

## Advanced Colonoscopy and ERCP Advanced Training Skills Modules (ATSMs)

Questions and answers raised at the National ATSM Webinar held on Friday 17<sup>th</sup> January 2025.

### ERCP

**Q1. Would trainees opting for liver as a speciality in ST6 also be allowed to apply for ERCP (endoscopic retrograde cholangiopancreatography)?**

Yes, trainees on either hepatology or luminal pathways will be eligible for Out of Programme (OOP) ATSM training. This is an additional OOP experience, so all trainees would complete all years ST4-7 in addition.

**Q2. If I were to complete one year of ERCP in my ST6 would I have to come back and complete two more years to get a CCT (Certificate of Completion Training)?**

Yes, you would be expected to complete four years ST4-7 to gain CCT. The year of ERCP would be an additional OOP year ideally after ST6.

**Q3. As someone finishing specialty training in May 2025, will I be able to take part in the ERCP ATSM training as a post-CCT fellow?**

Yes, you would be eligible to apply. By this stage it would be expected you will already have demonstrated a commitment to a career in hepatobiliary (HPB) medicine and endoscopy and had some exposure to ERCP or EUS (endoscopic ultrasound) already.

**Q4. If in September 2025 there are 6 months to CCT for an ST7 already signed off for ERCP - can this programme apply for 6 months and be more weighted on EUS?**

The programme is set to last for 12 months and could be weighted more towards EUS. The ambition is to expand certification in combined ERCP/EUS across NHS England networks.

**Q5. Does a basic course in ERCP need to be completed before applying?**

This would be advantageous and one way of demonstrating your interest and commitment and will help to have been completed before you start or early in your ATSM.

**Q6. What kind of things are you looking to show commitment towards HPB/ERCP-EUS? Getting a place onto the basic ERCP skills course has posed to be a challenge as an ST5.**

Sign off and aptitude for upper GI endoscopy, audit, and continued professional development in ERCP/EUS, JAG (Joint Advisory Group) basic courses and attendance or experience in HPB endoscopy and multi-disciplinary team meetings etc – using initiative to seek out learning opportunities.

**Q7. Can I apply between ST5 and ST6 if I am already signed off in gastroscopy/ colonoscopy and have started training in HPB?**

Yes, you would be eligible for the ERCP ATSM.

### Advanced Colonoscopy

**Q8. Can Advanced Colonoscopy trainees train on BCSP lists?**

Only once they have reached the experience required to be classed as an 'aspirant screener.' The national BCSP criteria are currently being reviewed.

**Q9. Is it strictly post ST6 for Advanced Colonoscopy or if you are post ST5 and signed off for colonoscopy, would you be considered?**

ST5 would be considered if they had completed basic colonoscopy training, or likely to complete their training by the start of the ATSM.

## Eligibility

**Q10. Can you apply to this programme as a trainee in Scotland, Wales or Ireland?**

The funding stream is from NHS England for trainees in England but we are sharing principles with other devolved nations. We are also aware that networks do operate across adjacent national boundaries. The funding priority is initially for trainees in England (i.e. the funding stream once confirmed is from NHS England); we hope that NHS in Wales, Scotland and Northern Ireland will develop similar training.

**Q11. Is this open to both gastroenterology trainees and general surgery trainees?**

Yes, if committed to a future in either colonoscopy or HPB endoscopy.

**Q12. How would this affect February/March starters? Can we apply mid ST6 with a start mid ST7?**

This would be at the discretion of the Training Programme Director (TPD), and would have to be considered on an individual basis.

**Q13. If I am currently an ST7 finishing in September can I apply as an someone with CCT?**

Yes, we are focussed on the end result of generating qualified specialist endoscopists and this is the first year of ATSMs so we will accept applications from ST7 and post-CCT.

**Q14. Will applicants returning from maternity leave be considered (post September start date)?**

This would be at the discretion of the TPD, and would have to be considered on an individual basis.

## ATSM Posts and Numbers

**Q15. How many ATSM posts will there be?**

Approximately 15 ERCP and 30 Advanced Colonoscopy posts across England.

**Q16. Some centres/areas which have excellent training arrangements may well have lesser demand compared to areas which have high demand for services. Do you have any comments?**

Trainees can access training in such centres and then compete ST7 (with ongoing lists) back in their region with a view to mentorship and appointment where the demand is.

**Q17. What are the areas/regions of need?**

We know many regions have a need and we are currently finalising our understanding of the overall picture.

**Q18. Can we create regional posts? Across 2-3 trusts?**

Yes, and this may be necessary depending on unit volumes. It also strengthens the regional networking arrangements for training and future service provision. Training posts across organisations could be really positive and is encouraged where this improves access to training lists.

**Q19. In our region we have to declare final vacancy numbers for national recruitment by 21/2/25. If we declare a vacancy and then the candidate doesn't get an ATSM then we have an additional trainee we have no space for. We can probably manage this for one year if national recruitment agree to late changes in numbers of vacancies, but will timing change for next year?**

You can't remove a post once recruited but there is usually scope for increasing numbers; so it's best to underestimate numbers required to recruitment and then go up if needed.

**Q20. Is the OOP for an extra year?**

The programme will begin in September 2025 and last for 12 months OOP and additional to ST4-7 four years speciality training (or pro rata for those less than full time).

## Funding

**Q21. Would the post be banded or just be basic pay for day-time work?**

Final confirmation of funding is expected soon. Salary/support costs will be covered for the training received during routine working hours (Monday – Friday, 9 to 5). Recruiting trusts may supplement this to include payments for on call etc.

**Q22. How many years are the ATSM training posts funded for?**

This is a new initiative, and we are hoping there will be further training cohorts in future.

## Expression of Interest and Recruitment Process

**Q23. How can trainees access the MS form to complete - will we get them via our TPD or endoscopy lead?**

Links to the MS forms will be sent to TPDs, regional endoscopy transformation leads, regional endoscopy training academy leads and trainee leads to circulate.

**Q24. Can you apply to other regions as well as your own region?**

Yes, this is detailed on the application form asking for 3 other regions you would be prepared to train in, if unsuccessful in your own region.

**Q25. Can a trainee interested in therapeutic endoscopy apply for both ERCP and colonoscopy to secure either of the posts, or it is expected to apply only for one?**

No, trainees can only apply for one ATSM.

**Q26. Could you clarify the timing in terms of applying for an OOP with our TPDs - will we need to have secured this before we apply?**

Your TPD and school will have the exact dates for the windows for OOP applications.

**Q27. We've been a national and international training centre for a long time. Most then go elsewhere to be consultants. Training should be endoscopic but for such procedures it is important to ensure the candidate is involved in decision making. So these posts need to include vetting with supervision and follow up/management of the patients and any adverse events.**

Agreed and this would be part of the training timetable including vetting, image review, consent clinics and HPB benign and malignant multi-disciplinary teams meetings.