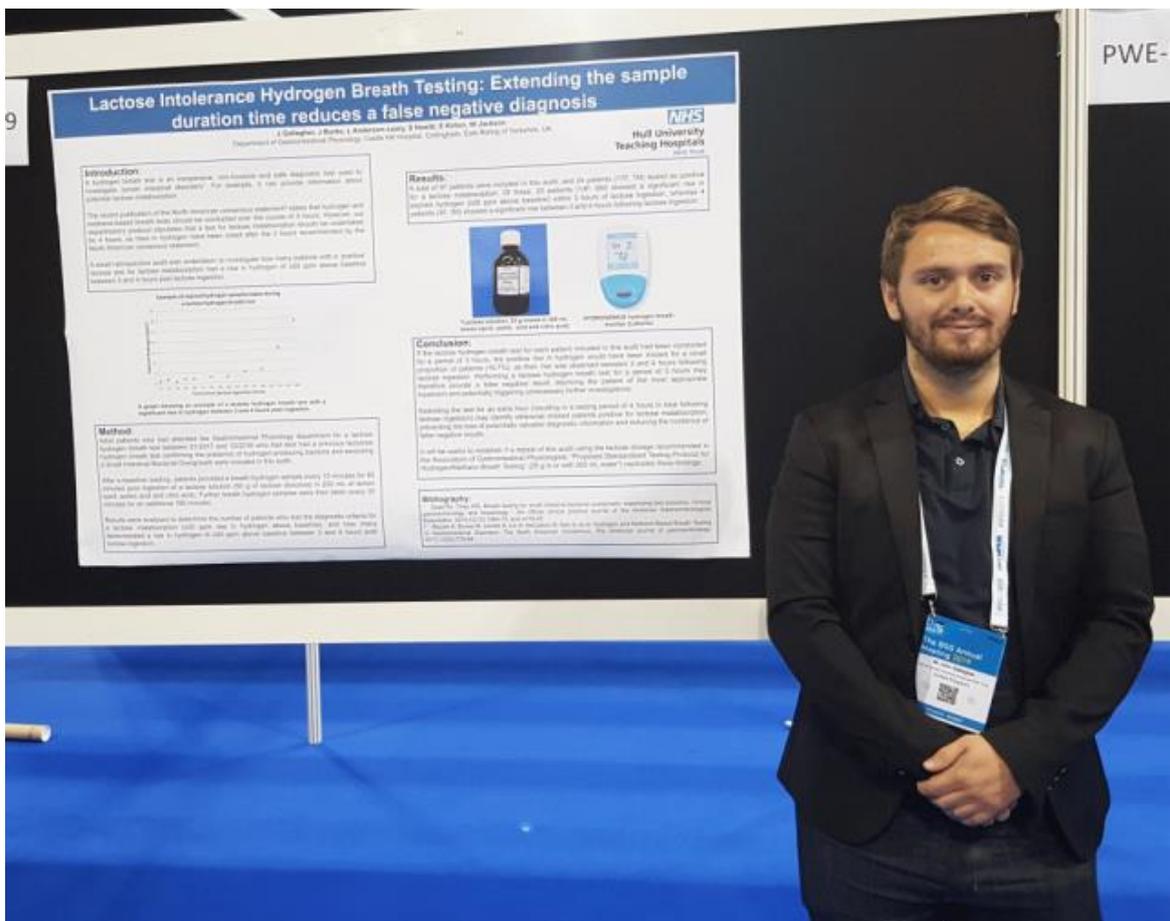
Results:

18 patients (11F, 7M) were included in this small audit. 2 patients (F) were found to be positive for SIBO, whereas 16 patients (9F, 7M) were concluded to be negative, as they did not demonstrate a significant rise in expired hydrogen (≥ 20 ppm above baseline) within 180min. 11.1% of patients included in this audit had SIBO confirmed with a glucose hydrogen breath test, despite all having a positive lactulose test using the criteria suggested in the North American Consensus paper.

Conclusion:

Based on the lactulose results alone, the majority of patients in this audit (88.9%) would have been reported as having a SIBO, despite a negative glucose test. Using lactulose alone as a substrate to diagnose SIBO may therefore provide a false positive result, potentially leading to misdiagnosis and inappropriate use of antibiotics.

¹Rezaie A et al. Hydrogen and Methane-Based Breath Testing in Gastrointestinal Disorders: The North American Consensus. The American journal of gastroenterology. 2017;112(5):775-84.



Highlights of the AGIP Annual General Meeting, 18/06/2019, Glasgow

Warren Jackson, Chair AGIP

AGIP Proposed Standardised Testing Protocol for Hydrogen/Methane Breath Testing [HMBT]



- AGIP have produced a Standardised Testing Protocol for Hydrogen/Methane Breath Testing (HMBT) to standardised methodology for the assessment of HMBT
- AGIP encourage the use of these standards which will help to provide objective evidence of the clinical utility of HMBT - input and advice from the NGM was received and AGIP ensured no advice on treatment is provided in the guidance!

