

Transferable Role Template

Career Framework Level 7

Non-Medical Endoscopist (NME)

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Developers

Developed in partnership with Health Education England, HEE East Midlands, The Joint Advisory Group on GI Endoscopy, The Royal College of Nursing, NSIQ, NHS England, Hinchinbrooke NHS Healthcare Trust, Guys & St Thomas NHS Foundation Trust, NHS Employers, The Council of Deans and representatives from the University of Leeds and University of Hull Faculty of Health and Social Care.



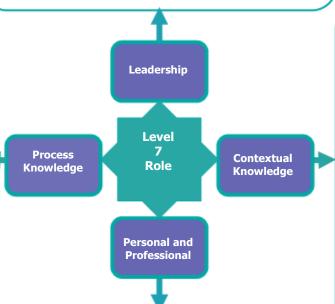
Level Descriptors

Key characteristics of a Level 7 Role

Has power to act
Has authority
Has influence
Promotes a learning culture

Demonstrates leadership and innovation in work contexts that are unpredictable and that require solving problems involving many interacting factors

Sophisticated learning skills
Develops new skills in response
to emerging knowledge and
techniques
Advances professional practice
Works across professional
boundaries using creative
reasoning and problem solving
Development of others
Instigates and manages change
within a complex environment



Quality at the heart of practice
Actively integrates theory and practice
Demonstrates evidence based practice
Active continuing professional development
Striving to better previously established standards
Focus on ethical and moral dimensions

Higher level clinical / technical / research skills
Breadth and depth of knowledge
Experience
Vision
Innovates through reflection in practice
Deals with complexity
Creative reasoning



Definition of the Level 7 Role

People at level 7 of the career framework have a critical awareness of knowledge issues in the field and at the interface between different fields. They are innovative and have a responsibility for developing and changing practice and/or services in a complex and unpredictable environment.

Example of Role at Level 7

Advanced Practitioner:

Whilst recognising that some professions have already defined the advanced practitioner: the definition of an advanced practitioner used in this template is intended to be applicable to all professional and occupational groups. This definition is based on the level 7 descriptors that inform the career framework for health and therefore is useful to employers.

Advanced practitioners are experienced professionals who have developed their skills and theoretical knowledge to a very high standard, performing a highly complex role and continuously developing their practice within a defined field and/or having management responsibilities for a section/small department. They will have their own caseload or work area responsibilities.

Further information regarding the role of the advanced practitioner has been used to support these findings

Basic Information:

Named Role	Non-Medical Endoscopist (NME)
Area of work	Acute, Diagnostics, Hospital NHS Or Independent
Role Family	AHPs, Medical, Nursing
Experience required	Professionally registered and regulated practitioners in health care.
Career Framework Level	7



Summary of Role

All non-medical endoscopists need to achieve the same level of competency as their medical colleagues. This role describes a non-medical endoscopist and was mapped to endoscopy competencies. The term Advanced Practitioner is not used in the field of endoscopy; the term NME is preferred.

Scope of the Role

Gastrointestinal (GI) endoscopy services are increasingly in high demand and this has generally resulted in increased waiting times and the associated risk of not meeting patient outcomes. Alongside this, the national bowel screening program has constituted a further increased demand for colonoscopists.

GI endoscopy in the UK is in the main, currently performed by doctors but increasingly so by nurse endoscopist, the latter being introduced to the endoscopy workforce in 1994 via guidelines and recommendations published by the British Society of Gastroenterology (BSG) Joint Advisory Group (JAG) acting on behalf of the Royal College of Physicians.

Evidence shows that appropriately trained nurses can perform diagnostic and therapeutic endoscopy safely, with similar outcomes to doctors and that they are cost effective. As such, nurse endoscopists have been an integral part of providing endoscopy services for the past fifteen years, undertaking as much as 20% each of the workload within a unit.

The Department of Health via NHS Improving Quality initiatives suggest that where appropriate, up to 40% of low risk, high volume endoscopic procedures could be carried out by non-medical endoscopists (NMEs). However as the demand increases it is imperative to match this with adequate training provision and professional support for these practitioners. Currently there is no nationally agreed competency framework in place to guide that process, leaving service providers to locally lead. This has produced inconsistencies in terms of patient safety and the increased levels of professional accountability required for such a procedure.

The law does not recognise the term nurse endoscopist as all independently practising endoscopists, whether medical or non-medical, will be judged by the same standards. Therefore, any NME undertaking any GI endoscopy, regardless of job title, role, professional background or previous experience, needs to be trained to and assessed against the same nationally accepted competency standards. In correlation with this, the JAG states that, regardless of professional background, all NMEs need to achieve the same level of competency as their medical colleagues.

