

## JOB DESCRIPTION

### JOB DETAILS

<b>Job Title</b>	Clinical Endoscopist
<b>Pay Band</b>	8a
<b>Division/Directorate</b>	As allocated
<b>Department</b>	As allocated

### ORGANISATIONAL ARRANGEMENTS

<b>Managerially Accountable to:</b>	As allocated
<b>Reports to: Name Line Manager</b>	As allocated
<b>Professionally Responsible to:</b>	As allocated

### THE CORE PRINCIPLES OF NHS WALES

We put patients and users of our services first



We reflect on our experiences and learn



We seek to improve our care

We work in partnership and as a team

We focus on wellbeing and prevention

We value all who work for the NHS

## **JOB SUMMARY**

Independently perform gastrointestinal endoscopy procedures, including a range of diagnostic and therapeutic techniques with the aim of preventing cancer and reducing time to diagnosis as part of the Single Cancer Pathway. These procedures require special certification and specialised training from the Joint Advisory Group for Endoscopy (JAG) and will be carried out to the standard of JAG accredited senior Medical Practitioners.

Independently diagnose and treat a range of benign and malignant conditions, often as the most senior endoscopy clinician on site.

Independently manage own caseload of Gastroenterology patients, providing an autonomous diagnostic and therapeutic service, often acting as the only healthcare professional that patients will come into contact with during their journey through secondary care.

Exercise and demonstrate specialist levels of clinical judgement, discretion and clinical decision making. Be responsible for diagnosing benign and malignant gastrointestinal conditions and discussing the findings of such examinations with the patients and plan appropriate patient management.

Be recognised as responsible for the management of gastroenterology and endoscopy patients as illustrated in a live portfolio.

Undertake audit and research which will directly improve and impact on improving standards of patient care.

Provide teaching to trainee endoscopists, which will include other Clinical Endoscopists as well as Senior Medical and Surgical Doctors (Registrar and Consultant level).

Provide teaching and education services for the endoscopy nursing workforce.

Holds or working towards independent Non-Medical Prescriber qualification.

## **DUTIES/RESPONSIBILITIES**

### **Planning and Design**

1. Independently manage own case load, often as the sole healthcare professional that the patient will encounter during their journey through secondary care. This will involve receiving and processing highly complex information and interpreting and delivering this information to patients and other healthcare professionals, such as Radiologists, Pathologists, and senior Medical and Surgical Consultants.

2. Autonomously plan and organized own workload ensuring that unexpected and emergency situations are prioritized and accommodated in a flexible manner.
3. Collaborate with health promotion agencies in planning and participating in local and national campaigns.
4. Assist with local strategic clinical nursing leadership for Gastroenterology and endoscopy services with the aim of challenging and influencing the direction of services and working as a highly specialised practitioner in these areas.
5. Act independently based on own interpretation of broad clinical, professional, administrative, technical and scientific guidelines and policies, often advising the organisation on how these policies and guidelines should be interpreted, with occasional advice from other clinicians; endoscopy evidence is constantly changing and evolving.
6. Support colleagues where standard protocols do not apply and draw upon specialist knowledge and skills to make appropriate proposals, recommendations, and decisions to deliver high standards of care.

### **Improvement and Monitoring**

1. Be proactive in developing new ways of working; including Nurse Practitioner led initiatives to increase quality of life for patients, limit disease and enable speedier access to services.
2. Implement and maintain policies and protocols that have an impact on endoscopy services across the Health Board.
3. Comply with all Health Board policies and procedures.
4. Comply with all statutory and mandatory training requirements.
5. Adhere to the Nursing & Midwifery Council (NMC) Code (2018).
6. Adhere to the seven pillars of clinical governance: education and training, clinical audit, clinical effectiveness, research and development, openness, risk management, and information management.
7. Comply with the Health Board's strategic framework for Nursing, Midwifery and Health Visiting.
8. Comply with all Health and Safety requirements, including the Health Board's manual handling policy.
9. Conduct regular clinical audits to monitor many aspects of endoscopy services, including bowel preparation quality and JAG performance indicators.
10. Disseminate research and audit findings to other staff members and directorate leads.
11. Produce papers of research and audit findings for publication and presentation at conferences.
12. Initiate, develop and participate in research and development programs which support the objectives of the Gastroenterology directorate and the national and international interest of the endoscopy specialty.
13. Contribute to the development and Gastroenterology and Endoscopy services by implementing change as part of the JAG accreditation process for endoscopy units.

