Advanced Colonoscopy and ERCP Advanced Training Skills Modules (ATSMs)

Questions and answers raised at the National ATSM Webinar held on Tuesday 10th December 2024. A follow-up National ATSM Webinar is planned for Friday 17th January 2025.

ATSM posts and regional spread

Q1. How many posts will be available for Advanced Colonoscopy and ERCP ATSMs, and will they vary by region?
A: The number of training posts available will be limited and determined by regional estimates of workforce gaps and anticipated demands in patient activity. For next year, the number of posts is likely to be between 25 – 40 in total (approximately. 2:1 colonoscopy: ERCP).

Q2. Can applicants apply across all regions?
A: Yes, they can, but after their year training for the ATSM they will return to their home deanery.

Q3. Do Training Programme Directors and regional deans support this initiative?
A: Yes, all stakeholders have been approached and are widely supportive.

Q4. At risk regions will also be short of training opportunities. Shouldn't training be focused where the trainers are and not where the vacancies are?
A: It is noted that training capacity, demand and trainers may not align, which is why trainees may apply across all regions (see Q2).

Q5. How will increasing the number of ERCPists and Bowel Cancer Screeners overall nationally, ensure that the regional needs are met in areas we know struggle to recruit?
A: Nationally we have a responsibility to ensure that the entire population has equitable access to the advanced endoscopy skills that you will be delivering. It will be the regions' responsibility, via networks, to ensure that services are available in areas that have previously been difficult to recruit.

Recruitment Process

Q6. When will these posts be advertised?
A: Subject to funding, the posts will be advertised early in 2025.

Q7. What will be the selection criteria and how will it work?
A: Further details on the selection criteria will be available in the new year and shared at the next National ATSM Webinar on Friday 17th January 2025.

Q8. Are we expecting the ATSM posts to start from September 2025?
A: Yes, subject to funding the posts will commence from September 2025.

Q9. Will fellow selection be done centrally or locally by centres able to deliver the fellowships?
A: Further details on the selection criteria will be shared at the next National ATSM Webinar on Friday 17th January 2025. The selection process will be run locally/regionally, but with national oversight to allow highly committed trainees to take up vacancies outside the region should they not be filled.

Eligibility

Q10. Are there any implications to trainees who are on work visas for deanery-based rotation?
A: Trainees on work visas can only take part in the ATSM training as an Out of Programme opportunity (OOP) - Out of Programme (OOP) and your sponsorship | Medical Hub

Q11. Do trainees need to have full colonoscopy accreditation prior to starting?
A: Yes, we would expect trainees to be signed off for colonoscopy (or at least close to sign off, by the time they take up the ATSM colonoscopy post).

Q12. Will trainees need to be a minimum number of months pre-CCT?
A: We would expect trainees to be at least 12 months pre-CCT but would consider those trainees closer to CCT (or even post CCT) as well as trainees who might have already started advanced endoscopy or a commitment to either ERCP or Bowel Cancer Screening colonoscopy.

Q13. Will surgical trainees be able to apply for an ATSM post?
A: Yes, they will be open to surgical trainees should they be able to commit to a career in advanced endoscopy and undertake 2 – 3 lists per week as a Consultant.

Q14. If a trainee has already had another OOP (e.g. 3 years for a PhD), could they still take a OOPE for the ATSM?
A: Yes, if agreed with the Training Programme Director and clearly part of career intentions.

Q15. Will trainees on less than full time (LTFT) contracts be considered?
A: Yes, all trainees working LTFT are eligible to apply. Further details for colleagues on work visas and working LTFT can be found here - Less Than Full Time (LTFT) minimum salary requirements | Medical Hub

Advanced Colonoscopy

Q16. Will the advanced polypectomy ESD/EMR be part of ATSM training?
A: No, it won't, but we are exploring how this additional training might be delivered once you are in post as a Consultant.

Q17. Can routine service colonoscopy lists be undertaken during the Advanced Colonoscopy ATSM fellowship?
A: They can be undertaken at evenings and weekends, however during the weekday you will be training for the ATSM so as not to distract from your advanced training.

ERCP

Q18. Can post (recent) CCT people be eligible for the ERCP fellowship?
A: Yes.

