



**University of Salford**  
A Greater Manchester University

**Salford Royal Hospitals** **NHS**  
NHS Trust

# Advanced clinical practice in upper GI examinations: clinical, service and educational developments

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# Background

## Why me?

- SALT (1988-present)
- Clinical specialist 1995
- Practitioner led VF list since 1999
- 500+ VF cases
- MPhil in radiological assessment of swallowing
- PhD in swallowing physiology
- 2 years post doctoral (swallowing after stroke)
- Current senior research fellow in stroke services
- One of course leaders/tutors for upper GI module at University of Salford



# Clinical governance

- Introduced 1998
- Duty of quality in 1999 in 'the NHS act'
- Corporate accountability for clinical quality and performance

Clinical governance is about changing the way people work, demonstrating that leadership, teamwork and communication is as important to high-quality care as risk management and clinical effectiveness



## DoH clinical governance website....

- ✓ **Patients are kept well informed and are given the opportunity to participate in their care.**
- ✓ **Good information about the quality of services is available to those providing the services as well as to patients and the public.**
- ✓ **Variations in the process, outcomes and in access to health care are greatly reduced.**
- ✓ **NHS organisations and partners work together to provide quality assured services and drive forward continuous improvement.**
- ✓ **Doctors, nurses and other health professionals work in teams to a consistently high standard and identify ways to provide safer and even better care for their patients.**
- ✓ **Risks and hazards to patients are reduced to as low a level as possible, creating a safety culture throughout the NHS.**
- ✓ **Good practice and research evidence is systematically adopted.**



# 7 pillars of clinical governance

- Patient involvement
- Research and effectiveness
- Risk management
- Clinical audit
- Staffing and staff management
- Education, training and CPD
- Use of information



# Service pressures

- More patients
- Reduction in junior doctors hours
- Extension of consultant roles
- Changes to acceptable waiting times
- Vacancies
- Changes to basic training of radiologists
- Changes to basic training of radiographers
- CPD requirements



# Educational response

- Increased numbers of work based & 'e learning' programmes
- Increased numbers of both undergraduate & post-graduate students
- New courses
- Clinical skills may be more developed than academic skills
- Masters programmes may therefore 'unpick' previous beliefs and cause temporary disruption



# Advanced Clinical Practice

But.....

- In USA & Canada all roles require Masters level education.
- In the UK clinicians have many years of clinical experience without the requisite training
  - This places unique demands on programmes of study





# Upper GI Masters programme

- 30 masters level credits
- 3 weeks study
- Assessed by portfolio
- Minimum of 30 cases



# Lecture content

Normal anatomy & physiology

Swallowing behaviour

Clinical assessment

Radiological protocols

Assessment materials

Data interpretation

Reporting

Research evidence

Ethics

Abnormal anatomy & physiology

The development of swallowing

Age related changes to swallowing

Neurology & stroke

Oesophageal pathology & palliation

Case studies

Clinical governance

Alternative methods of feeding

Patient perspectives



# Cases

- Week 1 – normal swallowing video & workbook
- Week 2 – abnormal swallowing video & workbook
- Week 3 – abnormal case presentations (group)



# Group work

- Sharing guidelines
- Reflecting on evidence
- Developing protocols for practice
- Core competencies
- Staff training & CPD
- Change management & leadership
- Tackling salient issues
  - e.g recipes for barium compounds
  - When to stop a procedure
  - Deciding on acceptable levels of aspiration
  - Limitations of VF study
  - Limitations of expert practitioners



# Future plans

- Multidisciplinary attendance
- Increased self directed learning
- Split pathways – upper & lower GI
- Increased research activity
- Increased inclusion of clinical audit
- More discussion around service delivery



# Tomorrows GI imaging

- Minimum data sets defined
- Automated programmes for capture & analysis
- Automated reporting linked to patient records
- Clinical risk scores fed back 'online'
- 2<sup>nd</sup> opinion service available via WWW
- Online patient access to images & reports



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