**South East Endoscopy Training Academy Colonoscopy Application Form**

This is a regional blended training programme, leading to independent advanced clinical practice which is expected to increase capacity for endoscopy services. It comprises several elements, including formal teaching, online learning, and completion of a competence portfolio. Trainees will need to be supported by their employing Trust to complete JAG Certification within an agreed timeframe 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.

**To apply for the programme each applicant MUST have backing from their service. *The application will not be progressed unless there is agreement with all responsibilities and if the relevant signatures are not included.***

**Please review the SEETA Clinical Endoscopist Training Programme Information Pack for more details. Contact SEETA on: england.canceranddiagnostics.se@nhs.net for this year’s document.**

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

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 Colonoscopy Application Form**

|  |
| --- |
| **Main organisation providing training and supervision.** |
| **Trust name**  |  |
| **Main training site (if relevant)** |  |
| **Clinical Lead name** |  |
| **Nursing Lead name** |  |
| **Proposed Educational Supervisor name** |  |
| **Proposed nursing mentor name** |  |

|  |
| --- |
| **Applicant details**  |
| **Title**  |  |
| **First name** |  |
| **Surname** |  |
| **Professional registration**  | NMC/other |
| **Professional registration number** |  |
| **Work email address** |  |
| **Mobile phone number** |  |

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

|  |
| --- |
| **Please describe the proposed scope of practice and timetable upon completion of this CE training programme including number of weekly endoscopy lists.****How will this support your department or improve your service?** |
|  |

|  |
| --- |
| **Please briefly summarise the applicant’s clinical experience to date highlighting any roles within the endoscopy unit or relevant GI experience.**  |
|     |

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

|  |
| --- |
| **Please describe the applicant’s current 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). |
|    |
| Has the applicant completed a Lower Gi or Upper Gi endoscopy specific module at Birmingham City University or Liverpool John Moore’s University? |
| Yes / No*If No, in most cases it will be recommended that the applicant completes this module as their academic study element of the programme.* |

|  |
| --- |
| **Clinical Endoscopist Training Programme Academic Module**  |
| Please select the academic module that you propose the applicant completes as part of the programme | Birmingham City University- Introduction to Lower GI Endoscopy (Wednesday)Liverpool John Moore’s – Introduction to Lower GI Endoscopy (Tuesday)Other: *(please provide details)*  |
| Please select your proposed start month for the academic module. |  September / JanuaryOther: *(please provide details)* |

|  |
| --- |
| **Proposed training programme timetable**  |
| **Day**  | **AM**  | **PM**  |
| **Monday**  |   |   |
| **Tuesday**  |   |   |
| **Wednesday**  |   |   |
| **Thursday**  |   |   |
| **Friday**  |   |   |

|  |  |
| --- | --- |
| **Timetable checklist** |   |
| The timetable must contain at least two dedicated training lists per week.  | Yes/No |
| There is a weekly list with the named ES. | Yes/No |
| All dedicated training lists are single modality.\* | Yes/No |
| Ad hoc training lists are available. | Yes/No |
| Any therapeutic requirements (e.g. polypectomy) can be accommodated. | Yes/No |
| Academic study time is arranged at an appropriate time (at least two sessions per week; endoscopy specific modules are Tuesday at Liverpool John Moore’s University and Wednesday at Birmingham City University). | Yes/No |
| There is time for educational supervision (equivalent to one hour per week). | Yes/No |
| Any activities required to maintain existing competences must not impact the ability to complete the planned training programme. | Yes/No |
| Cover is arranged for whenever the named trainers are away. | Yes/No |
| There are no anticipated significant changes that may impact this training timetable (e.g. refurbishment, departure of supervising endoscopist, etc). | Yes/No |
| Contingencies can be arranged in case of unexpected departmental changes. | Yes/No |
| \*If mixed lists are unavoidable, please describe how you will ensure access to adequate training numbers within the timeframe of the training programme. |

|  |
| --- |
| **Responsibilities of Trust Management**Please confirm you have read and are in agreement with the following statements. |
| The Trust agrees to ensure a minimum of two dedicated training lists per week and to support the applicant to achieve completion of all aspects of the training programme within seventy-eight weeks. | Yes/No |
| The Trust agrees to ensure that all individuals supervising the training of this applicant have time and resources to do so. This includes shortening endoscopy training lists and dedicated time for Educational Supervision. | Yes/No |
| The Trust confirms that training this applicant will not interfere in any way with the training of any other individuals within the endoscopy department (eg doctors in training, pre-existing clinical endoscopist trainees, etc). | Yes/No |
| The Trust agrees to use any funding grant solely for training the applicant as agreed. | Yes/No |
| The Trust agrees to employ the applicant as a Clinical Endoscopist upon successful completion of the training programme and has resources to do so. | Yes/No |
| **Responsibilities of Educational Supervisor**Please confirm you have read and are in agreement with the following statements. |
| I am a consultant endoscopist registered with the GMC. I have experience of training in endoscopy and have completed a JAG Train the Trainer course.  | Yes/No |
| I agree to supervise this applicant for the duration of their training programme. I will provide at least one dedicated training list per week and have identified time within my timetable for educational supervision.  | Yes/No |
| I understand that I have responsibility for any general decisions regarding the competence of this application to undertake clinical activity whilst they are under my supervision.  | Yes/No |
| I agree to contribute to the SEETA learning programme by delivering a short training session to a small number of trainee clinical endoscopists. | Yes/No |
| **Responsibilities of Nurse Mentor**Please confirm you have read and are in agreement with the following statements. |
| I agree to support this applicant through this training programme including practical, theoretical and pastoral aspects. | Yes/No |
| **Responsibilities of Applicant**Please confirm you have read and are in agreement with the following statements. |
| I agree that I will work with SEETA, local supervisors and any educational parties to develop competence as a clinical endoscopist within the timeframe agreed. | Yes/No |
| I agree to practice according to the learning contract agreed between myself and my educational supervisor. I will not undertake any clinical activity without direct supervision (supervisor in the room) without prior agreement of my ES. | Yes/No |
| I agree that I intend to practice as a Clinical Endoscopist following successful completion of this training programme. | Yes/No |
| **Signatories** |
| **Clinical Director** | **Printed name**  |   |
| **Job title**  |   |
| **Email address**  |   |
| **Signature**  |   |
| **Date**  |   |
| **Departmental Management Lead**  | **Printed name**  |  |
| **Job title**  |  |
| **Email address**  |  |
| **Signature**  |  |
| **Date**  |  |
| **Educational Supervisor** | **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**  |   |
| **Email address**  |   |
| **Applicant** | **Printed Name**  |  |
| **Signature**  |  |
| **Date**  |  |

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

**england.canceranddiagnostics.se@nhs.net**

|  |
| --- |
| **SEETA responsibilities upon successful application.** |
| We agree to provide oversight of a quality ensured programme of training within the agreed timeframe. | Yes |
| We agree to feed back to the Trust and the ES with any concerns regarding progress to maximise the chance of a successful outcome. | Yes |
| We agree to provide monies as described in our Funding Agreement to permit this training locally and with any third parties as required. | Yes |
| **Signature from SEETA:**  Dr Matthew Cowan Clinical Lead for the South East Endoscopy Training Academy |

Privacy Notice

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.'