## **Communications**

1. Make use of highly developed communication skills to deliver news of diagnoses to patients in an informative, empathetic manner. This will often include discussing highly sensitive information in highly emotive environments, such as delivering news of life-changing diagnoses, such as cancer, to patients who may also have communication barriers, such as learning difficulties or other mental health problems. The synthesis of information from numerous sources to aid decision making is required.
2. Provide patients with full and balanced explanations of endoscopy and radiology procedures, including benefits and risks, to allow patients to make an informed choice and give informed consent in line with the Health Board Consent Policy.
3. Where patients lack capacity to give informed consent, work with patients and advocates to facilitate access to service that are in the patient's best interests and in keeping with any wishes they had while they had capacity in line with the Mental Capacity Act (2005).
4. Accurately document all aspects of care delivered, including generating endoscopy reports.
5. Provide audit and research data where requested.
6. Engage and ensure good working relationships with range of professionals and multi-disciplinary clinical and non-clinical teams e.g., Consultants, senior managers and Clinical leads, GPs etc.
7. Participation in a number of National Networks e.g., British Society of Gastroenterology (BSG), Joint Advisory Group on Gastrointestinal Endoscopy (JAG), Welsh Association of Gastroenterology and Endoscopy (WAGE), Bowel Screening Wales (BSW).

## **Clinical**

1. Request and undertake a range of clinical investigations, including endoscopic procedures, radiological procedures, blood tests, and faecal tests, reviewing results and acting on them independently.
2. Develop and deliver specialised programmes of care, where the Clinical Endoscopist will conduct physical assessments, examinations, and investigations, diagnose a range of conditions, and independently decide on treatment and follow up plans.
3. Independently prescribing (when qualified) and administer a range of medications, including controlled drugs and off-license medications used for endoscopic therapies.
4. Be accountable for the direct delivery and implementation of specialized clinical care on a day-to-day basis across the broad arena of gastroenterology and endoscopy services.
5. Provide detailed and transparent reports of workload and outcomes, as demonstrated in a practice portfolio, including case-based decisions and multi-source feedback.
6. Comply with Health and Safety and COSHH regulations and act accordingly e.g., handling of bodily fluids, specimens on a daily basis.

7. Provides specialist advice which contributes to the effective diagnosis of patients including the analysis and synthesis of a wide range of information and the care and education of gastroenterology patients. This may be clinical or non – clinical in essence.
8. Provide a highly specialist, clinical, technical service in the form of diagnostic and therapeutic endoscopies to diagnose and initiate treatment for a range of conditions, including colonic polyps, inflammatory bowel disease, and gastrointestinal cancer.
9. Provide specialised clinical technical services to patients, i.e., endoscopic procedures, carry a caseload of over 1000 patients and exercise clinical judgment when delivering care to patients and their families.
10. Perform endoscopic therapies, which require the highest level of physical skills, a high degree of precision, and hand, eye, and sensory co-ordination.
11. Be responsible for the safe use of highly complex and expensive endoscopy equipment used by self and others.
12. Carry out risk assessment as necessary to ensure safe systems of work.

#### **Finance and Budget**

1. Have budgetary awareness when prescribing medications and treatments for patients, including the requesting of radiological and haematological tests.
2. Be responsible for the safe use of expensive and highly complex endoscopic equipment and accessories.

#### **Management, Leadership and Training**

1. Teach and deliver endoscopy training to other Clinical Endoscopists as well as Senior Registrars and Consultants.
2. Facilitate and deliver theoretical and practical training to the endoscopy nursing workforce on a regular basis.
3. Assist the management and teaching of gastroenterology and endoscopy care for the HB for all pertinent disciplinary groups i.e., health care support workers, student nurses and registered nurses.
4. Ensure own practice and development in relation to Advanced Practice is achieved through maintenance of an Advanced Practice portfolio.
5. Be an active member of local and national Clinical Endoscopist groups and Gastroenterology societies such as BSG and the Welsh Association of Gastrointestinal Endoscopy (WAGE), attending and supporting meetings where appropriate.
6. Act as a role model and nurture and encourage staff development.
7. Be actively involved in clinical supervision.
8. Demonstrate own personal development with self-directed learning and identifying and accessing internal and external development opportunities, as per evidenced in the practice portfolio.
9. Support the wider team to maintain the performance of endoscopy services, including a reduction of waiting times for the Single Cancer Pathway and BSG IBD standards.
10. Use advanced theoretical and practical knowledge and expertise across a

number of procedures and practices to deliver a range of clinical services.

11. Demonstrate the ability to promote specialist knowledge and skills within the multidisciplinary team and within the gastroenterology and endoscopy sphere, utilizing best evidence-based practice in all patient interventions.