Q19. Can only ST6 apply for the ERCP ATSM?
A: ERCP ATSM is open to those entering both the ST6-7 luminal or hepatology pathways, following certification in upper GI endoscopy, ideally after experience in therapeutic upper GI endoscopy or ERCP with a clear commitment to a career in hepatobiliary endoscopy.

Q20. For ERCP ATSM, are we looking to get JAG (Joint Advisory Group) sign off?
A: The purpose of the ATSM is to accelerate training and if JAG ERCP certification standards are met (especially with prior experience in ERCP), sign off may occur within the duration of the ATSM. However, some ATSM training centres may be offering both ERCP and EUS training, and it is unlikely to reach numbers to allow sign off in both EUS and ERCP within 12 months. It will also be necessary to have ongoing access to ERCP after the ATMS in ST7 after return from OOPE and also likely that post-CCT training will be necessary for many including those training in both EUS/ERCP. Ongoing mentoring after certification after JAG accreditation also remains a crucial element of early independent practice.

Q21. This is clearly different to what is usually offered by fellowships which take a competent trainee from grade1/2 into the grade 3/4 cases.
A: Yes, it is, accepting that even post sign off, we get better with mentorship and more experience. ATSMs will be providing accelerated training at an earlier stage than traditional fellowships, but with more focussed training than general ERCP/EUS exposure is currently afforded during StR training – this is to try and increase the pool of ERCP/EUS trainees to address the hepatobiliary endoscopy workforce position and succession planning.

Q22. Would you recommend pausing post-CCT fellowships for a year to allow for enough lists for the advanced specialty trainees?
A: We would like to expand access to ERCP/EUS training and some centres who have (often overseas) trainees may need to adjust list allocation or collaborate with neighbouring Trusts to deliver both. Careful planning with Training Programme Directors before leaving for OOPE and after returning will be necessary to maximise other GI curriculum sign off (e.g. nutrition/ General Internal Medicine etc) before ATSM and to plan ST7 placement in units where ongoing access to ERCP/EUS lists can be offered. This return to region will encourage building strong relationships with the team and help retain trainees in future consultant appointments.

Q23. How many ERCPists are needed in a centre to provide training, or do you want to know how many training lists are available?
A: Ideally 5 lists across each week and may need to be across >1 site, based on one site for any one day. Training lists are likely to be delivered by more than one trainer.

Q24. For the ERCP posts, will these likely to be in centres who traditionally offer post-CCT ERCP fellowships? Will it result in dilution of how many procedures the post-CCT fellowship would offer?
A: We would like to accommodate ERCP ATSM in established centres with excellent reputation and BSG (British Society of Gastroenterology) endoscopy fellowship endorsement. This will have an impact on scheduling other trainees, but linking with other adjacent Trusts to access further training lists is one way of maximising access to and delivery of ERCP/ EUS training. Other centres that have not traditionally hosted post-CCT fellowships would also be encouraged to develop training programmes. The need for ERCP/EUS trainees cannot be fully met by the current established programmes.

Q25. For ERCP, would it be a prerequisite to have hands-on experience during training years, or would this entertain those who are starting with a new skill?
A: Individuals should have a tangible interest and commitment to hepatobiliary endoscopy as a career intention and have demonstrated this (and technical ability in their endoscopy during ST4-6). Observing/engaging in ERCP/hepatobiliary endoscopy lists and accessing basic ERCP JAG courses would be expected.

Q26. Why do those who wish ERCP training require colonoscopy?
A: This is not required. Individuals can access ERCP ATSM training without colonoscopy.

Q27. Will a post-CCT fellowship be required having done ERCP ATSM?
A: If sufficient progress in acquiring the necessary skills to perform ERCP as a Consultant were gained during a year, then this won't be necessary, but will depend on individual progression and the mentorship and support available early in their consultant career.

Q28. Does it have to be ERCP only or combined EUS/ERCP?
A: Ideally both where that can be delivered (e.g. many centres run combined EUS/ERCP lists, and these opportunities should be taken). An individual may take further post-CCT training in EUS if only ERCP is offered at a training centre.

Q29. Will luminal trainees doing ERCP also be required to complete colonoscopy sign off by the end of their training?
A: Yes, as things currently stand you would need colonoscopy sign off by the end of the training. This would be completed during ST4-7 years in-programme as usual and the additional ATSM programme is OOP.

Funding

Q30. Will there be NHSE funding for these fellowships, or are Trusts expected to fund?
A: We hope that national funding will be available to support ATSMs.