This national competency framework will outline the standards required of the differing levels of skills used by nurse endoscopist. This ranges from diagnostic unsedated flexible sigmoidoscopy and gastroscopy where biopsies may be taken to complex sedated colonoscopy and polypectomy procedures. Report writing, clinical reasoning, patient management plans and the giving of bad news are examples of associated skills required of nurse endoscopists and where such competencies need to be assessed.



Level 7 Core Competences / National Occupational Standards:

Underpinning Principle	Reference Function		Competence
1. COMMUNICATION	1.2	Communicate effectively	GEN97 Communicate effectively in a healthcare environment http://tools.skillsforhealth.org.uk/competence/show/html/id/3001
2. PERSONAL & PEOPLE DEVELOPMENT	2.1.1	Develop your own practice	GEN13 Synthesise new knowledge into the development of your own practice http://tools.skillsforhealth.org.uk/competence/show/html/id/376 CFAM&LAA3
			Develop and maintain your professional networks http://tools.skillsforhealth.org.uk/competence/show/html/id/3770
	2.1.2	Reflect on your own practice	GEN23 Monitor your own work practices http://tools.skillsforhealth.org.uk/competence/show/html/id/2051
			SCDHSC0033 Develop your practice through reflection and learning http://tools.skillsforhealth.org.uk/competence/show/html/id/3415
	2.2.1	Support the development of the knowledge and practice of individuals	SCDHSC0043 Take responsibility for the continuing professional development of yourself and others http://tools.skillsforhealth.org.uk/competence/show/html/id/3481
3. HEALTH SAFETY & SECURITY	3.5.1	Ensure your own actions reduce risks to health and safety	IPC2.2012 Perform hand hygiene to prevent the spread of infection http://tools.skillsforhealth.org.uk/competence/show/html/id/3309
			PROHSS1 Make sure your own actions reduce risks to health and safety http://tools.skillsforhealth.org.uk/competence/show/html/id/3327
			PMWRV1 Make sure your actions contribute to a positive and safe working culture http://tools.skillsforhealth.org.uk/competence/show/html/id/4027
	3.5.2	Protect individuals from abuse	SCDHSC0024 Support the safeguarding of individuals http://tools.skillsforhealth.org.uk/competence/show/html/id/3518
4. SERVICE IMPROVEMENT	4.6	Promote service improvement	CFAM&LCA1 Identify and evaluate opportunities for innovation and improvement http://tools.skillsforhealth.org.uk/competence/show/html/id/3783
5. QUALITY	5.1.1	Act within the limits of your competence and authority	GEN63 Act within the limits of your competence and authority http://tools.skillsforhealth.org.uk/competence/show/html/id/85
	5.1.2	Manage and organise your own time and activities	HT4 Manage and organise your own time and activities http://tools.skillsforhealth.org.uk/competence/show/html/id/2501



6. EQUALITY & DIVERSITY	6.1	Ensure your own actions support equality of opportunity and diversity	SCDHSC0234 Uphold the rights of individuals http://tools.skillsforhealth.org.uk/competence/show/html/id/3506
	6.2	Promote equality of opportunity and diversity	SCDHSC3111 Promote the rights and diversity of individuals http://tools.skillsforhealth.org.uk/competence/show/html/id/3540
B. HEALTH INTERVENTION	B2.1	Obtain information from individuals about their health status and needs	CHS169 Comply with legal requirements for maintaining confidentiality in healthcare http://tools.skillsforhealth.org.uk/competence/show/html/id/2820
D. INFORMATION MANAGEMENT / INFORMATION AND COMMUNICATION TECHNOLOGY	D2.4	Maintain information / record systems	CFA_BAD332 Store and retrieve information using a filing system http://tools.skillsforhealth.org.uk/competence/show/html/id/4104
H. MANAGEMENT & ADMINISTRATION	H1.2.4	Implement change	CFAM&LCA4 Implement change http://tools.skillsforhealth.org.uk/competence/show/html/id/3786
	H1.3.1	Contribute to the effectiveness of teams	SCDHSC0241 Contribute to the effectiveness of teams http://tools.skillsforhealth.org.uk/competence/show/html/id/3509
	H1.3.2	Develop relationships with individuals	CFAM&LDD1 Develop and sustain productive working relationships with colleagues http://tools.skillsforhealth.org.uk/competence/show/html/id/3787
	H2.6	Receive and pass on messages and information	ESKITU020 Use digital communications http://tools.skillsforhealth.org.uk/competence/show/html/id/4150

Role Specific Competences / National Occupational Standards:

Underpinning Principle	Reference Function		Competence
1. COMMUNICATION	1.2	Communicate effectively	END01 Communicate and relate to individuals during endoscopic procedures http://tools.skillsforhealth.org.uk/competence/show/html/id/794
	1.5	Provide information, advice and guidance	END02 Provide information on endoscopic procedures to individuals http://tools.skillsforhealth.org.uk/competence/show/html/id/795
2. PERSONAL & PEOPLE DEVELOPMENT	2.2.1	Support the development of the knowledge and practice of individuals	SCDHSC0043 Take responsibility for the continuing professional development of yourself and others http://tools.skillsforhealth.org.uk/competence/show/html/id/3481
A. ASSESSMENT	A2.2	Co-ordinate assessment of the health of individuals	Schedule endoscopic procedures for individuals http://tools.skillsforhealth.org.uk/competence/show/html/id/792



	A2.5	Agree courses of action following assessment	END05 Agree endoscopic procedures for individuals http://tools.skillsforhealth.org.uk/competence/show/html/id/791
B. HEALTH INTERVENTION	B3.3.2	Prepare individuals for health care actions	END07 Prepare individuals for endoscopic procedures http://tools.skillsforhealth.org.uk/competence/show/html/id/790
	B3.3.3	Move and position individuals	END08 Position individuals during endoscopic procedures http://tools.skillsforhealth.org.uk/competence/show/html/id/788
	B3.3.4	Prepare environments and resources for use in health care activities	END06 Prepare the delivery of endoscopic procedures http://tools.skillsforhealth.org.uk/competence/show/html/id/789
	B3.3.6	Support others in providing health care actions	END09 Assist colleagues during endoscopic procedures http://tools.skillsforhealth.org.uk/competence/show/html/id/786
	B3.4.2	Refer individuals to services for treatment and care	END03 Refer individuals for endoscopic procedures http://tools.skillsforhealth.org.uk/competence/show/html/id/793
	B5.1	Obtain specimens from individuals	END14 Collect specimens through the use of endoscopic procedures http://tools.skillsforhealth.org.uk/competence/show/html/id/782
	B7	Interpret and report on findings from investigations	END19 Provide reports on endoscopic procedures http://tools.skillsforhealth.org.uk/competence/show/html/id/777
	B8.2	Investigate system/organ function	END13 Identify signs of abnormality revealed by endoscopic procedures http://tools.skillsforhealth.org.uk/competence/show/html/id/783
			END12 Perform diagnostic and therapeutic endoscopic procedures http://tools.skillsforhealth.org.uk/competence/show/html/id/784
	B11.2	Maintain fluid levels and balance in individuals	END17 Manage haemostasis through the use of endoscopic procedures http://tools.skillsforhealth.org.uk/competence/show/html/id/778
	B11.4	Induce anaesthesia/sedat ion in an individual	END10 Administer sedation and analgesia to individuals during endoscopic procedures http://tools.skillsforhealth.org.uk/competence/show/html/id/787
	B12.1	Clean and excise / debride tissue	END15 Manage polyps through the use of endoscopic procedures http://tools.skillsforhealth.org.uk/competence/show/html/id/781



		,	
	B16.1	Support	END20
		individuals during	Provide care for individuals recovering after
		and after	endoscopic procedures
		clinical/therapeuti	http://tools.skillsforhealth.org.uk/competence/show/html/id/776
		c activities	
			END11
			Assess and optimise the condition of individuals
			during endoscopic procedures
			http://tools.skillsforhealth.org.uk/competence/show/html/id/785
F. EDUCATION	F6.1	Conduct	R&D8a
LEARNING & RESEARCH		investigations in a	Assist in the research work
		research and	http://tools.skillsforhealth.org.uk/competence/show/html/id/2451
		development topic	
	F6.3	Act on research	R&D14
		and development	Translate research and development findings into
		findings	practice
		3	http://tools.skillsforhealth.org.uk/competence/show/html/id/2459
			R&D15
			Evaluate and report on the application of research
			and development findings within practice
			http://tools.skillsforhealth.org.uk/competence/show/html/id/2460
G. MEDICAL DEVICES	G4.1	Maintain	END21
PRODUCTS &		equipment,	Reprocess endoscopy equipment
EQUIPMENT		medical devices	http://tools.skillsforhealth.org.uk/competence/show/html/id/775
_		and products	



Facets of Role (National Occupational Standards):

Underpinning Principle	Reference Function	Competence
	None Assigned	



Locality Specific Competences / National Occupational Standards:

Reference Function	Competence
None Assigned	



Indicative Learning and Development

Transferable role	Non-Medical Endoscopist (NME)
Formal endorsed learning	
Informal learning	
Summary of learning and development including aims and objectives	
Duration	
National Occupational Standards used	
Credits (including framework used)	
Accreditation	
APEL and progression	
Programme structure	