### **Digital and Information**

1. Be proficient in the use of a range of administrative and clinical software, including Welsh Clinical Portal, Microsoft Office and endoscopy reporting software.
2. Contribute toward annual reports using Microsoft office applications (using formulae).

### **Job Plan**

1. Work 37.5h per week
2. Will deliver the following sessions: (example: to be amended to suit Health Board requirements, national recommendation is 4/5 lists per week):

TIME / DAY	Monday	Tuesday	Wednesday	Thursday	Friday
09.00 to 12.45	Endoscopy List	Endoscopy List	Research / Teaching	Endoscopy List	Endoscopy List / Training List
13.15 to 17.00	Clinic / MDT	Personal professional development / Education and training	Endoscopy List	Other Clinical duties	Other Clinical duties

There will need to be flexibility around non-clinical sessions to enable all components to be met.

## **PERSON SPECIFICATION**

<b>ATTRIBUTES</b>	<b>ESSENTIAL</b>	<b>DESIRABLE</b>	<b>METHOD OF ASSESSMENT</b>
<b>Qualifications and/or Knowledge</b>	<p>Registered healthcare professional: e.g., NMC or HCPC registration (or other relevant registration e.g., PAMVR)</p> <p>Masters level education in advanced practice and/or endoscopy.</p> <p>JAG accredited endoscopist.</p> <p>Independent prescriber (to be achieved within 18 months of commencing post)</p>	<p>Mentoring / Teaching Qualification</p> <p>JAG Train-the-Trainer course completed</p> <p>Non-medical radiology referral certification (working towards)</p> <p>Member of JAG ENDO faculty</p>	Application form and pre-employment checks
<b>Experience</b>	<p>Overall understanding / nursing knowledge of gastrointestinal and colorectal nursing</p> <p>Evidence of professional/service development</p> <p>Sound experience of working within the endoscopy environment as a senior clinician</p> <p>Experience of JAG/GRS implementation</p> <p>Ability to prioritise workload and direct colleagues</p> <p>Ability to manage time effectively</p>	Experience working as a JAG accredited endoscopist	Application form and interview

	<p>Ability to work within a large multidisciplinary team</p> <p>Ability to adapt to a changing working environment</p> <p>Confident IT skills.</p>		
<b>Aptitude and Abilities</b>	<p>Diplomatic and decisive</p> <p>Flexible working</p> <p>Ability to cope with patients under extreme stress, both from clinical and social circumstances</p> <p>Ability to motivate and innovate and change practice</p> <p>Ability to challenge traditional boundaries</p> <p>Team player.</p>	<p>Ability to speak Welsh</p>	<p>Interview</p>
<b>Other</b>			<p>Application form and interview</p>

Effort Factors	Y	N	Daily	Weekly	Monthly	> Monthly	Example
<b>Physical Effort</b>							
Working in uncomfortable/unpleasant physical conditions	√		√				Performing endoscopic procedures where there are frequent repeated encounters with faeces, foul linen, vomit, bile. Long periods carrying out endoscopies in visually darkened room.
Working in physically cramped conditions	√		√				Area to perform endoscopy involves positioning self between endoscopy stack and trolley. The area is very cramped as the endoscope lead is quite short and is tethered to the stack. This can pose difficulties when trying to manoeuvre the scope and patient. Can occur 12 times per working day for periods of 30minutes to 1 hour.

Making repetitive movements	√		√				Complex physical skills making repetitive movements to steer, handle and manoeuvre endoscope during performing endoscopic procedures e.g. torque steering, movement of endoscopy wheels while simultaneously pushing in endoscope, requires accurate fine motor skills
Manipulating objects	√		√				Complex physical skills to manipulate accessories during endoscopic procedures e.g., while taking a biopsy, removing a polyp involving the need for accurate fine motor skills.
Standing/sitting with limited scope for movement for long periods	√		√				Standing for long periods of time without opportunity to relieve position during endoscopic procedures of up to 30 minutes to 1 hour in duration, repeated up to 6- 12 times / day. Office work can also render long periods sitting to complete electronic or written work.
Kneeling, crouching, twisting, bending or stretching	√		√				Excellent hand-eye, sensory co-ordination. Stretching, crouching, twisting and bending during endoscopic examination to achieve torque steering.

