

*Developing people
for health and
healthcare*

Non-Medical Endoscopists (NMEs) Competence Assessment Portfolio

Trainee name:

Registration number:

Clinical supervisor(s)

Name:

Registration number:

Post:

Name:

Registration number:

Post:

Date training commenced:

Date training completed:

Developed in partnership with the following organisations



Hinchingbrooke Health Care NHS Trust
Guy's and St. Thomas' NHS Foundation Trust
NHS Improving Quality



Contents

Foreword	2	Competence 8.4: Function effectively using required IT systems.....	43
Introduction	3	Section 9: communication	
Competence overview	6	Competence 9.1: Communicate and relate to individuals during endoscopic procedures.....	44
Endoscopist training		Competence 9.2: Communicate significant or difficult news to individuals.....	45
Clinical competences	7	Section 10: providing information about endoscopic procedures	
Specific competences	8	Competence 10.1: Provide information on GI disease processes and relevant endoscopic procedures to individuals.....	46
Initial training interview	12	Section 11: informed consent	
Training review part one: learning by observation	13	Competence 11.1: Acquire informed consent to undertake endoscopic procedures.....	47
Part two: post-partial procedure evaluation	14	Section 12: individualised care	
Part three: post-full procedure evaluation	15	Competence 12.1: Refer individuals for endoscopic procedures.....	48
Part four: post-therapeutic evaluation	16	Competence 12.2: Schedule endoscopic procedures for individuals.....	49
Part five: final review of training	17	Section 13: procedure scheduling	
Core competences	18	Competence 13.1: Agree endoscopic procedures for individuals.....	50
Specific competences	19	Section 14: equipment safety	
Section 1: communication		Competence 14.1: Prepare the delivery of endoscopic procedures.....	51
Competence 1.1: Communicate effectively in a healthcare environment.....	21	Section 15: pre-procedure preparation	
Section 2: personal and people development		Competence 15.1: Prepare individuals for endoscopic procedures.....	52
Competence 2.1: Develop and maintain your professional networks.....	22	Section 16: correct procedural positions	
Competence 2.2: Use new knowledge in the development of your own practice.....	23	Competence 16.1: Position individuals during endoscopic procedures.....	53
Competence 2.3: Develop your own knowledge and practice.....	24	Section 17: practitioner roles and responsibilities	
Competence 2.4: Monitor your own work practices.....	25	Competence 17.1: Assist colleagues during endoscopic procedures.....	54
Competence 2.5: Support individuals' learning and development.....	26	Section 18: sedation and analgesia during the procedure	
Section 3: health, safety and security		Competence 18.1: Administer sedation and analgesia to individuals during endoscopic procedures.....	55
Competence 3.1 Support the health and safety of yourself and individuals.....	27	Section 19: patient safety	
Competence 3.2: Perform hand hygiene to prevent spread of infection.....	28	Competence 19.1: Assess and optimise the condition of individuals during endoscopic procedures.....	56
Competence 3.3: Make sure your actions contribute a positive and safe working culture.....	29	Section 20: procedural performance	
Competence 3.4: Support the safeguarding of individuals.....	30	Competence 20.1: Perform diagnostic and therapeutic endoscopic procedures.....	57
Competence 3.5: Obtain information from individuals about their health status and needs.....	31	Section 21: diagnostic findings	
Section 4: service improvement		Competence 21.1: Identify signs of abnormality revealed by endoscopic procedures.....	58
Competence 4.1: Identify and evaluate opportunities for innovation and improvement.....	32	Section 22: specimen collection	
Section 5: quality		Competence 22.1: Collect specimens and samples during a range of endoscopic procedures.....	59
Competence 5.1: Act within the limits of your competence and authority.....	33	Section 23: polyp management	
Competence 5.2: Manage and organise your own time and activities.....	34	Competence 23.1: Manage polyps through the use of endoscopic procedures.....	60
Section 6: equality and diversity		Section 24: haemostasis management	
Competence 6.1: Uphold the rights of individuals.....	35	Competence 24.1: Manage haemostasis through the use of endoscopic procedures.....	61
Competence 6.2: Promote the rights and diversity of individuals.....	36	Section 25: endoscopic procedure reporting	
Section 7: education, learning, research and audit		Competence 25.1: Provide reports on endoscopic procedures.....	62
Competence 7.1: Translate research and development findings into practice.....	37	Section 26: interpretation of clinical investigations	
Competence 7.2: Participate in audit.....	38	Competence 26.1: Provide clinical interpretation from investigations.....	63
Competence 7.3: Evaluate and report on the application of research and development findings within practice.....	39	Section 27: caring for individuals recovering from endoscopic procedures	
Section 8: management and administration		Competence 27.1: Provide care for individuals recovering after endoscopic procedures.....	64
Competence 8.1: Develop and sustain productive working relationships with colleagues.....	40	Section 28: reprocess endoscopy equipment	
Competence 8.2: Implement change.....	41	Competence 28.1: Reprocess endoscopy equipment.....	65
Competence 8.3: Allocate work to team members.....	42		

