## Advanced Colonoscopy & ERCP Advanced Training Specialty Modules (ATSMs)

## **Training Centre Expression of Interest Questions**

Please do not attempt to use this document to submit your Expression of Interest. All Expressions of Interest should be submitted via the link below:

## https://forms.office.com/e/cMKLZBHj5K

It is expected that Training Programme Directors and regional Training Academy Directors work in collaboration to complete the Expression of Interest.

The following questions have been included in the online expression of interest form. They have been provided here to help you prepare for completing the form.

- Please indicate the name of your NHSE region.
- Please provide the name of your Endoscopy Training Centre.
- Please provide the name of your Training Centre Programme Director.
- Please provide the contact details for your Training Centre Programme Director.
- Please provide the name of your Training Centre Lead Trainer.
- Please provide the contact details for your Training Centre Lead Trainer.
- Please provide the name of your Training Centre Finance Director.
- Please provide the contact details for your Training Centre Finance Director.
- Please indicate below, which ATSM training you are able to provide.
  - Advanced Colonoscopy
  - o ERCP
  - ERCP and EUS
- Please forward a copy of your latest GMC (General Medical Council) feedback.
- Please describe how you will link in and work with your regional Endoscopy Training Academy.
- Please forward a statement of support from your regional Endoscopy Training Academy Clinical Director.

- Quality Assurance: Are your endoscopy fellowship programmes endorsed by the British Society of Gastroenterology) BSG?
- Please provide your annual number of relevant endoscopy procedures undertaken.
- Please provide a model timetable with the number of ATSM training sessions and details of how these training sessions will be delivered.
- Please provide details of options that may be available for ATSM trainees working outside of 9am – 5pm hours, to support salaries if required, without compromising access to training sessions.
- For Advanced Colonoscopy ATSM, do you have access to BCSP lists.
- For Advanced Colonoscopy ATSM, please provide information regarding access to BCSP lists.
- For Advanced Colonoscopy ATSM, please forward a statement of support from your BCSP Clinical Director(s)
- Would you consider supporting a trainee from another region should a suitable Advanced Colonoscopy or ERCP ATSM post not be available in their home region?
- If there are any other supporting points you would like to make, please write them below, with the number of the question they relate to, if appropriate.
- Name of person completing expression of interest
- Contact details of person completing expression of interest
- In order for your application to be considered, you must forward supporting statements from your Endoscopy Training Academy Director and BCSP Clinical Director. Do please tick the box below to indicate that you have read and will comply with this request. =

**Open date:** Monday 27<sup>th</sup> January 2025 (12pm)

Closing date: Monday 17<sup>th</sup> February 2025 (5pm)

Expression of Interest form: <a href="https://forms.office.com/e/cMKLZBHj5K">https://forms.office.com/e/cMKLZBHj5K</a>