Standing/walking for substantial periods of time	√		√				Up to 5 times / week for duration of 4 hours standing to perform endoscopic procedures without opportunity to relieve position.
Pushing/pulling trolleys or similar	√		√				Pushing patient trolleys from recovery to near proximity endoscopic procedure room, approx. 3 x / day.
<b>Mental Effort</b>							
Carry out clinical/social care interventions	√		√				Daily autonomous decision making regarding complex symptom management, patient assessment, diagnosis, interventions and complex psychological support. Clinical interventions through examination and relevant clinical procedures.
Analyse statistics	√		√				Daily time utilization can be 1-2 hours per day – investigational results.
Operate equipment/machinery	√		√				Operate and be responsible for and trouble shoot expensive and delicate endoscopic equipment up to a value of £250,000

Prepare detailed reports	√		√				Prepare detailed endoscopic reports on each patient, up to 12 X / day. Calculating sedation dosages, differential diagnosis, diagnosis, treatment and follow up plans to standard of Medical Practitioner Endoscopist.
Check documents	√			√			1- 1.5 hours per each week. This may include ward documents, results and procedure outcome. Specific patient documents including histology results.
Drive a vehicle	√		√				To and from work, between work sites which include the community to carry out endoscopic or gastroenterology patient assessment. Must own car.
Carry out calculations	√		√				Daily occurrence when prescribing drug therapies, calculating sedation dosages of controlled medication for conscious sedation. Use of time 1- 2 hours per day.
Carry out clinical diagnosis	√		√				Daily occurrence between 4-7 hours daily. Endoscopic and gastroenterology outpatient, inpatient, Ward and community based patients.

Emotional Effort							
Processing (e.g. typing/transmitting) news of highly distressing events	√		√				Processing of endoscopic/ clinic/ ward reports imparting delivery of bad news daily e.g. cancer diagnosis, diagnosis of life changing conditions: inflammatory bowel disease, failure of medical therapy, escalation to removal of bowel and formation of stoma.
Giving unwelcome news to patients/ clients/carers/staff	√		√				Giving bad news to patients and their families e.g. cancer diagnosis, diagnosis of life changing conditions: inflammatory bowel disease, failure of medical therapy, escalation to removal of bowel and formation of stoma.
Dealing with difficult situations/ circumstances	√		√				Daily dealing with patients who have difficult / uncomfortable/ upsetting/ embarrassing endoscopic procedures. Adverse reactions to conscious sedation, emergency situations e.g. perforation, profuse bleeding, cardiac / respiratory arrest

Designated to provide emotional support to front line staff	√				√		Where they have been difficult and emotive situations support is provided 2-3 times per month.
Communicating life changing events	√		√				Daily e.g. diagnosis of life changing conditions: inflammatory bowel disease, failure of medical therapy, escalation to removal of bowel and formation of stoma. Advising / counseling patients and their families re treatment programs which they may find difficult to accept.
Dealing with people with challenging behaviour	√		√				Dealing with challenging behaviour due to high anxiety states, reaction to administered conscious sedation and breaking bad news
<b>Working Conditions</b>							
Unpleasant smells/odours	√		√				Frequency of occurrence – 6-12 times per day. Exposure / risks of bodily fluids, gastric and colo-rectal contents resulting in unpleasant odours during endoscopy e.g. faeces, vomit, bile, faecal/ gastric blood.
Use of VDU more or less continuously	√		√				Frequent use of VDU – 3 hours per day.

Unpleasant substances/non-household waste	√		√				Disposal of endoscopic accessories including biopsy forceps, snares, injectors, formalin.
Infections Material/Foul Linen	√		√				6-12 times per day from leakage of gastric or colo-rectal contents during endoscopic procedures especially faeces, blood, urine, vomit, bile, worms and other gastrointestinal parasites.
Body fluids, faeces, vomit	√		√				6-12 times per day during endoscopic procedures.
Contaminated equipment or work areas	√		√				Endoscopic equipment used to examine patients who may have known / unknown MRSA, CDiff, hepatitis, CJD, HIV.
Driving/being driven in normal situations	√		√				Driving to and from different LHB sites.
Fleas or lice	√			√			Frequent occurrence – 2- 3 episodes per months including intestinal worms.
Exposure to dangerous chemicals/ substances in/not in containers	√				√		Risk of chemical spill of endoscopic cleaning fluids housed in and in next room to endoscopic procedure.

Exposure to aggressive verbal behaviour where there is little/no support	√		√				Exposure/ risk of confrontational / challenging behavior particularly from patients who have had administered conscious sedation, angry or distressed patients / families.
Exposure to aggressive physical behaviour where there is little/no support	√		√				Exposure/ risk of confrontational / challenging behaviour particularly from patients who have had administered conscious sedation, angry or distressed patients / families.

