

# **HEE CLINICAL ENDOSCOPIST TRAINING PROGRAMME**

## **PLANNING FOR A SUCCESSFUL APPLICATION AND PROGRAMME COMPLETION FOR TRAINING OCTOBER 2017-APRIL 2018.**

### **Organisational support**

The pilot programme and cohorts to date indicate strongly that successful applications have been clinically led, managerially supported and have had active executive engagement.

### **Clinically led**

The clinical supervisor makes an active commitment to lead the development of a new clinical endoscopist within the department. This involves planning monthly supervision meetings, twice weekly dedicated training lists, with 50% undertaken between the supervisor and trainee, training opportunities to meet the requirements of the competency portfolio, acting as an advocate, and leading troubleshooting. The endoscopy training lead will support the training process, as will other endoscopists e.g. holiday cover, opportunistic training. This commitment will be throughout the programme, and cannot be delegated to another person post induction day.

### **Managerially supported**

The line management, service and directorate teams must agree to consult and agree to the development and support of a student. HEE strongly recommend the use of project management action planning, agreement of key milestones and student release to undertake training.

Planning should also include post training job plans and role to support endoscopy activity. A directorate manager or executive member will be nominated to liaise with HEE to lead and action if there are any concerns or delays to the milestones with the student within the programme.

A senior nurse will also be required to act as mentor throughout the programme. This is to facilitate the support and discussion required as the student moves to new and advanced practice. This should be a suitable level nurse e.g. Directorate Nurse, Professional Development Nurse, Senior Nurse Endoscopist.

## **Executive engagement**

The decision to train a new endoscopist should be agreed by a senior executive member and agreement at this level is required in order to complete the HEE clinical endoscopist training programme contract, supported by NHS Employers. We strongly recommend the Chief Nurse or nominated senior deputy provides sponsorship for the student.

## **Independent review of the pilot programme**

We recommend that the project team and candidate familiarise themselves with the independent review of the HEE pilot programme.

<http://www.opm.co.uk/publications/accelerated-non-medical-endoscopist-training-programme-year-1-evaluation-report-to-health-education-england/>

## **Endoscopy planning**

Planning training lists for potential candidates is advised to begin now as part of the application process. Existing and new endoscopy trainee needs e.g. new registrars coming to the organisation should be mapped to ensure there is capacity or flexibility to allow accelerated immersion training for the clinical endoscopist trainee between October 2017 and April 2018.

The interviews will take place in August/September 2017 and endoscopic training begins in October 2017. There are minimum numbers to be achieved by the trainee each month. Forward planning for capacity at point of application will ensure there is suitable list availability to support the trainee once the programme starts. In the event of an unsuccessful application, these can be converted to service lists.

## **Support for organisations who require additional endoscopists, but are unable to provide endoscopy training lists.**

We recognise that some organisations may require additional endoscopist capacity, but are unable to provide the in house endoscopy training. It is acceptable to provide an agreement and contract with another NHS organisation who will allow access to endoscopy lists for the training period.

## **Managers application process for yet to be employed trainee endoscopists.**

There are opportunities for organisations who wish to engage with the programme from October, but are at the pre interview/interview stage for staff e.g. trainee nurse endoscopist, screening endoscopist. HEE are able to support this process via a “managers application” i.e. a prospective place can be held for an unnamed candidate, who the organisation agrees will meet HEE candidate criteria for interview. The candidate must still attend one of the assessment days.

Please contact [joe.corcoran@hee.nhs.net](mailto:joe.corcoran@hee.nhs.net) for further details of this process.

## **HEE support**

- HEE wish to actively work with and support organisations to submit successful applications, and have a programme to enable these. We are able to support by one to one calls, email conversations and webinars.
- HEE can facilitate organisation conference calls with the programme clinical advisers to support the application, and answer any questions not covered elsewhere. HEE can also arrange for calls between applicant organisations, and successful post programme teams.

Please contact [joseph.corcoran@hee.nhs.net](mailto:joseph.corcoran@hee.nhs.net) for details on any of the above.

## **Choosing a candidate**

- Organisations are encouraged to look to the whole workforce for a suitable candidate for the programme, rather than just endoscopy. Practitioners working at level 6 or 7 in non GI successfully learn endoscopy knowledge, skills, behaviour and culture.
- Candidates accepted must have a registrable qualification i.e. nurse, operating department practitioner or radiographer.
- The candidate should be an active learner, with a minimum of post registration degree qualification, which is accepted within the UK e.g. BSc nursing, level 6 or 7 module in health related study. Where a candidate has not undertaken academic study for some time, organisations are recommended to support a ‘return to academic writing programme’, which may be in house or via a Higher Education Institution.
- The candidate should be a confident, reflective practitioner, who embraces change and development in their role. They should be resilient, and agreeable to an

intensive, accelerated programme, which most likely require undertaking parts of the programme within their own time.

- Successful candidates at application have generally been in band 6 or above roles for more than 6 months. However, part time workers or career change applicants who are in band 5 roles, but have current or previous level 6/7 knowledge and skills, are suitable e.g. new to organisation staff, return to work employees.

- It is acceptable that during the training programme, students remain within their substantive employment, with agreement to alteration of job role on completion. This does not have to be only as a clinical endoscopist, and may involve a combination role e.g. specialist screening practitioner and endoscopist, specialist nurse and endoscopist, therapeutic radiographer and endoscopist.

- Organisations may submit more than one suitable candidate for the programme. The HEE assessment process will accept all suitable candidates. However the organisation should be aware that they are committing these candidates to complete the programme starting in September, and must be able to support all students entered. A formal internal selection process is required if there are more applications within the host organisation than they can support.

## **Submitting a new application following a previous unsuccessful bid**

Many organisations have submitted applications since the pilot programme in December 2015, with some being unsuccessful. HEE recognises that there may be many reasons for this, which no longer apply within the organisation e.g. candidate did not meet the criteria, training environment unsuitable, organisational engagement not mature. We would strongly encourage those organisations to review the programme and their needs again, and new applications will be reviewed and supported without prejudice.

## **HEE review of applications**

- All applications are reviewed by the clinical advisers, and assessed against the application criteria.

- Successful applications show clear evidence against the person specification, an understanding of the programme, and prospective plans for their role on completion.

- We recommend that all applications should be typed rather than handwritten. They should be clear, legible and all sections must be completed. This

should include identification of application supporting leads. Electronic signatures may be used.

- Successful applications show organisational planning and engagement but it is not expected that all details are finalised prior to submission of application.

- HEE may contact candidates or organisations for additional details following application. To support prompt responses and accurate replies, we recommend a second email address e.g. clinical lead, manager is entered, so mail is monitored and response to.

### Preparing the candidate for assessment

- The candidate and supporting team should familiarise themselves with all the supporting documents and have a full understanding of the programme.

- The assessment process reviews three domains: individual commitment, organisational support and planning and practical skill. The candidate should be able to confidently discuss the organisational plan for the programme, proposed training, support and engagement.

Each section is individually marked then a summative score is agreed by the selection panel.

- It may have been some time since the applicant has been to an interview. The assessment team are friendly and recognise interviews can be stressful, particularly at national level. We recommend that candidates have preparation for interview and interview skill coaching in readiness to promote the application and themselves in the most positive way.