

THE COLLEGE OF
RADIOGRAPHERS



GASTRO-INTESTINAL RADIOGRAPHERS

G.I.R.S.I.G.

SPECIAL INTEREST GROUP

ADVANCED PRACTICE IN GASTROINTESTINAL IMAGING

A JOINT CONFERENCE HOSTED BY GIRSIG
AND THE COLLEGE OF RADIOGRAPHERS

GLENDOWER HOTEL, LYTHAM-ST-ANNES, LANCASHIRE

18TH AND 19TH NOVEMBER 2006

FINAL PROGRAMME

Saturday 18th November 2006

- 9.00am Registration and coffee
- 9.30am **Welcome and opening remarks**
Rosalind Waugh, Consultant Radiographer GI/Fluoroscopy, South Tees NHS Trust
- 9.35am **Presidential Address**
Andy Pitt, President of SCOR; North West Regional SCOR Rep; Upper GI specialist
- 9.55am **Changing Face of Radiology :A Service**
Stewart Whitley, Directorate Manger Radiology & Physiotherapy Services,
Blackpool, Fylde & Wyre Hospitals NHS Trust; Independent Radiographer Consultant
- 10.20am **The Careers Escalator**
Noelle Skivington, Radiography Project Director – England, South West London Health Authority
- 10.45am Questions to above speakers
- 11.00am Coffee and exhibition
- 11.30am **WORKSHOPS (Session 1)**
- 12.30pm Lunch
- 1.30pm **The specialist GI radiographer – results of a survey to assess current practice**
Julie Nightingale, Director of Radiography, University of Salford and Geoff Fitzgerald, Advanced Radiographic Practitioner (GI), Royal Liverpool Hospital
- 1.55pm **CT colonography/virtual colonoscopy – will it replace the barium enema?**
Fiona Hawke, Superintendent Radiographer/Clinical Co-ordinator, Borders Colon Service,
Borders General Hospitals
- 2.20pm **Barium Enema Interpretation – Challenging cases: how not to sit on the fence**
D Gary Culpan, Lecturer in Radiography, University of Bradford
- 2.45pm Questions
- 3.00pm Coffee and exhibition
- 3.30pm **WORKSHOPS (Session 2)**
- 4.30pm Annual General Meeting
- 5.30pm Close
- 7.30pm for 8pm Conference Dinner

Sunday 19th November 2006

- 9.30am Welcome and introduction
- 9.35am **Prescribing: a role for the GI practitioner**
Jane Bewell, Superintendent Radiographer, Leeds Teaching Hospitals NHS Trust
- 10.00am **Swallowing Disorders**
Rob Bisset, Radiologist, Trafford General Hospital
- 10.25am **Capsule Endoscopy**
Professor Anthony Morris, Director, National Endoscopy Training Centre, Royal Liverpool University Hospital; President, British Society of Gastroenterology
- 11.00am Coffee and exhibition
- 11.20am **WORKSHOPS (Session 3)**
- 12.20pm **Radiographer-performed sigmoidoscopy – education, training and continuing competence**
Geoff Fitzgerald, Advanced Radiographic Practitioner (GI), Royal Liverpool Hospital
- 12.45pm Poster competition winner announcement
Closing remarks
Lunch

GIRSIG ABSTRACTS

Saturday 18th November 2006

Changing Face of Radiology : A Service Managers Perspective

Stewart Whitley, Directorate Manger Radiology & Physiotherapy Services, Blackpool, Fylde & Wyre Hospitals NHS Trust;
Independent Radiographer Consultant

The changes that are occurring within Radiology are many and varied and have both local and national dimensions. These changes are the product of influences both within and without organisations and are generally outside the control of those involved.

The nature and pace of change are evident around us and impact on all aspects of the delivery of a Radiology Service. How we cope and manage such change is important.

This paper will give examples of some of the changes facing Radiology and the factors influencing them as well as looking at their impact and how we adopt and cope with such change.

The Careers Escalator

Noelle Skivington, Radiography Project Director – England, South West London Health Authority

This session will look into the success – or failure – of the career escalator model. Discussing how barriers both real and imagined can be overcome and looking into the potential developments.

The specialist GI radiographer – results of a survey to assess current practice

Julie Nightingale, Director of Radiography, University of Salford and Geoff Fitzgerald, Advanced Radiographic Practitioner (GI), Royal Liverpool Hospital

Since 2002 approximately 90 experienced GI radiographers have successfully completed a Postgraduate Certificate in Advanced Practice (Gastrointestinal Imaging) at the University of Salford. This award develops competence to practice in DCBE Reporting, and enables radiographers to effectively contribute to the reporting process.

In 2006 a questionnaire survey of these radiographers was undertaken to assess their current involvement in GI practice, and in particular their involvement in the reporting service. The survey also asked whether they felt their training had been appropriate, and whether they could identify their future training needs.