Foreword

There is a projected increase¹ in demand for gastrointestinal (GI) endoscopy in the UK over the next decade due to increased patient expectations, emphasis on early diagnosis, and awareness and uptake of screening. Changes in demographics, advanced endoscopic techniques and public policy are also expected to increase the requirement.

In order to meet this demand NHS England via NHS Improving Quality initiatives has identified that up to 40% of low risk, high volume endoscopic procedures could be carried out by non-medical endoscopists (NMEs)². Historically, this group of practitioners has predominantly been registered nurses but other registered practitioners with appropriate transferable skills and experience, such as radiographers and operating department practitioners, can also perform these roles. As the demand increases, it is imperative that it is matched with adequate training provision and professional support for NMEs.

This competence assessment portfolio has been developed in partnership with experts in the field and steered by a national Advisory Group chaired by Lynne Hall, Clinical Advisor Health Education England, to enable a consistent, quality driven delivery of that training provision. It is supported by a Career Framework developed by Skills for Health and Health Education England³, which provides users with access to a portfolio of evidence for competence achievement, cross-referenced throughout this document for easy access.

This portfolio will provide trainees and independently practising* NMEs with the means to capture and evidence their learning and development, required skills and knowledge base, to enable them to make a difference to their patients through the delivery of safe and effective quality of care.

In publishing this portfolio, we would encourage individuals and organisations that are directly or indirectly concerned with the educational aspects for NMEs to utilise it as a framework that will enable learners to gain a quality experience and ensure a consistent basis for their education and training. It should be used as a resource to inform curricula, provision of educational courses and the delivery of assessment. For commissioners of education, either education commissioners or providers commissioning education and training to develop their own workforce, it stands as the best available resource and assessment framework to ensure trainees and qualified NMEs are able to optimise patient safety, manage risk and support high quality standards for care.



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Professor Erika Denton
National Clinical Director for Diagnostics NHS England

¹ <http://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/monthly-diagnostics-data-2014-15/>

² Developing a case for Nurse Endoscopists, York Health Economic Consortium & NHS Improvement, May 2013

³ Non-Medical Endoscopist Transferable Role Template Career Framework Level7 https://tools.skillsforhealth.org.uk/roles_directory/role_number0289

* The term "independently practising" refers to NMEs who have completed the required training and are established endoscopists

Introduction

Evidence shows that appropriately trained nurses are cost effective and can perform diagnostic endoscopy safely, with similar outcomes to doctors. Nurse endoscopists have been integral in providing endoscopy services for the past fifteen years, undertaking as much as 20% of the workload within a unit. Other suitably qualified healthcare professionals, for example radiographers or operating department practitioners, can also train to become NMEs.

As well as the quality that they add to the care of the patient undergoing GI endoscopy, there are additional benefits to training non-medics as endoscopists:

- doctors' time is released, leading to potential cost savings or an increased capacity to carry out other work, e.g. more complex advanced endoscopy procedures
- a more flexible workforce
- training of other endoscopists
- larger workforce capable of fulfilling vital safety and quality improvement activity, and providing senior practitioner presence to support the service.

Underpinning theoretical knowledge and accountability

As non-medical practitioners take on more advanced roles, several issues become important:

- the acquisition of advanced knowledge on anatomy and pathophysiology
- providing support to ensure confidence and ability in advanced clinical reasoning and decision making
- the development of increased accountability.

