South East Endoscopy Training Academy

15 March 2024, Version 1.1

# South East Clinical Endoscopy Training Programme Application Form

Please note – the South East Endoscopy Training Academy collects your personal data to administer the Clinical Endoscopist Training Programme. We share this data with key stakeholders in the delivery of endoscopy education and training.

The legal basis for collecting the data is our legitimate interest – we require this data to provide the training programme.

Your personal data will be securely stored by NHSE as the data controller.

Personal data gathered as part of this process will only be accessed, seen, and used by staff who require access to the personal data, to fulfil their role within NHSE.

We may share your personal data within services across NHSE and with other third-party organisations (e.g., Universities, Department of Health, NHS Trusts, other NHS, and Government agencies) where there is a legitimate “need to know” basis.

Where the data is used for analysis and publication, your personal details will be kept confidential, to ensure it is not possible to attach any responses to specific individuals.

By completing the application, you confirm that 'I have read the above information and understand the purpose of the application, and how my responses will be used, and I consent to providing data via this application, which will be stored and processed in line with the information given above, and via NHSEs Privacy Notice.'

If you have any queries, issues or feedback about the application form, please contact:

england.clinicalendoscopy.se@nhs.net

An invitation for a Personal Development Plan meeting will be at the discretion of the Academy and is dependent on the applicant meeting the essential criteria required to undertake the programme.

# **Clinical Endoscopy Training Programme Application Form**

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| Training modality: The programme provides intensive training, leading to JAG certification in either Colonoscopy or Upper GI (OGD). Please indicate below which modality you wish to apply for. | |
| **Colonoscopy / Upper GI (OGD)** |  |

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| **Main organisation providing training and supervision.** | |
| **Site name e.g., Hospital or Endoscopy Site** |  |
| **Organisation name** |  |
| **Does your Trust have endoscopy simulator facilities?** |  |

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| **Applicant details** | | |
| **Title** |  | |
| **First name** |  | |
| **Surname** |  | |
| **Professional Body registration** |  | |
| **Work email address** |  | |
| **Alternative email address** |  | |
| **Phone number** | Work |  |
| Mobile |  |
| **Contact address** | Line 1 |  |
| Line 2 |  |
| Line 3 |  |
| Line 4 |  |
| Postcode |  |

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| **Current role details – if known** | |
| **Current job title** |  |
| **NHS band or estimated equivalent** |  |
| **Department currently employed within** |  |
| **Please describe the applicant’s experience in endoscopy** |  |

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| **Endoscopy experience** | | |
| **Please add the total number of endoscopy procedures you have completed (as an endoscopist) to date (if any):** | Upper GI (OGD) |  |
| Colonoscopy |  |

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| **Please describe your experience of post graduate academic study** including location of study, level of study (e.g. level 6 or 7), year of completion and score achieved (e.g. pass, distinction). |
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| **Please describe what your role will be when you successfully complete the Clinical Endoscopists Programme** including number of weekly service lists to be provided. |
| Role:    Number of weekly service lists to be provided: |

# **Proposed Training Plan:**

No of hours per week released from full time role for training including training endoscopy lists (recommended 20 hours)

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| **Training discussion and agreement** | **Please complete discussion and actions** |
| Weekly training and timetable matrix completed. To have a suggested minimum of 2 dedicated endoscopy training lists per week. |  |
| Alternative plan for list availability when trainee or supervisor are away. |  |
| Escalation and contingency plan e.g. sickness/numbers not being achieved |  |
| Plan for known changes to service delivery e.g. unit refurbishment or endoscopist leaving |  |
| Identification of ad hoc lists |  |
| Trainers to be informed of supporting role and requirements for programme completion eg competency framework |  |
| Polyp exposure planning to ensure DOPyS completion. |  |

**Please identify endoscopy training lists, ad hoc lists, study time etc.**

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| **Proposed training plan draft**  *(For those looking to study with Liverpool John Moore’s University the study day is Tuesday, for Birmingham City University, the study day is Wednesday)* | | |
| **Day** | **AM** | **PM** |
| **Monday** |  |  |
| **Tuesday** |  |  |
| **Wednesday** |  |  |
| **Thursday** |  |  |
| **Friday** |  |  |

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| **Additional supporting information re: weekly training timetable and contingency plans** |
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| **Application support: This section MUST be completed by:**   * **your line manager** * **a named relevant clinical supervisor/ lead** * **a named mentor.**   **In order to apply for the programme each trainee MUST have backing from their service. *Your application will not be progressed if the relevant signatures are not included on this application form.***  The programme is a blended learning programme. Upper GI training is expected to take up to one year to complete, Colonoscopy up to 78 weeks.  The programme comprises of several elements, including formal teaching, online learning, and completion of a competence portfolio. A further key aspect of the programme is that trainees will need to be supported by their employing Trust to complete JAG Certification within the above timeframes with a suggested minimum of two dedicated training lists per week. The trust should act on recommendations to ensure that the aims of the training programme are met.  It is important that all parties understand this expectation and can support this application.  Each trainee Clinical Endoscopist undergoing the training programme will require both an endoscopy trainer (with current JAG Training the Trainer (TTT) requirements) and a Clinical Supervisor. **The Clinical Supervisor must be a Consultant Grade Doctor registered with the GMC** and is accountable for actively approving training lists, ensuring central returns on progress and assuming responsibility for training goals not being met.  The Clinical Supervisor cannot delegate the responsibilities of the role or endoscopy training to another person, and act only as a distant or nominated supervisor.  This is a regional training programme, leading to independent advanced clinical practice which is expected to increase capacity for endoscopy services. The Clinical Supervisor is therefore required to undertake around 25% of the training lists with the trainee, maximising learning opportunities for endoscopic and non-technical endoscopic skills, pathophysiology, pharmacology, GI disease, co morbidity and complications, and clinical decision making. Organisations may choose to job share this role and provide additional supportive lists with other clinicians or clinical endoscopists.  **A named clinical endoscopist, or senior nurse (if there is an absence of clinical endoscopist) is required to act as mentor throughout the programme.**  This is to facilitate the support and discussion required as the student moves to new and advanced practice. This should ideally be a suitable level nurse e.g., Clinical Endoscopist, Directorate Nurse, or a Professional Development Nurse. | | |
| Please confirm, by signing below, the clinical, managerial, and organisational agreement in principle to:   * Support this application and provide the applicant with ongoing support necessary to complete the requisite training. * Provide the applicant with a minimum of two dedicated training endoscopy lists a week to contribute to expanding endoscopy provision | | |
| **Trust Management and Supervisor Details** | | |
| **Executive/Managerial/ Directorate lead** | **Printed name** |  |
| **Job title** |  |
| **Email address** |  |
| **Signature** |  |
| **Date** |  |
| **Clinical Supervisor with TTT qualification or equivalent**  This must be a medical/surgical consultant. Other trainers may support this role. | **Printed name** |  |
| **Job title** |  |
| **Email address** |  |
| **Signature** |  |
| **Date** |  |
| **Nurse Mentor**  This should be a senior clinical endoscopist | **Printed Name** |  |
| **Job title** |  |
| **Email address** |  |
| **Signature** |  |
| **Date** |  |
| **Director of Nursing** Contact details only required | **Printed name** |  |
| **Email address** |  |

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| **Applicant sign off**  A successful application for this training will be taken as a commitment by you to complete the training and contribute to your local endoscopy service by performing endoscopy lists once your training has been completed. | |
| **Printed full name** |  |
| **Signature** |  |
| **Date** |  |