There are three parts to this document, which should be read and completed by the clinical endoscopist applicant\*, proposed clinical supervisor and an organisation directorate representative.

**Part 1**. Person specification

**Part 2**. Application form

**Part 3.** Proposed training plan and timetable requirements, including contractual agreement for post training employment

Please make sure you carefully read Part 1. Person specification, and if the individual meets the criteria, proceed to Part 2 and 3 and complete the application form and the training plan.

Please return the signed and completed document to the JAG office via email on [nme@rcplondon.ac.uk](mailto:nme@rcplondon.ac.uk).

***HEE, both national and regional organisations, and JAG wish to facilitate successful applications to provide opportunities to increase the Clinical Endoscopist workforce. Please contact nme@rcplondon.ac.uk for support and advice. There is also information available at*** [***https://hee.nhs.uk/our-work/hospitals-primary-community-care/diagnostics/endoscopy/clinical-endoscopist-training-programme***](https://hee.nhs.uk/our-work/hospitals-primary-community-care/diagnostics/endoscopy/clinical-endoscopist-training-programme)

\* If your trust would like to put someone forward for the programme, but a trainee has yet to be appointed or selected, provided a named individual will attend the selection day and will be in post at the start of the programme, you are invited to submit a ‘managers application’. Further information regarding this is below.

*A ‘Managers application’ will be considered in the following circumstances:*

* *The organisation has a plan to support a yet to be appointed applicant* ***or***
* *the organisation is undertaking internal interviews to determine the most suitable applicant* ***or***
* *the organisation is planning a long term strategy for workforce development and wishes to make an application for a cohort ahead of the next one e.g. Cohort 8 rather than Cohort 7.*

*If you wish to make a ‘manager’s application’ please leave the applicant details section below blank. This information will need to be completed and submitted prior to the selection day. The organisation must complete part 3 and ensure the trainee that is appointed/selected to apply meets the requirements set out in part 1.*

**Part 1. Personal specification for trainee Clinical Endoscopist and organisation**

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| **REQUIREMENT** | **ESSENTIAL CRITERIA** |
| **Organisational requirements** | * Directorate agreement to accelerated 7 month in house and national training of Clinical Endoscopist * Agreement to facilitate 20 hours/ week training time (may be reasonable and agreed combination of work and home study hours) during programme * Consultant medic eg consultant physician or surgeon supervision of trainee during the programme * Agreement to facilitate training opportunities, including a minimum of two dedicated endoscopy training lists per week, with additional lists as required to achieve programme completion * Agreement for trainee to undertake a minimum of one endoscopy service/ screening list post programme |
| **Trainee requirements** | * Any registered health care professional in the organisation, or to be appointed eg RN, ODP, Radiographer * Degree level education or studying towards this e.g. BSc registrable qualification, post registration level 6/7 module e.g. non medical prescribing course, mentorship, Specialist professional module * Agreement to undertake the Clinical Endoscopist programme within the ***seven month timeframe*** * Agreement to remain within the organisation for a minimum of **2 years** post training, as per Health Education England’s requirements |
| **Personal experience and knowledge** | * 2 years post registration experience * Evidence of managing a caseload or care group in a clinical setting ***or*** responsibility for day to day supervision and co-ordination of staff in a clinical setting ***or*** delivering delegated delivery of care to a group of patients undergoing clinical procedures ***or*** planned development of new clinical role to deliver endoscopy services * Be a reflective practitioner, keen to embrace a new skill set and act as a pathfinder for their organisation * Knowledge of quality assurance, audit or research * Knowledge and understanding of confidentiality issues * Knowledge and understanding of clinical governance, risk management, and consent * Knowledge and understanding of equality and diversity |

**Part 2. Application form**

Please type responses in the appropriate boxes below.