A deep and broad knowledge in the care of patients with GI disease is required. These practitioners cannot simply carry out these procedures by rote. They need to know what is normal and what is abnormal if they are to provide the holistic care that is increasingly expected of them. They need to be sufficiently educated in the field of gastroenterology in order to fully explain procedures to patients and to provide diagnoses, discuss likely outcomes, and make evidence-based recommendations on further investigation and treatment pathways.

A practitioner performing these procedures cannot do so without being fully aware of the significance of each action they are performing, including the risk of physical and psychological morbidity. They must be willing and able to be accountable for all aspects of the procedures they are undertaking.

It is vital that practitioners extend their knowledge as they extend their practice. Simply obtaining a technical skill without knowledge of the theoretical underpinning, is not acceptable.

The change of role and the cultural shift that NMEs have to adapt to, can be challenging and complex. The practitioner is required to draw upon multiple skills and talents. This competency portfolio aims to focus on developing these skills and provides a structure for evidencing them.

How to use this competence portfolio

Documentation

NMEs should use this document to provide evidence that they have achieved relevant clinical competences for their role and scope of practice. Page 21 must be signed and dated by both the trainee and clinical supervisor as proof of achievement.

All trainees must register with the Joint Advisory Group on GI Endoscopy (JAG) at the start of their training. They should use the JETS e-portfolio system (www.jets.nhs.uk) to keep an up-to-date record of all practical activity and achievement and use the certificate of acknowledgment of completion of training as part of their competence portfolio.

Competence achievement

Core and specific competences - all core competences, and modality specific competences, for example polypectomy for lower GI endoscopists, must be achieved in order for the trainee to be deemed competent to practice in the specialist environment of endoscopy. Trainees only need to complete the competences relevant to their modality of training.

Locally specific competences - trainees may also undertake locally specific competences. These are additional competences agreed by the employing organisation and may not be routine practice of all practitioners, eg oesophageal dilatation. The portfolio provides space for the recording of such competences and their achievement and sign off.

Competence mapping to other schemes - where appropriate, competences have been mapped against relevant existing competence frameworks, standards, or both, as outlined in the career framework document. Where a competence maps to the JAG requirements, these must be signed off by an appropriate assessor in accordance with the JAG requirements for the assessment of trainees using the JETS e portfolio www.thejag.org.uk/trainingforendoscopists.

Clinical supervision using the JETS e portfolio for recording

It is recommended that as part of the training period, trainees and their clinical supervisors have regular endoscopic appraisal and review sessions, which are recorded on the JETS website. These map different stages of the learning journey, which can also be used by trainees. These include supervision agreement sheets and interview summaries, following completion of each key stage of practice.

Clinical supervisors and supporting endoscopy trainers should be familiar with the Global Rating Scale (GRS) training domain standards www.jagaccreditation.org and the JETS e-Portfolio.

Guidance for portfolio completion (trainees and supervisors)

It is recommended that at the start of training, the trainee meets with their supervisor to discuss their aims and learning needs. This should be recorded accordingly in the first section of the portfolio, entitled 'initial training interview'.

Throughout the training period the trainee, along with their clinical supervisor, should complete parts one to five of the 'training review' section of the portfolio. This should conclude with a 'final reviews of training' once the portfolio has been completed, to assess if all competencies have been met and can be signed off.

It is important that trainees are able to demonstrate an underpinning knowledge of all aspects of practice in conjunction with the performance criteria for each competence. This can be assessed verbally and comments made in the relevant sections of each competence where appropriate.

The supervisor's role is to assess the student's ability to achieve the criteria in the competence document. Each competence achievement should be recorded with relevant supporting evidence, such as witness statements or colleague and patient feedback and signed off by the clinical supervisor or a designated assessor at the time. A record of how and when each competency was achieved should be included. Within the documentation there is a section that allows comments to be made by both the trainee and where appropriate, the supervisor, for example continued learning needs and areas of achievement. Upon achievement of the individual competences, the supervisor and the trainee must sign and date both the sign off sheet and the individual competence form.

Guidance for the clinical supervisor

Students should only undertake supervised practice with competent trainers. By agreeing to act as a supervisor for a trainee, you must meet the JAG requirements for a trainer, possess supervision or mentorship skills, and should have attended a JAG mandated endoscopic training the trainers course.

It is recognised that others may support trainees during their learning, particularly in relation to the use and management of equipment. In such instances, an individual who has significant experience and expertise in the required areas should be assigned to work with the trainee. This nominated person will be responsible for signing off relevant assessments.

