



CAJE REFERENCE: **CYM/Wales/2022/0035**  
 APPROVED: **13/12/2022**

## JOB DESCRIPTION

### JOB DETAILS

<b>Job Title</b>	Clinical Endoscopist – Bowel Screening Colonoscopist
<b>Pay Band</b>	8b
<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**

The post holder will undertake screening colonoscopy and associated clinical decision making and therapy in provision of clinical expertise in lower gastrointestinal screening colonoscopy, achieving the necessary KPI's and maintaining the high quality through 6 monthly clinical audits in line with the BSW accreditation process and QA Framework. They will be able to autonomously diagnose colorectal lesions and undertake endoscopic therapeutic interventions in line with the specific Key Performance Indicators and monitoring process established for screening colonoscopists in Wales by BSW.

The post holder will be able to work autonomously having the necessary experience, training, demonstrable competence, skills, and knowledge to support and advise the wider bowel cancer screening team in the management of participants testing positive on FIT as part of the screening programme.

A major responsibility of the post holder will be to provide the necessary leadership, clinical advice and input to support the Screening practitioners in managing cases with complex co-morbidity and medication in line with National (BSG) and International guidelines; Advise and act on results with the wider screening team, liaise with local colorectal cancer MDT clinical teams and the National Referral Centre team for BSW as well as present cases to the Network MDT with knowledge of the technical and non-technical factors related to the case.

The post holder will support the Programme Clinical Lead in developing stronger links with academic faculties within Wales to enable development and research opportunities as an integral part of the Bowel Screening Program.

The post holder will be expected to attend BSW Educational events and CPD as appropriate and required by the program and expected to participate in local mentorship of colleagues in upskilling of technique and clinical decision making. The post-holder may be offered opportunities to further develop as a trainer and faculty member depending on individual skills and competencies.

## **DUTIES/RESPONSIBILITIES**

### **Communications**

1. Establish and maintain excellent channels of communication with participants in the screening program and colleagues including various individuals in local screening and Endoscopy and Colorectal teams, professional groups including WAGE and BSG. Demonstrate a thorough understanding of the consent process for Bowel Screening procedures as undertaken by Screening practitioners for standard screening and as required for any additional

therapeutic procedures as discussed and recommended by the NMDT, ensuring patients have been fully informed and that risks, benefits and alternative options have been explained.

2. Be able to communicate highly complex interventions, treatments, risks and outcomes to individuals, carers and families participating within bowel cancer screening programmes commensurate with their level of understanding, language and with respect for equality and diversity.
3. Utilise 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.
4. Communicate effectively and sensitively with a range of professionals including: the Bowel Screening Wales management team and professional /service leads (Radiology, Colonoscopy, Pathology, Nursing and Administration).
5. Engage and ensure good working relationships with the Bowel Screening QA, local Endoscopy Wales quality assurance team as part of the post holder's and Colorectal teams centre's participation in external performance, quality review and quality assurance visits.
6. Engage within BSW and the Local Assessment Centre's Clinical Governance commitments ensuring a good understanding of the Centre's lines of accountability and responsibility, participating in the reporting and investigation of incidents and attending the Centre's Clinical and Business Meetings.
7. Participate in Bowel Screening Wales meetings as deemed appropriate (e.g., service review meetings, BSW Screening Colonoscopist meetings, BSW educational events)

### **Planning and Design**

1. Manage his/her diary and time to ensure that timetabled clinical commitments are met, giving at least 8 weeks' notice in the event of planned absence.
2. As appropriate, provide cover to both sustain and ensure maintain the reliability of the Bowel Screening service.
3. Plan the local delivery of the specialist bowel screening Clinical Endoscopist service
4. Independently manage their diary and time to ensure that timetabled clinical commitments are met, giving at least six weeks' notice in the event of planned absence in line with All-Wales leave policies.
5. Demonstrate flexibility in providing service cover to support sustainability and reliability of the bowel cancer screening service. Working in an unpredictable environment, adapting to change at short notice.
6. Assist and support the Clinical Director, Lead Screening Colonoscopist and Programme Manager with the planning and implementation of the age extended BSW programme, utilising own experience and expertise to ensure a timely implementation across Wales nationally.

