

Health Education England Clinical Endoscopist Training Programme

Preparing for your Programme Guidance

The Health Education England (HEE) Clinical (formerly Non-Medical) Endoscopist (CE) Training Programme provides an accelerated (30/40 weeks) clinically based and academically focussed learning programme to meet the outcomes of the Joint Advisory Group (JAG) Endoscopy Training Scheme (JETS) and the HEE Competency Assessment Portfolio, which was launched in 2015. The purpose of this guide is to prepare you for this intensive programme, so you are ready for each element, and have clear milestones. It will also allow your organisation to support you successfully.

Learning Contracts

You and your organisation must complete and return the HEE CE Learning Agreement and confirmation of support as soon as possible. This forms the contract between you, your organisation and HEE, and identifies what the responsibilities of each party are. This will also form the basis of your new working week for the duration of the programme, allowing you to plan your training and study time.

Preparing to study

All academic study is undertaken online. It is vital that you have refreshed your academic study and writing skills for your first academic day. This is particularly important if you have not studied for some time. You may find it useful to do the following: -

- Access a return to learning module via your Practice Development team, local Higher Education Institution (HEI) or Post Graduate Centre
- Get an Athens account and know how to undertake a literature search, and write a critical appraisal

To prepare you for study, the following need to be undertaken before your first academic day: -

- Decide on which academic level to enrol (6 or 7) - Your learning pack has an explanation sheet to help with making this decision.
- Ensure your individual electronic pre-enrolment has been completed. For help with this, contact the HEI Admissions team.
- Complete the Learning style questionnaire
- Review the PowerPoint presentations on learning styles, how we learn and interprofessional Learning, and complete the associated tasks outlined in the Learning pack.

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It may be agreed with your organisation that you undertake some study within your own time such as academic case study and Standard Lesion Assessment Test in Endoscopy (SLATE) modules. You should begin to plan this ahead as part of the programme. This may require reviewing family responsibilities and social plans for the next seven months.

Professional Guidance

You should make yourself familiar with the professional societies, websites and forums related to gastrointestinal (GI) endoscopy e.g., British Society of Gastroenterology (BSG), JAG, The Association of Coloproctology of Great Britain and Ireland (ACPGBI), Association of Upper Gastrointestinal Surgeons (AUGIS).

Clinical Supervisor and Senior Nurse Mentor

You should be having a formal meeting with both as outlined in your handbook. You should plan your first induction meeting as soon as possible, and within a week of your induction day. During the induction day, we will discuss identifying your learning needs, undertake a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis in addition to identifying short, medium, and long-term objectives, using a GANTT chart to illustrate timelines for actions.

Planning Endoscopy Lists

Your organisation has agreed to provide you with a minimum of two dedicated (as defined by JAG) training lists a week for your endoscopic procedures. These should be single modality lists i.e., diagnostic upper GI or lower GI to allow you access to all cases.

If you or your supervisor are away e.g., study day, on call, an alternative trainer, or additional lists the following week must be arranged. You should begin planning these immediately and liaise very closely with the endoscopy administrator. Remember, most lists are arranged 6 weeks in advance. If a training list is required to be changed for a service list, and alternative time must be found to accommodate the training.

If you are undertaking Introduction to Lower GI Endoscopy, you may undertake up to 50% of your cases on colonoscopy. Accreditation for flexible sigmoidoscopy includes level 1 polypectomy, and this should be planned for within your timetable once you achieve a level of competence with your procedure. You may find it useful to gain experience by observation and discussion, then assisting, and finally undertaking polypectomy under direct supervision, without undertaking the endoscopic procedure.

Planning Sedation Training

It is a programme requirement that all trainees be competent in the administration of Midazolam for sedation during endoscopy. For those trainees undertaking Flexible Sigmoidoscopy, this may entail additional training sessions on alternative lists to become competent in the skill, and you should plan to arrange these.

Pre-training Exposure to Endoscopy

You should be undertaking the following: -

- Familiarise yourself with the endoscopy department and staff. This is essential if you do not come from an endoscopy background e.g., Inflammatory bowel disease (IBD) nurse. A period within the department to learn the culture, processes, policies etc, is required before your academic day to allow you to be ready to endoscope post induction day.
- Identify the structure and function of the endoscope, set it up to work and troubleshoot minor problems.
- Meet the training lead and have an active JETS account with trainers nominated
- You and your supervisor be familiar with the new Direct Observation of Procedural Skills (DOPS) system for assessing each procedure (within learning pack)
- Have a log in for the Endoscopy Reporting System
- Whilst you should not undertake any more than 100 endoscopies before your induction day, you may familiarise yourself with endoscope handling by undertaking part of a procedure e.g., withdrawal of a scope after flexible sigmoidoscopy, examination of the stomach, duodenal intubation, and scope retroflexion.

Additional Endoscopy Lists

It is acceptable for you to attend adhoc endoscopy lists or cases, where the endoscopist is a trainer, and is agreeable. Much of your learning will be around endoscopic non-technical skills (ENTS) so attend where possible to consent, discuss pathology, patient management, practice report writing.

HEE Portfolio

You should familiarise yourself with the HEE portfolio, which is in the learning pack.

Holidays and Leave

You must attend all academic days, so leave should not be planned to be absent from these set days. Whilst rest periods support training, we strongly advise long holidays are not taken, interrupting your accelerated training. We also advise holiday is not taken during the last month of your programme. You may need this time to resubmit academic work, undertake additional training lists etc, to complete the programme.

HEE Contact Details

Please email the HEE Clinical Endoscopist Programme Team at diagnosticsprogramme@hee.nhs.uk