Guidance for the named mentor

In addition to identified clinical supervisors, it is recommended that all trainees are allocated a named mentor (internal or external to the base organisation). The mentor will support personal development and provide clinical supervision and guidance in relation to professional issues.

Mentors must be advanced practitioners with significant experience of gastroenterology, the advanced practitioner role and the professional issues that can arise. It is recommended that the mentor is at the level of nurse consultant or equivalent standing as an NME.

Competence overview

Core competences

- Section 1:** Communication
- Section 2:** Personal and people development
- Section 3:** Health, safety and security
- Section 4:** Service improvement
- Section 5:** Quality
- Section 6:** Equality and diversity
- Section 7:** Education, learning and research
- Section 8:** Management and administration

Specific competences

- Section 9:** Advanced communication
- Section 10:** Providing information about GI disease processes and relevant endoscopic procedures
- Section 11:** Informed consent
- Section 12:** Individualised care
- Section 13:** Procedure scheduling
- Section 14:** Equipment safety
- Section 15:** Pre-procedure preparation
- Section 16:** Correct procedural positions
- Section 17:** Practitioner roles and responsibilities
- Section 18:** Sedation and analgesia during the procedure
- Section 19:** Patient safety
- Section 20:** Procedural performance
- Section 21:** Diagnostic findings
- Section 22:** Specimen collection
- Section 23:** Polyp management
- Section 24:** Haemostasis management
- Section 25:** Endoscopic procedure reporting
- Section 26:** Interpretation of clinical investigations
- Section 27:** Caring for individuals recovering from endoscopic procedures
- Section 28:** Reprocessing endoscopy equipment

Endoscopy training

Clinical competences

Section	Reference function	Competence
Core competences		
Section 1		
Communication	Communicate effectively	1.1 Communicate effectively in a healthcare environment
Section 2		
Personal and people development	Develop your own practice	2.1 Develop and maintain your professional networks
	Reflect on your own practice	2.2 Synthesise new knowledge into the development of your own practice
	Support the development of the knowledge and practice of individuals	2.3 Develop your own knowledge and practice
		2.4 Monitor your own work practices
	2.5 Support individuals learning and development	
Section 3		
Health, safety and security	Ensure your own actions reduce risks to health and safety	3.1 Support the health and safety of yourself and individuals
		3.2 Perform hand hygiene to prevent spread of infection
		3.3 Make sure your actions contribute to a positive and safe working culture
		3.4 Support the safeguarding of individuals
		3.5 Obtain information from individuals about their health status and needs
Section 4		
Service improvement	Promote service improvement	4.1 Identify and evaluate opportunities for innovation and improvement
Section 5		
Quality	Act within the limits of your competence and authority	5.1 Act within the limits of your competence and authority
	Manage and organise your own time and activities	5.2 Manage and organise your own time and activities
Section 6		
Equality and diversity	Ensure your own actions support equality of opportunity, and diversity	6.1 Uphold the rights of individuals
	Promote equality of opportunity, and diversity	6.2 Promote the rights and diversity of individuals

Sections	Reference function	Competence
Section 7		
Education, learning, research and audit	Act on research and development findings	7.1 Translate research and development findings into practice
		7.2 Participate in audits
		7.3 Evaluate and report on the application of research and development findings within practice
Section 8		
Management and administration	Develop relationships with individuals	8.1 Develop and sustain productive working relationships with colleagues
	Implement change	8.3 Implement change
	Contribute to the effectiveness of teams	8.4 Allocate work to team members
	IT communication fundamentals	8.5 Function effectively using required IT systems

Specific competences

Section 9		
Advanced Communication	Understand how people react when undergoing procedures in order to establish a rapport with them	9.1 Communicate with and relate to individuals during endoscopic procedures
	Understand how to manage an individual's emotional distress and the possible impact of all aspects of significant news on the individual's well-being	9.2 Communicate significant / difficult news to individuals
Section 10		
Providing information about GI disease processes and relevant endoscopic procedures	Provide timely, honest and accurate information to the patient that is tailored to their individual needs and level of understanding	10.1 Provide information on GI disease processes and relevant endoscopic procedures to individuals
Section 11		
Informed consent	Ensure people understand why they have been referred for an endoscopic procedure	11.1 Acquire informed consent to undertake endoscopic procedures
	All referral information will contain medical history details, current patient symptoms any other relevant information and is sent to appropriate practitioner/ agency	