<https://www.bsg.org.uk/resource/agip-best-practice-statement-for-hmbt.html>

AGIP Masterclass 2020 [London]



- AGIP 2020 Masterclass: Friday 28th Feb 2020
- Venue: Royal College of Physicians, 11 St Andrews Place, Regent's Park, London
- Programme and registration forms will be sent out later in the year, AGIP members will again receive a reduced fee

AGIP Mock OSFA Workshop



- AGIP recently hosted its first Mock OSFA [Objective Structured Final Assessment] workshop for ASP students in Manchester on the 06.06.19
- Many thanks to Elisa Skinner for arranging the day and Anthony Hobson for allowing the use of his facilities [Functional Gut Diagnostics, Manchester] to host the day
- This will be an annual event going forward

AGIP TREASURERS'S REPORT [JOANNE HAYES]

- Current balance to 18th June 2019 = £11,366
- The decrease in revenue from last year is mainly due to the following:
- Payment already made towards next year's venue and catering for the Masterclass 2020
- The 'Graham Duthie International Award' Bursary being awarded
- Equivalence Applications

AGIP EDUCATION REPORT [SARAH KELLY]

- OSFA's are 1st July 2019 (Generic) and 3rd July 2019 (GI)
- Dates for Septembers Upper & Lower GI specialist courses [Salford] for both STP's and ASP's:
 - Lower GI: 9th - 11th September 2019
 - Upper UGI: 23rd - 27th September 2019
- Intro to GI Physiology October 2019 at Newcastle University
- 3 New STP's due to start in September 2019 (Bristol, Manchester and Southampton)
- Currently 6 ASP's signed up for GI Physiology

AGIP CHAIRMAN'S REPORT [WARREN JACKSON]

- AGIP is grateful for the continued support of the BSG
- Members of the AGIP Council continue to attend regular Professional Bodies meetings to ensure that the interests of AGIP continue to be represented nationally
- AGIP continues to be represented within the Academy for Healthcare Science [AHCS] as part of 'One Voice'. AGIP also has representation on the Registration Council for Clinical Physiologists [RCCP]

AGIP CHAIRMAN'S REPORT...

- AGIP continues to work with the AHCS to manage the Clinical Scientist equivalence assessment process for GI Physiologists...
- Funding for those GI Physiologists who are AGIP members to help with their application fee will cease in 6 months
- Finally, I would like to thank all of the AGIP Council and our associated colleagues... Elisa Skinner, Patricia Vales ('honorary' position on the Education Committee), Lynne Smith, Kate Mason & Kathy Noble (apologies if anyone has been missed) who continue to work tirelessly on behalf of AGIP members

GI Physiology Training Routes Latest Information

Elisa Skinner, Salford

The preferred training route is that of the Scientist Training Pathway (STP) which is co-ordinated by the National School of Healthcare Science (NSHCS) and Newcastle University with input from AGIP. It is a 3 year training course at Masters level (although a 4 year process for training departments) and can be either funded via HEE (direct entry and includes salary and tuition fees) or in-service (trainee is already employed by a trust and tuition fees would be paid for by HEE). This is the route for those who will be undertaking all aspects of GI Physiology which includes breath tests, anorectal physiology, endoanal ultrasound, oesophageal manometry and pH/impedance metry. If your trainee is undertaking just an aspect of this such as lower GI only then the Accredited Specialist Pathway (ASP) is the training route for this individual (for GI Physiology this is at scientist level i.e. Masters). Each workplace must look to see what is required for their workforce and an ASP is developed for that need. For example if a department is upper GI only and very much involved with research they may wish to have an ASP that includes research skills (as described below in the ASP pathway).

Below is a timeline of the STP process as well as the entry and training routes for STP and ASP. Please note that the start of the timeline will vary between regions so contact the lead for your regional HEE for healthcare science.

STP timeline:

- ⇒ ~July / August Yr 0 Expression of Interest (EoI) requests sent from local HEE
- ⇒ ~October Yr 0 EoI submission deadline
- ⇒ ~Dec Yr 0 notification of success (or not) of funding for your trainee (EoI)
- ⇒ ~Jan Yr 0 national advert goes out, which includes an online ability test
- ⇒ ~March / April Yr 0 interviews of STP candidates (direct entry and in-service)
- ⇒ ~June / July notification of successful candidates
- ⇒ Sept Yr 1 starts, followed by the start of years 2 and 3 in subsequent Septembers
- ⇒ July of Yr 3 OSFA final assessments
- ⇒ August Yr 3 notification of results and funding ends.

ASP timeline:

- ⇒ Apply to Newcastle and NSHCS by April for a September start. If doing upper GI with introduction to GI for example the upper GI course is in the Sept, and introduction to GI is in Oct.
- ⇒ OSFA July the following year

Useful contacts

NSHCS: <http://www.nshcs.hee.nhs.uk/>

Newcastle University: pgclin@newcastle.ac.uk

AGIP Education secretary: Sarah Kelly, sarah.kelly@sth.nhs.uk

HEE: <https://hee.nhs.uk/hee-your-area>

Accredited Specialist Pathway Update

Since the last update ASP has been progressing well. With the help of the National School of Healthcare Science (NSHCS) we put on a mock OSFA assessment for the ASP trainees. This was well received and thank you to all who took part, with special thanks to Anthony Hobson for letting us use his Manchester clinic so that this event could go take place. This summer we had 7 ASPs undertake their OSFA (final practical examination). We will have a further 6 ASPs starting this September.

As a reminder there are 2 elements to ASP, both of which start in the September – these need to be applied for by **April**. The first is the workplace part which is undertaken via OneFile (online portfolio) and via NSHCS. This includes competency assessment, case based discussions and direct observations in practice. ASPs have 12 months to complete this portfolio. As part of this an ASP will undertake their OSFA which is a final practical assessment made up of a number of stations, and this is taken the following July. The second element is the academic part which is via Newcastle University. This comprises of lectures, assignments and written examinations. The lectures and assignments etc that are completed depends on which ASP is undertaken. For example Upper GI with Introduction to GI will have more assignments etc than Upper GI alone. If you are interested in ASP there is lots of information on the NSHCS website. If there is not an existing ASP training programme that meets the needs of your workplace then this can be developed in conjunction with the school and documentation needs to be submitted to the school no later than **December**.

Elisa Skinner
Salford Royal NHS Foundation Trust

elisa.skinner@srft.nhs.uk