7. Assist and provide expert advice to the Bowel Screening Wales programme in the development, planning and implementation of the all-Wales Clinical Nurse Screening Colonoscopy service.
8. Have responsibility for the recruitment, induction, appraisal and personal development of bowel screening Clinical Endoscopists within the Health Board

### **Improvement and Monitoring**

1. Undertake clinical audits for BSW.
2. Engage with the development of guidelines, policies, and procedures across Wales with the aim of ensuring a more robust and sustainable screening service as the screening age range expands.
3. Provide expert opinion when requested on service or policy developments which the wider team can enhance and improve on the patients' experience within the Screening Program (e.g., taking of bowel preparation, feedback from patients of having a lower gastrointestinal screening endoscopy etc).
4. Continuously play an integral role in auditing standards relating to all aspect of the Screening agenda.
5. Be required to manage a national caseload and work to develop and manage seamless pathways for service users who need to transition between UHBs to ensure timely access to procedures as required.
6. Understand and apply the legal safeguarding framework that supports the identification of vulnerable adults and acts upon concerns in accordance with the Law, National Guidance and Trust Policies and Guidelines.
7. Work closely with the Clinical Director, Clinical Lead, Bowel Screening colonoscopist, BSW Wales managers and discipline leads to ensure that patient pathways, supporting guidelines, procedures and SOPs are current, reflect the standards and expectations of the Bowel Screening Wales programme and are regularly reviewed as part of the wider governance of the screening centre.
8. Where no guidance or evidence-base exists, act based on their own interpretation of broad clinical, professional, administrative, technical and scientific guidelines and policies, acting as an expert resource for the health board and screening programme and advising on how policies, strategies and guidelines should be interpreted.
9. Engage with Research and trials involving Bowel Screening and Screening colonoscopy with a view to Support, facilitate, implement new developments and/or innovative ways of working which will secure a reliable and sustainable high-quality bowel cancer screening service
10. Regularly engage with local screening audits (sometimes complex involving several sources of information, databases and outcomes), supporting research-based studies to evaluate the effectiveness of clinical and non-clinical interventions and contributing to the publication of results
11. Support the development of the bowel cancer screening service and wider endoscopy service which promotes the best possible high-quality experience for participants and patients respectively.
12. Be able to analyse and interpret information from a variety of sources to inform clinical decisions when determining the suitability of screening modalities for

individuals (often with complex care needs) participating within the Bowel Screening Programme.

13. Make difficult decisions based on highly complex facts and situations, demonstrating critical thinking regarding both ethical and legal issues relating to high quality care delivery.
14. Make referrals to other clinicians, GP's, clinical teams and other allied health professionals where further investigation and / or treatment is required outside of the remit of the Bowel Screening Programme (e.g. inflammatory bowel disease, unexpected findings) or where the participant is out of the eligible age range for adenoma surveillance.
15. Participate in complex audits to analyse current performance, operational activities and untoward incidents/events.
16. Able to initiate and lead treatment and management interventions to deal with complications as a result of screening colonoscopy (e.g. post-polypectomy bleeding, perforation)
17. Able to make clinical judgements under pressure to deal with the clinical situation decisively.
18. As part of clinical governance and professional practice, participate within a clinical supervision framework (to be agreed with the Clinical Director) to reflect upon screening colonoscopy practice, to share, analyse and learn from clinical situations, including unexpected or complex events.
19. To be involved in the training, mentorship and assessment of trainee lower gastrointestinal endoscopists, irrespective of professional discipline, providing analysis of technical and non-technical skills progression and competency.

### **Clinical Knowledge and Skills**

1. Exercise the highest degree of personal, clinical and professional autonomy, and will often be the most senior clinician patients come into contact with during their journey through secondary care. This applies to all aspects of the post holder's role both inside and outside the endoscopy room.
2. Act as the most senior clinician in the endoscopy room, making judgements involving highly complex facts in situations which require analysis, interpretation, and comparison of a range of options. Therapeutic endoscopic procedures all have unique characteristics and can have multiple, highly complicated aspects.
3. Must act based on their 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.
4. Autonomously diagnose and initiate treatment for a range of gastrointestinal conditions. This will include independently prescribing and administering a range of medications, including controlled, off-license, and off-label medications used for endoscopic therapies.
5. Develop and deliver specialised programmes of care, where the post holder will conduct physical assessments, examinations, and investigations, diagnose a range of conditions, and independently decide on treatment and follow up plans.
6. Request and undertake a range of clinical investigations, including advanced therapeutic endoscopy procedures, radiological procedures, blood tests, ,