Sections	Reference function	Competence
Section 12		
Individualised care	Scheduling will take account of the individual need and be balanced with available resources	12.1 Refer individuals for endoscopic procedures
		12.2 Schedule endoscopic procedures for individuals
Section 13		
Procedure scheduling	Referral information and relevant physiological measurements will be reviewed before a decision regarding the type of procedure is made	13.1 Agree endoscopic procedures for individuals
Section 14		
Equipment safety	Equipment used will be fit for purpose, will comply with patient safety, general health and safety requirements and used in accordance with manufacturer instructions	14.1 Prepare the delivery of endoscopic procedures
Section 15		
Pre-procedure preparation	Identity will be verified and consent obtained	15.1 Prepare individuals for endoscopic procedures
	The individual will receive support, information and assistance during the procedure	
Section 16		
Correct procedural positions	Positioning will be undertaken safely and coordinated with other practitioners present	16.1 Position individuals during endoscopic procedures
	Monitoring of the individuals safety needs will be undertaken during the process	
Section 17		
Practitioner roles and responsibilities	The roles and responsibilities of all practitioners involved in the endoscopic procedure will be clear and appropriate assistance given	17.1 Assist colleagues during endoscopic procedures
Section 18		
Sedation and analgesia during the procedure	Appropriate levels of and mix of sedation and analgesia will be determined and administered correctly. The individual will be monitored at all times for signs of distress that will be acted upon immediately	18.1 Administer sedation and analgesia to individuals during endoscopic procedures

Sections	Reference function	Competence
Section 19		
Patient safety	Assessment of the individual's condition will be continuously monitored, changes identified and subsequently optimised during the procedure	19.1 Assess and optimise the condition of individuals during endoscopic procedures
Section 20		
Procedural performance	Endoscope position during the procedure from insertion, guidance, manipulation and withdrawal will be appropriate	20.1 Perform diagnostic and therapeutic endoscopic procedures
Section 21		
Diagnostic findings	Abnormalities will be identified, the location accurately recorded and the procedural information identified	21.1 Identify signs of abnormality revealed by endoscopic procedures
Section 22		
Specimen collection	Specimens and samples are collected at various points during the endoscopic procedure, and are processed for analysis	22.1 Collect specimens and samples during a range of endoscopic procedures.
Section 23		
Polyp management	Differing types of polyps will be correctly identified at different points during the endoscopic procedure	23.1 Manage polyps through the use of endoscopic procedures
	A decision will be taken regarding either their removal or leaving them in situ.	
	Polyps will be removed using a range of different techniques	
	Identified polyp sites will be marked for future monitoring	
Section 24		
Haemostasis management	Haemostasis during endoscopic procedures will be managed using a range of equipment	24.1 Manage haemostasis through the use of endoscopic procedures

Sections	Reference function	Competence
Section 25		
Endoscopic procedure reporting	All diagnostic and/or therapeutic procedures will be reported on and this will include, what procedures were used, how they were undertaken, by whom and the results will be collated according to organisational procedures	25.1 Provide reports on endoscopic procedures
Section 26		
Interpretation of clinical investigations	<p>One or more clinical investigations may also require additional supplementary information from the individual's medical history, current health status or other information. This will be communicated verbally and in writing and may be required in team briefs, court hearings or clinical review meetings</p> <p>Information for diagnosis and/or treatment plans will be provided and advice, guidance and information on prior, current or expected prognosis may influence patient management schemes</p>	26.1 Provide clinical interpretation from investigations
Section 27		
Caring for individuals recovering from endoscopic procedures	<p>The condition of the individual will be monitored taking into account the effects of sedation.</p> <p>Support, information and assistance will be given throughout the recovery process and this will involve ensuring that the individual is aware of their situation and that they are ready for discharge</p>	27.1 Provide care for individuals recovering after endoscopic procedures
Section 28		
Reprocess endoscopy equipment	<p>Reprocessing equipment and the endoscope, will be prepared and tested prior to use and any malfunction reported and addressed before it is used again</p> <p>All damaged or out of date items will be disposed of correctly</p>	28.1 Reprocess endoscopy equipment

Endoscopist training Initial training interview

Date of initial meeting of trainee and clinical supervisor(s):

The initial meeting with your clinical supervisor(s) should cover all aspects relating to your training and supervision. Special requirements should be identified and any potential concerns arising as a result of the meeting should be documented in the relevant sections.