## **GENERAL REQUIREMENTS**

Include those relevant to the post requirements

- **Values:** All employees of the Health Board are required to demonstrate and embed the Values and Behaviour Statements in order for them to become an integral part of the post holder's working life and to embed the principles into the culture of the organisation.
- **Registered Health Professional:** All employees who are required to register with a professional body, to enable them to practice within their profession, are required to comply with their code of conduct and requirements of their professional registration.
- **Healthcare Support Workers:** Healthcare Support Workers make a valuable and important contribution to the delivery of high quality healthcare. The national Code of Conduct for NHS Wales describes the standards of conduct, behaviour and attitude required of all Healthcare Support Workers employed within NHS Wales. Health Care Support Workers are responsible, and have a duty of care, to ensure their conduct does not fall below the standards detailed in the Code and that no act or omission on their part harms the safety and wellbeing of service users and the public, whilst in their care.
- **Competence:** At no time should the post holder work outside their defined level of

competence. If there are concerns regarding this, the post holder should immediately discuss them with their Manager/Supervisor. Employees have a responsibility to inform their Manager/Supervisor if they doubt their own competence to perform a duty.

- **Learning and Development:** All staff must undertake induction/orientation projects at Corporate and Departmental level and must ensure that any statutory/mandatory training requirements are current and up to date. Where considered appropriate, staff are required to demonstrate evidence of continuing professional development.
- **Performance Appraisal:** We are committed to developing our staff and you are responsible for participating in an Annual Performance Development Review of the post.
- **Health & Safety:** All employees of the organisation have a statutory duty of care for their own personal safety and that of others who may be affected by their acts or omissions. The post holder is required to co-operate with management to enable the organisation to meet its own legal duties and to report any hazardous situations or defective equipment. The post holder must adhere to the organisation's Risk Management, Health and Safety and associate policies.
- **Risk Management:** It is a standard element of the role and responsibility of all staff of the organisation that they fulfil a proactive role towards the management of risk in all of their actions. This entails the risk assessment of all situations, the taking of appropriate actions and reporting of all incidents, near misses and hazards.
- **Welsh Language:** All employees must perform their duties in strict compliance with the requirements of their organization's Welsh Language Scheme and take every opportunity to promote the Welsh language in their dealings with the public.
- **Information Governance:** The post holder must at all times be aware of the importance of maintaining confidentiality and security of information gained during the course of their duties. This will in many cases include access to personal information relating to service users.
- **Data Protection:** The post holder must treat all information, whether corporate, staff or patient information, in a discreet and confidential manner in accordance with the provisions of the General Data Protection Legislation and Organisational Policy. Any breach of such confidentiality is considered a serious disciplinary offence, which is liable to dismissal and / or prosecution under current statutory legislation and the HB or Trust Disciplinary Policy.
- **Records Management:** As an employee of this organisation, the post holder is legally responsible for all records that they gather, create or use as part of their work within the organisation (including patient health, staff health or injury, financial, personal and administrative), whether paper based or

on computer. All such records are considered public records and the post holder has a legal duty of confidence to service users (even after an employee has left the organisation). The post holder should consult their manager if they have any doubt as to the correct management of records with which they work.

- **Equality and Human Rights:** The Public Sector Equality Duty in Wales places a positive duty on the HB/Trust to promote equality for people with protected characteristics, both as an employer and as a provider of public services. There are nine protected characteristics: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation. The HB/Trust is committed to ensuring that no job applicant or employee receives less favourable treatment on any of the above grounds. To this end, the organisation has an Equality Policy and it is for each employee to contribute to its success.
- **Dignity at Work:** The organisation condemns all forms of bullying and harassment and is actively seeking to promote a workplace where employees are treated fairly and with dignity and respect. All staff are requested to report any form of bullying and harassment to their Line Manager or to any Director of the organisation. Any inappropriate behaviour inside the workplace will not be tolerated and will be treated as a serious matter under the HB/Trust Disciplinary Policy.
- **DBS Disclosure Check:** The post holder does not require a DBS Disclosure Check.
- **Safeguarding Children and Adults at Risk:** The organisation is committed to safeguarding children and adults at risk. All staff must therefore attend Safeguarding Children & Adult training and be aware of their responsibilities under the All Wales Procedures.
- **Infection Control:** The organisation is committed to meet its obligations to minimise infections.  
All staff are responsible for protecting and safeguarding patients, service users, visitors and employees against the risk of acquiring healthcare associated infections. This responsibility includes being aware of the content of and consistently observing Health Board/Trust Infection Prevention & Control Policies and Procedures.
- **No Smoking:** To give all patients, visitors and staff the best chance to be healthy, all Health Board/Trust sites, including buildings and grounds, are smoke free.
- **Flexibility Statement:** The duties of the post are outlined in this Job Description and Person Specification and may be changed by mutual agreement from time to time.