

Rural Generalist

Training in gastrointestinal endoscopy

Expression of Interest

An opportunity exists for two Rural Generalists to be trained in performing gastrointestinal endoscopies.

Submission Process

Each candidate is requested to submit a response to the call for expression of interest in the template provided in Part E of this document by email to HIU@health.qld.gov.au by COB Friday 19 January 2018.

Following completion of a readiness assessment, successful sites will be notified.

Part A – Training Description

Context

A Rural Generalist is defined as a rural medical practitioner who is credentialed to serve in:

- hospital and community-based primary medical practice.
- hospital-based secondary medical practice, without supervision by a medical specialist in at least one specialist medical discipline (commonly, but not limited to obstetrics, anaesthetics and surgery).
- hospital and community-based public health practice.

An opportunity exists to upskill Rural Generalists in endoscopy skills in order to enhance endoscopy services in rural communities.

The program will be scheduled to take place over 48 weeks within a calendar year and involve three separate modules, including 16 weeks to be undertaken at a tertiary training site across two placements, with the remainder to be undertaken within the rural environment.

The program will include:

- Clinical experience based learning
- Procedural skills instruction
- Self-directed learning activities
- Simulator sessions
- Structured and semi-structured education meetings
- Weekly skills assessment
- Online or electronic learning resources



Part B – Training milestones

The tertiary training site and rural site will be responsible for delivering the following specific deliverables. Training phases and expectations are outlined below.

Training Phases

Introductory training

Duration: 3 days

Location: tertiary training site

Content expectations:

- Lay foundations for endoscopic skills through didactic teaching and simulator training sessions.

Module 1: Training

Duration: 8 weeks

Location: tertiary training site

Content expectations, the trainee will:

- Develop foundations for endoscopy skills
- Receive intensive exposure to endoscopic procedures through direct observation and participation
- Participate in 5 dedicated endoscopy lists per week with a focus on upper endoscopy procedures
- Log procedures to meet logbook requirements
- Participate in simulator training and clinics

Module 2: Rural Training

Duration: 32 weeks

Location: rural site

Content expectations, the trainee will:

- Have access to a minimum of one endoscopy list per fortnight within their HHS under the direct supervision of a GESA credentialed endoscopist
- Complete the self-directed learning requirements

Module 3: Training

Duration: 8 weeks

Location: tertiary training site

Content expectations, the trainee will:

- Refine endoscopy skills
- Participate in 5 dedicated endoscopy lists per week with a focus on colonoscopy and endoscopy skills including interventions such as polypectomies, banding, dilatations and therapeutic gastroscopies
- Log procedures to meet logbook requirements

Evaluation

Delivery Date: week 48

Content expectations:

- Research project completion and submission
- Logbook (Conjoint Committee) <http://www.conjoint.org.au>
- Upper Gastrointestinal Endoscopy (UGI)
 - 200 unassisted and complete examinations independently under supervision.
 - Examinations must include a minimum of 20 therapeutic procedures (excluding polypectomy)
- Colonoscopy
 - 100 unassisted, supervised, complete colonoscopies to the caecum and preferably to the ileum in patients with intact colons (i.e. with no prior colonic resection);
 - perform successful snare polypectomies on a minimum of 30 patients and to achieve at least a 90% caecal intubation rate
 - Procedures on patients with obstructing cancer and/or severe colitis must be recorded but are excluded from the calculation of overall intubation rate.
- Cleaning and disinfection
 - It is required that a minimum of 15 instruments be cleaned under the supervision of an experienced endoscopy nurse.

Part C –Governance and Resourcing

Project Governance

The Gastrointestinal Endoscopy Governance Committee will provide overall project governance, in partnership with the Statewide Gastroenterology Clinical Network.

A HHS Local Sponsor will need to be identified, confirmed and submitted in the response.

Chief Executive endorsement and sign off is also required in order for expressions of interest to be considered.

Tasks and Reporting Requirements

Tertiary training Site

The training site will have the following responsibilities:

- establishment and support of effective governance
- facilitation of all stakeholder engagement
- provision of training and resource materials
- provision of the training within agreed time, cost, quality, risk & scope
- monitoring the progress of the trainee during all training phases
- management of risks and issues

The training site will be responsible for providing regular status updates to the Statewide Gastroenterology Clinical Network who will in turn brief the Gastrointestinal Endoscopy Governance Committee. The status



update should outline the progress against the training plan and any current risks or issues along with proposed actions to address them.