1. Identify named assessor(s) for training:

Supervisor:

Contact details:

Summary of initial meeting:

Endoscopist training

Training review part one: learning by observation

Learning by observing endoscopic procedures is a valuable process. It will allow you to see the whole patient experience first-hand and ask questions regarding any aspect of the procedure, from referral to follow up, management or both.

The following section is for completion post-observations by the trainee and the assessor(s), supervisor(s) or both.

Post-observation evaluation:

Endoscopist training

Part two: post-partial procedure evaluation

Post-partial procedure evaluation:

Endoscopist training

Part three: post-full procedure evaluation

Post-full procedure evaluation:

Endoscopist training

Part four: post-therapeutic evaluation

Post-therapeutic evaluation:

Endoscopist training

Part five: final review of training

Final review of training:

Sections	Competence	Supervisor name and registration number	Signature and date
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Core competences

Section 1			
Communication	1.1		
Section 2			
Personal and people development	2.1		
	2.2		
	2.3		
	2.4		
	2.5		
Section 3			
Health, safety and security	3.1		
	3.2		
	3.3		
	3.4		
	3.5		
Section 4			
Service improvement	4.1		
Section 5			
Quality	5.1		
	5.2		
Section 6			
Equality and diversity	6.1		
	6.2		
Section 7			
Education, learning and research	7.1		
	7.2		
	7.3		

Sections	Competence	Supervisor name and registration number	Signature and date
Section 8			
Management and administration	8.1		
	8.2		
	8.3		
	8.4		

Specific competences

Section 9			
Advanced Communication	9.1		
	9.2		
Section 10			
Providing information about GI disease processes and relevant endoscopic procedures	10.1		
Section 11			
Informed consent	11.1		
Section 12			
Individualised care	12.1		
	12.2		
Section 13			
Procedure scheduling	13.1		
Section 14			
Equipment safety	14.1		
Section 15			
Pre-procedure preparation	15.1		
Section 16			
Correct procedural positions	16.1		

Sections	Competence	Supervisor name and registration number	Signature and date
Section 17			
Practitioner roles and responsibilities	17.1		
Section 18			
Sedation and analgesia during the procedure	18.1		
Section 19			
Patient safety	19.1		
Section 20			
Procedural performance	20.1		
Section 21			
Diagnostic findings	21.1		
Section 22			
Specimen collection	22.1		
Section 23			
Polyp management	23.1		
Section 24			
Haemostasis management	24.1		
Section 25			
Endoscopic procedure reporting	25.1		
Section 26			
Interpretation of clinical investigations	26.1		
Section 27			
Caring for individuals recovering from endoscopic procedures	27.1		
Section 28			
Reprocess endoscopy equipment	28.1		

Endoscopist training

Section one: communication

Competence 1.1: Communicate effectively in a healthcare environment

Reference function

Communicate effectively

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/3001>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section two: personal and people development

Competence 2.1: Develop and maintain your professional networks

Reference function

Develop your own practice

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/3770>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section two: personal and people development

Competence 2.2: Use new knowledge in the development of your own practice

Reference function

Reflect on your own practice

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/376>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section two: personal and people development

Competence 2.3: Develop your own knowledge and practice

Reference function

Support the development of the knowledge and practice of individuals

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/3415>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section two: personal and people development

Competence 2.4: Monitor your own work practices

Reference function

Support the development of the knowledge and practice of individuals

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/2051>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section two: personal and people development

Competence 2.5: Support individuals' learning and development

Reference function

Support the development of the knowledge and practice of individuals

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/3481>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section three: health, safety and security

Competence 3.1 Support the health and safety of yourself and individuals

Reference function

Ensure your own actions reduce risks to health and safety

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/3327>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section three: health, safety and security

Competence 3.2: Perform hand hygiene to prevent spread of infection

Reference function

Ensure your own actions reduce risks to health and safety

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/3309>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section three: health, safety and security

Competence 3.3: Make sure your actions contribute a positive and safe working culture