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| **Main organisation providing training and supervision.** | |
| **Site name eg Hospital or Endoscopy Site** |  |
| **Organisation name eg Trust or Provider.** |  |

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| **Applicant details – unless making a ‘manager’s application’** | | |
| **Title** |  | |
| **First name** |  | |
| **Surname** |  | |
| **Registration number (e.g. NMC/ HCPC)** |  | |
| **Work email address** |  | |
| **Alternative email address** |  | |
| **Phone number** | Work |  |
| Mobile |  |
| **Contact address** | Line 1 |  |
| Line 2 |  |
| Line 3 |  |
| Line 4 |  |
| Postcode |  |
| **Where did you hear about this programme?** |  | |

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| **Current role details – if known** | |
| **Current job title** |  |
| **NHS band or estimated equivalent** |  |
| **Department currently employed within** |  |

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| **Briefly describe your current position and main or significant responsibilities** | | | | | |
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| **Please provide us with a brief and relevant biography that describes your career to date** | | | | | |
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| **Please provide us with a brief summary of your registration and/or post registration qualifications only.** Trainees must have undertaken/ be undertaking level 6 study prior to starting the programme. *Please do not include local study days or meetings and courses*. Add additional rows if required. | | | | | |
| **Code (if applicable)** | **Full name of qualification/ module** | **Name of awarding academic institute** | **Qualification level** | **Start date** | **End date** |
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| **Please describe your reasons for applying for this programme** | | | | | |
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| **Please describe the agreement your role will be when you successfully complete your Clinical Endoscopists training.** | | | | | |
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| **Training modality**  **The programme provides intensive training leading to JAG certification in either Flexible sigmoidoscopy or Upper GI (OGD).**  **Please indicate below which modality you wish to apply for.** | |
| Flexible Sigmoidoscopy / Upper GI (OGD) |  |

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| **Endoscopy experience** | | |
| **Please add the total number of endoscopy procedures you have completed (as an endoscopist) to date (if any):**  Note: this programme is for new endoscopists only. As a result applications are only accepted from individuals who have completed a maximum of **20** total lifetime procedures. | Upper GI (OGD) |  |
| Flexible sigmoidoscopy |  |
| Colonoscopy |  |

**Part 3. Proposed training plan**

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| **Training plan.**  Please complete as fully as you are able to at the point of application. A complete training plan will be required **one week prior to interview** | | |
| **Action** | **Outcome** | **Responsible person** |
| Weekly training and timetable matrix completed. To have minimum 2 dedicated training lists per week |  |  |
| Alternative plan for list availability when student or supervisor are away eg basic skills course/ on call cover etc |  |  |
| Escalation and contingency plan eg sickness/ numbers not being achieved |  |  |
| Plan for known changes to service delivery eg unit refurbishment/endoscopist leaving |  |  |
| Identification of ad hoc lists |  |  |
| Trainers to be informed of supporting role and requirements for programme completion eg DOPS completion |  |  |
| **FS only** Polyp exposure planning to ensure DOPyS completion |  |  |

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| **Weekly planned training timetable**  Please identify dedicated training lists, ad hoc lists, study time etc | | | | | | | |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |
| Personal study time |  |  |  |  |  |  |  |

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| **Additional information to support or clarify weekly training timetable** |
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| **Application support**  **This section is to be completed by your line manager and relevant clinical supervisor/ lead. In order to apply for the programme each trainee is required to have backing from their service.**  The programme is a 7-month blended learning programme comprising a number of elements, including formal teaching, online learning, the submission of an academic assignment, and completion of the HEE 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 7 month timeframe with a minimum of two dedicated training lists per week. Following completion, a minimum of one service list a week is required. It is important that you understand this expectation and are able to support this application.  Applicants are selected to undertake this training will be expected to work in their employing organisations ’s endoscopy unit for two years after completing this programme or will be asked to refund all or some of the costs of their training. If the applicant is selected for training, an addendum to their local contract will be issued with a formal Learning Agreement before they start the programme. | | | |
| **Please confirm, by signing below, that you have 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** | | | |
| **Clinical supervisor/service lead** – please advise how many endoscopy lists per week you would plan the applicant to deliver **on completion of training** | | |  |
| **Managerial/ Directorate lead** | **Printed name** |  | |
| **Job title** |  | |
| **Email address** |  | |
| **Signature** |  | |
| **Date** |  | |
| **Clinical Supervisor/lead 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** |  | |
| **Director of Nursing.** Contact details only required | **Printed name** |  | |
| **Email address** |  | |

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| **Applicant sign off ( if known)**  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. | |
| **Printed full name** |  |
| **Signature** |  |
| **Date** |  |