The results of the survey will be presented in detail during this presentation. In conclusion, it is apparent that the radiographer role in DCBE reporting has been widely accepted in most Trusts, and that radiographers have used their DCBE and reporting expertise as a springboard to develop other advanced practice opportunities. Many of the radiographers have now achieved Advanced Practitioner or Consultant Practitioner status, and it is essential that Higher Education Institutions continue to provide such opportunities for these and future GI radiographers to advanced their practice.

CT colonography/virtual colonoscopy – will it replace the barium enema?

Fiona Hawke, Superintendent Radiographer/Clinical Co-ordinator, Borders Colon Service, Borders General Hospitals

CT Colonography has evolved as an accurate and minimally invasive investigative colon test. Though minimally invasive, the risks and complications are similar to barium enema with the additional risks of contrast media. This test is suited to the less physically able patient. It is also excellent as a combined completion and staging investigation for endoscopically proven lesions. CT Colonography is also helpful in cases where the abdominal symptoms are non-specific but with a colonic component or where the relationship of the colon to extra colonic lesions requires to be identified. CT Colonography is sensitive for CRC and polyp lesions >1cm. Multislice scanners can detect even smaller lesions.

Radiographer reporting of CT Colonography is still in its infancy but should not be disregarded. The theoretical underpinning is the same as that needed for barium enema reporting. Experience in pattern recognition for CT Colonography can be acquired.

Barium Enema Interpretation – Challenging cases: how not to sit on the fence

D Gary Culpan, Lecturer in Radiography, University of Bradford

This session is designed to introduce delegates to the principles of barium enema reporting and explore the concepts of decision making so that reports are more definitive and hence useful in the clinical context. These principles are illustrated with appropriate case studies and images to show how reports should be constructed. How the report can positively influence patient management will also be discussed.

GIRSIG ABSTRACTS

Sunday 19th November 2006

Prescribing: a role for the GI practitioner

Jane Bewell, Superintendent Radiographer, Leeds Teaching Hospitals NHS Trust

Prescribing : A role for the GI radiographer or Prescribing : A role for the GI radiographer? In short is this a statement or a question this talk will look at some of the issues surrounding radiographic prescribing.

In 1999 the Review of Prescribing, Administration and Supply of Medicines (Crown Report) was published that looked as one of its aims to " increase the range of health professionals who are authorised to prescribe".

Three levels of prescribing were defined by this report, patient group directions, supplementary prescribing and independent prescribing.

The role of GI radiographers has continued to develop since the early 1990's and GI radiographers have been represented on the SCoR working party established to look at the implications of the Crown Report.

GI radiographers are well served by patient group directions but is there also a need for supplementary prescribing rights?

Swallowing Disorders

Rob Bisset, Radiologist, Trafford General Hospital

Swallowing is a skill most of us ignore until we have trouble. But 1 in 3 of us will have a stroke and 40% of stroke patients aspirate when swallowing.

This brief presentation will review the physiology and functional aspects of swallowing and the structural abnormalities that cause problems.

Capsule Endoscopy

Professor Anthony Morris, Director, National Endoscopy Training Centre, Royal Liverpool University Hospital; President, British Society of Gastroenterology

Investigation of the small bowel by endoscopic techniques has lagged behind that of the upper GI tract and colon as a result of the relative inaccessibility due to its length and lack of landmarks. Initial attempts to visualise the small bowel were by means of colonoscopes inserted by mouth, and via the ileo-caecal valve at colonoscopy.

Subsequently use of specifically designed enteroscopes permitted visualisation of the proximal small bowel for about 80cms distal to the duodeno-jejunal flexure. The middle and distal small bowel remains out of reach of conventional endoscopy. Two new techniques now permit access to this area, these being Capsule Endoscopy (Enteroscopy) and Double Balloon Enteroscopy.

With the introduction of the use of capsule endoscopy a new era of small bowel investigation has been opened up. It is now widely accepted that this technique is the preferred method of investigating obscure anaemia and obscure blood loss. More recently its use in the investigation of Crohn's disease has shown that it is a more sensitive technique than radiological ones in looking for minor mucosal abnormalities such as aphthoid ulcers, fissures and areas of inflammation.

Hesitancy in taking up this technique in this disease stems from the risk of impaction upstream of strictures. The paper will summarise the advantages and disadvantages of the technique in the investigation of small bowel disease, reviewing the published literature up to October 2006.

Radiographer-performed sigmoidoscopy – education, training and continuing competence

Geoff Fitzgerald, Advanced Radiographic Practitioner (GI), Royal Liverpool Hospital

Radiographers have been extending & advancing their roles beyond the realms of convention for a while now in the GI field. As a radiographer endoscopist the educational and training needs are quite different than for the nurse endoscopists. This presentation gives an account of Geoff's experiences and their differences from the nurses with whom he trained & practices in a busy national endoscopy centre.