Reference function

Ensure your own actions reduce risks to health and safety

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/4027>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section three: health, safety and security

Competence 3.4: Support the safeguarding of individuals

Reference function

Ensure your own actions reduce risks to health and safety

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/3518>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section three: health, safety and security

Competence 3.5: Obtain information from individuals about their health status and needs

Reference function

Ensure your own actions reduce risks to health and safety

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/2820>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section four: service improvement

Competence 4.1: Identify and evaluate opportunities for innovation and improvement

Reference function

Promote service improvement

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/3783>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section five: quality

Competence 5.1: Act within the limits of your competence and authority

Reference function

Act within the limits of your competence and authority

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/85>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section five: quality

Competence 5.2: Manage and organise your own time and activities

Reference function

Manage and organise your own time and activities

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/2501>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section six: equality and diversity

Competence 6.1: Uphold the rights of individuals

Reference function

Ensure your own actions support equality of opportunity and diversity

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/3506>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section six: equality and diversity

Competence 6.2: Promote the rights and diversity of individuals

Reference function

Promote equality of opportunity and diversity

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/3540>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section seven: education, learning, research and audit

Competence 7.1: Translate research and development findings into practice

Reference function

Act on research and development findings

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/2459>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section seven: education, learning and research

Competence 7.2: Participate in audit

Reference function

Act on research and development findings

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/2451>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section seven: education, learning and research

Competence 7.3: Evaluate and report on the application of research and development findings within practice

Reference function

Act on research and development findings

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/2460>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section eight: management and administration

Competence 8.1: Develop and sustain productive working relationships with colleagues

Reference function

Develop relationships with individuals

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/3787>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section eight: management and administration

Competence 8.2: Implement change

Reference function

Implement change

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/3786>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section eight: management and administration

Competence 8.3: Allocate work to team members

Reference function

Contribute to the effectiveness of your teams

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/3509>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section eight: management and administration

Competence 8.4: Function effectively using required IT systems

Reference function

IT communication fundamentals

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/2883>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section nine: communication

Competence 9.1: Communicate and relate to individuals during endoscopic procedures

Reference function

Establish a rapport with individuals undergoing endoscopy procedures in order to understand how they react

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/794>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section nine: communication

Competence 9.2: Communicate significant or difficult news to individuals

Reference function

Understand how to manage an individual's emotional distress and the possible impact of all aspects of significant news on the individual's well-being

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<https://tools.skillsforhealth.org.uk/competence/show/html/id/2216>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section Ten: providing information about endoscopic procedures

Competence 10.1: Provide information on GI disease processes and relevant endoscopic procedures to individuals

Reference function

Provide timely, honest and accurate information to the patient that is tailored to their individual needs and level of understanding

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/795>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section Eleven: informed consent

Competence 11.1: Acquire informed consent to undertake endoscopic procedures

Reference function

1. People understand why they have been referred for an endoscopic procedure
2. All referral information will contain medical history details, current patient symptoms and any other relevant information, and is sent to appropriate practitioner or agency

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/790>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section twelve: individualised care

Competence 12.1: Refer individuals for endoscopic procedures

Reference function

The referrer has to ensure that the appropriate referral information accompanies the referral

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/793>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section twelve: individualised care

Competence 12.2: Schedule endoscopic procedures for individuals

Reference function

Scheduling will take account of the individual need and be balanced with available resources

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/792>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section thirteen: procedure scheduling

Competence 13.1: Agree endoscopic procedures for individuals

Reference function

Referral information and relevant physiological measurements will be reviewed before a decision regarding the type of procedure is made

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/791>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section fourteen: equipment safety

Competence 14.1: Prepare the delivery of endoscopic procedures

Reference function

Equipment used will be fit for purpose, will comply with patient safety, general health and safety requirements and used in accordance with manufacturer instructions

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/789>

Supporting evidence:

Comments:

Assessor name and
registration number:

Date:

Assessor
signature:

Signed trainee:

Date:

Endoscopist training

Section fifteen: pre-procedure preparation

Competence 15.1: Prepare individuals for endoscopic procedures

Reference function

- 1.The patient's identity will be verified and consent obtained
- 2.The individual will receive support, information and assistance during the procedure

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/790>

Supporting evidence:

Comments:

Assessor name and registration number:

Assessor signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section sixteen: correct procedural positions

Competence 16.1: Position individuals during endoscopic procedures

Reference function

1. Positioning will be undertaken safely and coordinated with other practitioners present

2. Individuals safety needs will be monitored during the process

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/788>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section seventeen: practitioner roles and responsibilities

Competence 17.1: Assist colleagues during endoscopic procedures

Reference function

The roles and responsibilities of all practitioners involved in the endoscopic procedure will be clear and appropriate assistance given

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/786>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

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Signed trainee:

Date:

Endoscopist training

Section eighteen: sedation and analgesia during the procedure

Competence 18.1: Administer sedation and analgesia to individuals during endoscopic procedures

Reference function

Appropriate levels of and mix of sedation and analgesia will be determined, administered correctly. The individual will be monitored at all times for signs of distress, and if these occur they will be acted upon immediately

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/787>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section nineteen: patient safety

Competence 19.1: Assess and optimise the condition of individuals during endoscopic procedures

Reference function

Assessment of the individual's condition will be continuously monitored, changes identified and subsequently optimised during the procedure

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/785>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section twenty: procedural performance

Competence 20.1: Perform diagnostic and therapeutic endoscopic procedures

Reference function

Endoscope position during the procedure from insertion, guidance, manipulation and withdrawal will be appropriate

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/784>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section twenty one: diagnostic findings

Competence 21.1: Identify signs of abnormality revealed by endoscopic procedures

Reference function

Abnormalities will be identified, the location accurately recorded and the procedural information identified

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/783>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section twenty two: specimen collection

Competence 22.1: Collect specimens and samples during a range of endoscopic procedures

Reference function

Specimens and samples are collected at various points during the endoscopic procedure, and are processed for analysis

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/782>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section twenty three: polyp management

Competence 23.1: Manage polyps through the use of endoscopic procedures

Reference function

1. Differing types of polyps will be correctly identified during the endoscopic procedure
2. A decision will be taken regarding either their removal or leaving them in situ +/- biopsy
3. Polyps will be removed using a range of different techniques
4. Identified polyp sites will be marked for future monitoring
5. Above in line with JETS competencies

Please refer to specific elements within the relevant performance criteria to inform areas of competence / practice. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/781>

Supporting evidence:

Comments:

Assessor name and registration number:

Assessor signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section twenty four: haemostasis management

Competence 24.1: Manage haemostasis through the use of endoscopic procedures

Reference function

Haemostasis during endoscopic procedures will be managed using a range of equipment

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/778>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section twenty five: endoscopic procedure reporting

Competence 25.1: Provide reports on endoscopic procedures

Reference function

All diagnostic and/or therapeutic procedures will be reported on and this will include what procedures were used, how they were undertaken, by whom and the results will be collated according to organisational procedures

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/777>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section twenty six: interpretation of clinical investigations

Competence 26.1: Provide clinical interpretation from investigations

Reference function

1. One or more clinical investigations may also require additional supplementary information from the individual's medical history, current health status or other information. This will be communicated verbally and in writing and may be required in team briefs, court hearings or clinical review meetings
2. Information for diagnosis and/or treatment plan will be provided and advice, guidance and information on prior, current or expected prognosis may influence patient management schemes

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/783>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section twenty seven: caring for individuals recovering from endoscopic procedures

Competence 27.1: Provide care for individuals recovering after endoscopic procedures

Reference function

- 1. The condition of the individual will be monitored taking into account the effects of sedation**
- 2. Support, information and assistance will be given throughout the recovery process and this will involve ensuring that the individual is aware of their situation and that they are ready for discharge**

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/776>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

Endoscopist training

Section twenty eight: reprocess endoscopy equipment

Competence 28.1: Reprocess endoscopy equipment

Reference function

- 1. Reprocessing equipment and the endoscope, will be prepared and tested prior to use and any malfunction reported and addressed before it is used again**
- 2. All damaged or out of date items will be disposed of correctly**

Please refer to specific elements within the relevant performance criteria to inform areas of competence, practice, or both. These can be found at:

<http://tools.skillsforhealth.org.uk/competence/show/html/id/775>

Supporting evidence:

Comments:

Assessor name and
registration number:

Assessor
signature:

Date:

Signed trainee:

Date:

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