Continuous Professional Development	It is recognised that continuing professional development is an essential component to maintaining competent, safe practice at all levels of the career framework. The following is considered the minimum required to maintain competence within this role. Learning should be active, with the impact on service delivery clearly defined and agreed between the learner and their line manager. A range of methods for capturing the impact of learning may be used e.g. learning contracts, reflective accounts, productivity measures, appraisals systems and processes. Wherever possible learning should be accredited and/or credit rated and should focus on the needs of the individual in the role. CPD should be agreed following local standards and protocols. Evidence of achievement should be recorded in the individuals portfolio and regularly reviewed against the National Occupational Standards outlined above.
Resources required, e.g. placement learning, preceptors, accredited assessors etc	
Quality Assurance	
Policies included in learning programme documentation	
Funding	
Leading to registration or membership with:	



References & Further Information:

Anderson J, Johnson D (2008) Interim report on the national nurse endoscopist project (NNEP)

The Department of Health (2006) The national education and competence framework for advanced critical care practitioners

Doy G, Halsall D (2011) Lower GI endoscopic activity forecast, additional analysis

Gardiner A, Anderson JT (2013) Cognitive apprenticeships: the key component of contemporary endoscopy education. Gastrointestinal Nursing 11:7;45-51

Gardiner A (2009) Results of the United Kingdoms first pilot study for non-medical endoscopy practitioners Colorectal Dis. Feb;11(2):208-14

Hodson R, Johnston D (2007) National nurse endoscopist project (NNEP): Progressing Excellence National Endoscopy Training Programme

Maslekar S, Hughes M, Gardiner A, Monson J, Duthie G (2010) Patient satisfaction with lower gastrointestinal endoscopy: doctors, nurse and nonmedical endoscopists Colorectal Disease, 12: 1033-1038. doi: 10.1111/j.1463

Mathew R (2006) The role of nurse led colonoscopy and its impact on the national health service The University of Hull PHD Thesis

National Institute for Health Research (2011) Evidence briefing on nurse endoscopy Centre for Reviews and Dissemination

NHS Improvement (2012) Rapid review of endoscopy services

NICE (2011) Guidance on the diagnosis and management of colorectal cancer NICE clinical guideline 131 guidance.nice.org.uk/cg131

RCN (2008) Advanced nurse practitioners An RCN guide to the advanced nurse practitioner role competences and programme accreditation RCN London

RCN (2009) Integrated core career and competence framework for registered nurses RCN London www.rcn.org.uk/ data/assets/pdf file/0005/276449/003 053.pdf

RCN (2010) Principles of nursing practice RCN London www.rcn.org.uk/development/practice/principles

RCN (2013) Caring for people with liver disease: a competence framework for nursing RCN London

Richardson G, Bloor K, Williams J, Russell I, Durai D, Cheung WY, Farrin A, Coulton S (2009) Cost effectiveness of nurse delivered endoscopy: findings from randomised multi-institution nurse endoscopy trial (MINuET) BMJ 338: B270

Sarkar S, Duffy U, Haslam N (2012) Improved clinical outcomes and efficacy with a nurse-led colonoscopy surveillance service; Frontline Gastroenterology 3:16-20. doi:10.1136

Schoenfeld P, Lipscomb S, Crook J, et al (1999) Accuracy of polyp detection by gastroenterologists and nurse endoscopists during flexible sigmoidoscopy: a randomized trial Gastroenterology 117:312-8

Skills for Health (accessed 2014) National occupational standards for endoscopy www.skillsforhealth.org.uk

The Health and Social Care Information Centre Hospital Episode Statistics for England Inpatient statistics, 2011-12

van Putten P, ter Borg F, Adang R, Koornstra J, Romberg-Camps M, Timmer R, Poen A, Kuipers E, Van Leerdam M (2012) Nurse endoscopists perform colonoscopies according to the international standard and with high patient satisfaction Endoscopy 44(12): 1127-1132 DOI: 10.1055/s-0032-1310154

Verschuur EM, Kuipers EJ, Siersema PD (2007) Nurses working in GI and endoscopic practice: a



review; Gastrointestinal Endoscopy Mar;65(3):469-79

Wallace MB, Kemp JA, Meyer F et al(1999) Screening for colorectal cancer with flexible sigmoidoscopy by non-physician endoscopists Am J Med 107:214

Williams J, Russell I, Durai D, Cheung WY, Farrin A, Bloor K, Coulton S, Richardson G (2006) What are the clinical outcome and cost-effectiveness of endoscopy undertaken by nurses when compared with doctors? A Multi-Institution Nurse Endoscopy Trial (MINuET) Health Technology Assessment Oct;10(40):iii-iv, ix-x, 1-195

Williams J, Russell I, Durai D, Cheung WY, Farrin A, Bloor K, Coulton S, Richardson G (2009) Effectiveness of nurse delivered endoscopy: findings from randomised multi-institution nurse endoscopy trial (MINuET); BMJ 338:b231