GIRSIG SPEAKER BIOGRAPHIES

Rosalind Waugh

Consultant Radiographer GI/Fluoroscopy, South Tees NHS Trust

Rosalind has been involved with radiographer role development since 1991. Initially, this was in performing and reporting barium enema examinations. Her role expanded to include upper GI, other lower GI procedures and also some urological examinations.

She became a consultant radiographer in March 2005, having the responsibility for clinically managing the fluoroscopic services in South Tees NHS Trust.

Pelvic floor dysfunction is an area that she has recently developed a particular interest in. She took on the responsibility of the proctogram service following the sudden death of the one radiologist who reported the studies. This role is to further develop to include endo-anal ultrasound, as the service is also not currently being provided in her Trust. Pelvic floor dysfunction is a highly complex subject that socially, physically and psychologically affects the lives of some 20% of the population to some degree.

Andy Pitt

President of SCOR; North West Regional SCOR Rep; Upper GI specialist

Andy was born and still lives in Urmston, Manchester. He trained in the early 1980s and for the past 14 years he has worked at the Christie Hospital in Manchester as a Senior I Radiographer, where he now also has an Advanced Practice role in Upper G.I. Imaging.

Andy has been on the Council of the Society of Radiographers for over 8 years and has seen many changes in that time. His interests include football (Man City supporter), fell walking, and cycling, and he also has a keen interest in history.

A Stewart Whitley

Independent Radiology Advisor & former Directorate Manager, Radiology & Physiotherapy Services, Blackpool, Fylde & Wyre Hospitals NHS Trust

Stewart took early retirement at the end of October to take up the role as an independent Radiology Advisor and currently holds positions with Netcare Ltd and Bolton PCT. Prior to that he was Directorate Manager for Radiology and Physiotherapy services at Blackpool Victoria Hospital having moved there from Altnagelvin Hospital, Londonderry in 1978.

He undertook his radiography training in the Royal Army Medical Corps and studied at the Royal Herbert Hospital, Woolwich, London qualifying in 1966. After leaving the Army he qualified as a Radiographer Teacher at the Royal Victoria Hospital Belfast.

Stewart has worked closely with the Society of Radiographers for many years having been honoured as a Fellow of the Society of Radiographers for services as N.Ireland Branch Secretary. He has been a National Member of Council and senior examiner for Medical Photography both on DCR and HDCR examination boards.

He has been involved in three text books: Clark's Special Procedures in Diagnostic Imaging and both the 11th and 12th editions of Clark's Positioning in Radiography, and was one of the UKRC Vice Presidents in 2004 and 2005 heading Service Delivery.

Stewart is also an Honorary Lecturer for The University of Manchester on the Manchester Radiology Training Scheme. His former Trust was one of the first in the country to go fully PACS across a number of hospital sites and has welcomed many colleagues across the UK to PACS and IRMER study days at Blackpool as well as lecturing elsewhere at other events.

He is currently Chair of the North West Radiology Managers group and was Chair, until his retirement, of the Cumbria and Lancashire SHA Emergency & Critical Care Development Group. When not writing books Stewart involves himself in digital photography, travel and Church events.

Noelle Skivington

Radiography Project Director – England, South West London Health Authority

The national project has now come to a close. The aim of improving the radiography workforce through additional staffing and skill mix was achieved –although finances now are challenging this.

Previously Noelle worked as a general manager at the Royal Free Hospital, looking after almost all the services during the 13 years working there.

Prior to that Noelle worked in HEIs taking the Guys training school into London South Bank University.

Julie Nightingale

Director of Radiography, University of Salford

Julie is currently the Director of Radiography at the University of Salford, as well as postgraduate programme leader for the MSc Advanced Practice (Gastrointestinal Imaging) course.

She has had a long-standing interest in Gastrointestinal Imaging, having set up the first postgraduate module for barium enema training, and subsequently postgraduate training programmes in Gastrointestinal Reporting and Swallowing Disorders studies.

She has been associated with GIRSIG for several years, having previously held the position of national secretary for the group. She has since remained on the committee as the academic representative for GIRSIG, and is passionate about supporting and encouraging radiographer advanced and consultant practice.

Geoff Fitzgerald

Advanced Radiographic Practitioner (GI), Royal Liverpool Hospital

Geoff qualified in 1991 in the Central Birmingham School of Radiography. He has been employed at Broadgreen & the Royal Liverpool Trust since then, working solely in Fluoroscopy since 1999.

Geoff has been performing Barium enemas since 1996 & reporting since the first Salford course in 2001. He now performs upper GI studies, NJ intubation for enterocolitis & Sigmoidoscopy (since 2003) with Polypectomy since 2004.

