There are two parts to this document. Part 1 contains the person specification and Part 2 comprises the application form.

Before completing the application form please make sure you carefully read Part 1 - the person specification page and if you find that you meet the criteria then please proceed to Part 2 to complete the application form.

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

**Part 1 – Person Specification for trainee clinical endoscopist**

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| --- | --- | --- |
|  | **ESSENTIAL** | **DESIRABLE** |
| **Education / Qualifications** | * Registered health care professional * Degree level education health care or studying towards this e.g. BSc, post registration level 6/7 module. * Agreement to undertake clinical endoscopist within timeframe | * Teaching or health promotion qualification |
| **Skills/ Abilities** | * Patient examination and history taking * Presentation skills * I.T skills (standard key board user) * Customer care skills * Ability to organise and prioritise own workload * Ability to supervise others * Ability to communicate sensitive information and address barriers to understanding * Ability to maintain accurate records * Highly proessional role model * Able to delegate appropriately * Ability to coach, motivate and inspire * Flexible and adaptable to working alone or within different groups Experienced in managing organisational change | * Advanced patient examination and history taking * Basic counselling skills Venepuncture and cannulation * Patient teaching/adult education * Accessing and entering electronic data in clinical systems |
| **Experience** | * 2 years post registration experience * Evidence of managing a caseload or care group in a clinical setting with multidisciplinary working * Evidence of having been responsible for day to day supervision or co-ordination of staff in a clinical setting * Evidence of participation in quality assurance, audit and research * Knowledge/understanding of confidentiality issues * Aware of national agenda and changes to improve cancers services * Knowledge of clinical governance, risk management, valid consent and withdrawal of consent. * Knowledge of equality and diversity | * Evidence of providing written and verbal communications to consultants and GPs as an integral part of caseload responsibilities. * Working with patients with GI disease or cancer * Experience of conducting audit/QA/research and changing practice * Responsibility for safe use of equipment and resources/stock control |

**Part 2 – Application form**

Please type your responses in the appropriate boxes below. Note that section 7, which includes information about the expectations of this programme, requires approval and signatures from your clinical supervisor and service lead.

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| 1. **Applicant details** | | |
| **Title** |  | |
| **First name** |  | |
| **Surname** |  | |
| **Registration number (e.g. NMC)** |  | |
| **Work email address** |  | |
| **Personal email address (for contact from HEE in the event of an application query)** |  | |
| **Phone number** | Work |  |
| Mobile |  |
| **Contact address** | Line 1 |  |
| Line 2 |  |
| Line 3 |  |
| Line 4 |  |
| Postcode |  |

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| 1. **Hospital/ trust details** | |
| **Hospital name** |  |
| **Trust name** |  |

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| 1. **Role details** | |
| **Current job title** |  |
| **NHS band (if applicable)** |  |
| **Department worked in** |  |

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| 1. **Application form**   Please answer all of the questions below. |
| **Briefly describe your current position and responsibilities** |
|  |
| **Please provide us with a brief biography that describes your career to date** |
|  |
| **Please provide us with a brief summary of your registration or post registration qualifications only -** Include full name of qualification/module, academic institute and associated start/completion dates |
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| **Please describe your reasons for applying for this course** |
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| **Please describe how your role will be developed when you successfully complete your clinical endoscopists training.** |
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| 1. **Training modality**   The pilot 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. Please delete as appropriate below | |
| Flexible Sigmoidoscopy / Upper GI (OGD) |  |

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| 1. **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 |  |

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| 1. **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 an accelerated 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 one service list per week. 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 trust’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. | | |
| **Clinical supervisor/service lead – please advise how many sessions of endoscopy per week you would plan the applicant to deliver on completion of training:** | | |
| **Number of lists per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **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 endoscopy lists a week to contribute to expanding endoscopy provision** | | |
| **Managerial/ Directorate lead** | **Printed name** |  |
| **Job title** |  |
| **Email address** |  |
| **Signature** |  |
| **Date** |  |
| **Clinical Supervisor/lead** | **Printed name** |  |
| **Job title** |  |
| **Email address** |  |
| **Signature** |  |
| **Date** |  |

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| 1. **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. | |
| **Printed full name** |  |
| **Signature** |  |
| **Date** |  |