Rural site

The rural site will have the following responsibilities:

- ensure an endoscopy service and facilities are available to enable the trainee to complete the required case numbers and maintain skills

Gastrointestinal Endoscopy Governance Committee

Gastrointestinal Endoscopy Governance Committee will have the following responsibilities:

- provision of funding to support the training program
- advise and update deliverables to the project sponsor, Nick Steele, Deputy Director-General, HPSP.



Part D – Selection Criteria

Selection will be based on the trainee, rural and tertiary training site's ability to demonstrate readiness to undertake training and capacity to sustain gastrointestinal endoscopy services. This includes:

- identifying a primary specialist supervisor
- trainees demonstrating a commitment to their local communities long-term to ensure the sustainability of the new service
- rural sites being appropriately funded for the additional activity generated by completion of the program and guarantee that the site will perform a sufficient number of procedures on an ongoing basis
- forethought regarding on-referral pathways to higher acuity centres for patients requiring ongoing specialist care or surgery

The Readiness Assessment will be the tool for assessing the above criteria. It will be used to determine if the trainee and rural site can proceed with the gastrointestinal endoscopy training, or require additional assistance to proceed at a future date.

Part E –Expression of Interest Template

This section represents the required minimum information for inclusion on the expression of interest. Trainees/rural sites are welcome to provide additional relevant information.

Trainee

Name:	
Title:	
Email:	
Phone:	
ESO / Assistant (if applicable):	

Rural site

Please provide details of the proposed site sponsor

Sponsor Name:	
Title:	
Email:	
Phone:	
ESO / Assistant (if applicable):	

Chief Executive endorsement

Name:	
Phone:	
Signature:	Date:

Readiness Self-Assessment

Rural Generalist: gastrointestinal endoscopy

Candidate/Trainee			
Self-Assessment Points	Yes	No	Unsure
Do you meet the following key requirements for trainees: <ul style="list-style-type: none"> • Practising rural generalist employed by a rural HHS • Fellowship of RACGP or ACRRM • PGY 7+ • Previous procedural experience recommended 			
Is the candidate committed to their local communities long-term to ensure the sustainability of the new service procedures in place for referral management processes?			
Will you have the capacity to participate in a statewide community of practice to link Rural Generalists with specialists for regular, formal case review meetings and professional support?			
Are you willing to maintain skills through an annual re-immersion in a high volume site?			
Will you have the capacity to undertake a basic endoscopy research project as part of your training?			
Have you found a suitable mentor who has worked in a similar situation and who can provide opportunities to debrief?			
Have/will you attend any of these GESA courses prior to commencing training: <ul style="list-style-type: none"> • GUT School • Basic Colonoscopy Workshop • Practical Quality Colonoscopy Skills Workshop 			
Based on these points, how would you rate your readiness	Not at all	Somewhat	Complete

Rural Site			
Self-Assessment Points	Yes	No	Unsure
Does the rural site have the necessary infrastructure, equipment and multidisciplinary staff to support the expansion of a gastrointestinal endoscopy service?			
Does the rural site currently have a visiting gastrointestinal endoscopy service?			
Does the rural site have an awareness of the current ability to meet demand for services?			
Can the rural site support a minimum of one endoscopy list per fortnight under the supervision of a GESA credentialed endoscopist?			
Has the rural site arranged appropriate backfill/locum cover for the trainee?			
Has the rural site's HHS endorsed the trainee's application?			
Is the rural site appropriately funded for the additional activity generated by completion of the program?			
Has the rural site HHS Chief Executive formally agreed to support the trainee?			
Based on these points, how would you rate your readiness?	Not at all	Somewhat	Complete



ICT			
Capturing and reporting reliable data will be essential in measuring the safety and quality of endoscopy services			
Self-Assessment Points	Yes	No	Unsure
Does your site have ProVation?			
Does your facility have the ability to capture and report accurate, timely and reliable data to measure compliance in relation to NHMRC surveillance colonoscopy?			
Based on these points, how would you rate your ICT readiness ?	Not at all	Somewhat	Complete

Additional Notes