He is an occasional lecturer at both Liverpool & Salford universities in fluoroscopy and reporting with a focus on diverticular disease & polyp detection.

Fiona Hawke,

Superintendent Radiographer/Clinical Co-ordinator, Borders Colon Service, Borders General Hospitals

Fiona is a radiographer with specialist interest in GI studies and Clinical audit. As part of her studies for a BSc in Health Studies she worked with the radiologists in setting up a Radiographer performed barium enema service (1998).

While studying for an MSc (1999-2001), she set up an audit programme for the Radiographer led GI service. On completion of the MSc she was appointed as Clinical Co-ordinator for Borders Colon Service. From within this post, clinical activity in the investigative process of colonic disease has been streamlined. In 2003 she obtained a Post Grad Certificate in GI Image reporting and issues level 4 reports on all enema examinations. These are double reported according to RCR guidelines. She also issues a level 1 report on all CT Colonography exams to develop experience in this area of GI image interpretation.

Fiona has recently completed training in performing flexible sigmoidoscopy examinations and graduated from Caledonian University in Glasgow with a graduate certificate in Endoscopy Knowledge and Skills. She will now undertake colonoscopy accreditation with the same university.

She teaches referral practice on the Advanced Practice module at Caledonian University and participates in the Dundee University GI Image interpretation Module as an associate lecturer.

D Gary Culpan,

Lecturer in Radiography, University of Bradford

Gary qualified as a radiographer in 1990 and undertook the pilot scheme for Radiographer Reporting in Leeds between 1992-1994, producing independent A&E reports from January 1995 to December 2001.

He undertook the Leeds Barium Enema Course in 1994 and became a part-time research radiographer and the course co-ordinator from 1997 to 2001.

He has been involved with GIRSIG since its inception in 1998 and been co-editor of the GIRSIG gazette since 2000.

Gary has been a lecturer at University of Bradford since December 2001 and currently leads both the Post Graduate Diploma in Radiographic Image Interpretation and the Post Graduate Certificate in Gastrointestinal Image Reporting.

In September 2005 he became actively involved in the delivery of the Barium enema reporting service at Bradford Royal Infirmary, which involves radiographer-radiographer double reporting of studies.

Jane Bewell,

Superintendent Radiographer, Leeds Teaching Hospitals NHS Trust

Jane trained at Hull School of Radiography. She was one of the first radiographers trained to undertake Barium enemas.

She is a Founder of the Leeds barium enema course and co-founder of GIRSIG.

Rob Bisset

Radiologist, Trafford General Hospital

Rob is a general radiologist at Trafford General, a small district general hospital convenient for shopping, cricket and football!

Professor Anthony Morris B.Sc (Hons), M.Sc., M.B.,Ch.B., M.D., F.R.C.P.

Director, National Endoscopy Training Centre, Royal Liverpool University Hospital; President, British Society of Gastroenterology

Professor Anthony Morris was born in Edinburgh and educated at Salford Grammar School and Manchester University. After obtaining an intercalated B.Sc.(Hons) in Physiology he went on to undertake an M.Sc. in Gastrointestinal Physiology before completing his medical course in 1969. After house officer and SHO posts at the MRI in Manchester, when he completed the MRCP examination, he went to University College and the Whittington Hospitals in London as a medical registrar. He returned in 1974 to Manchester as a Lecturer (Hon Senior Registrar) to Professor Lord Turnberg. After completing his training in General Medicine and Gastroenterology he spent a year in Pittsburgh (USA) on a Hepatology Research Fellowship, returning to take up the post of Senior Lecturer in Medicine and Honorary Consultant Physician and Gastroenterologist at the Walton Hospital and University of Liverpool in October 1979. After 6 years he moved to the Royal Liverpool University Hospitals as Consultant Physician and Gastroenterologist, where he still works. He was made an Honorary Professor by Liverpool University in 2003.

His main interest has been Luminal Gastroenterology and particularly therapeutic endoscopy. He has pioneered many of the currently used advanced endoscopic modalities such as laser and argon beam therapy, enteroscopy, endoscopic ultrasound and capsule enteroscopy.

He has been Vice President (Endoscopy) and is the current President of the British Society of Gastroenterology. He was also chairman of the Intercollegiate Joint Advisory Group on Gastrointestinal Endoscopy.

Author of 3 books, 92 papers and similar number of abstracts and case reports he has lectured widely both in the UK and worldwide.

His hobbies are slow boats (narrow boating), fast cars and would like fast women if his wife would allow.

With thanks to...

With thanks to...E-Z-EM for exhibiting and providing sponsorship for the tea and coffee stations. Sanochemia, Schering, Norgine Pharmaceuticals, UK Medical and Guerbet Laboratories for exhibiting. Rothband for sponsoring the poster prizes.