- reviewing results and acting on them independently.
7. Be equipped to deal with endoscopic complications independently, requiring the ability to conduct full physical examinations that utilise specialist knowledge over a range of disciplines and functions, and interpretation of guidelines across a range of specialties and bodily systems.
  8. Independently perform endoscopic therapies, including advanced and complex polypectomy, which require the highest level of physical skills, a high degree of precision, and hand, eye, and sensory co-ordination. Complex therapeutic endoscopy requires more technical skill than standard therapeutic endoscopy.
  9. Act as an expert resource for the health board, advising on how BSW and PHW policies, strategies and guidelines should be interpreted locally.
  10. Independently manage a local and national case load of Screening participants attending for colonoscopy both in and outside of the endoscopy unit as required for their optimal management as related to bowel screening, with dual responsibility to the health board and Public Health Wales.
  11. Demonstrate multidisciplinary working in the assessment, management and decision-making for determining screening modalities for individuals who have complex needs and multiple comorbidities participating within the bowel cancer screening programme.
  12. Be independently accountable for any histology taken during the procedures they carry out, ensuring that histology results are reviewed and acted upon in a timely manner.
  13. Independently act on a range of results including radiological and haematological investigations, referring to other specialities when necessary.
  14. Have been assessed and accredited according to the JAG aligned BSW accreditation process for screening colonoscopists.
  15. Demonstrate in-depth knowledge and understanding of the Bowel Screening Wales (BSW) Programme's policies and procedures.
  16. Independently manage their own case load, often as the lead clinician interacting with the patient during their screening journey. This will involve receiving and processing highly complex information and independently interpreting and delivering this information to patients and other healthcare professionals, such as Radiologists, Pathologists, and senior Medical and Surgical Consultants.
  17. Demonstrate expert theoretical and practical knowledge, understanding and experience of patients with lower gastrointestinal diseases and disorders and is able to independently interpret endoscopic findings to distinguish benign disease from potential/actual malignant disease and autonomously instigate appropriate actions and management for timely further investigation and treatment.
  18. Work autonomously in performing highly skilled lower gastrointestinal endoscopic diagnostic and therapeutic screening procedures upon participants requiring sedation, no sedation, and if applicable, working with anaesthetists to deliver screening procedures requiring deep sedation (Propofol) and/or General Anaesthesia.
  19. Utilise expert knowledge, skills and expertise to undertake assessment,

diagnosis and treatment of individuals participating within bowel cancer screening programmes.

20. Be highly experienced in the recognition, management and treatment of lesions within the colon and rectum, including removal of complex polyps (at a minimum of or preferably above Level 2, >20mm or greater subject to the Network MDT criteria for referral), the immediate treatment of polypectomy bleeding and the use of High-Definition Endoscopes, image enhancement modalities (e.g., NBI, i-scan etc.), scope guide/pilot and endoscopic accessories.
21. Maintain and update knowledge and skills within their specialist field and utilise this to affect changes in practice commensurate with the on-going development and expansion of Bowel Screening Wales and engages in the dissemination of new knowledge and innovative ways of working.
22. Be an independent prescriber.
23. Demonstrate the ability to analyse and interpret highly complex information from a variety of sources to inform clinical decisions when determining suitability for and modality of bowel screening for individuals participating within bowel screening programmes, whom have a range of significant and often highly complex comorbidities.
24. Make difficult decisions based on highly complex facts and situations and encourage critical thinking regarding both ethical and legal issues related to high quality care delivery.
25. Autonomously interpret test results and will make referrals to other clinicians, GPs, clinical teams and or allied professionals/teams in which further investigation and/or treatment is required outside of the remit of the bowel cancer screening programme (e.g., inflammatory bowel disease, colorectal cancer) or when the participant falls outside the eligible age range for bowel screening procedures.
26. Conduct complex audits and will analyse findings to inform Quality and Safety processes within BSW and as expected in the Quality Manual for Screening Colonoscopists and with local Health Board processes.
27. Initiate and lead treatment and management interventions to deal with complications as a result of screening colonoscopy (e.g., post-polypectomy bleeding, perforation), and will be able to make autonomous clinical judgements under pressure to deal with the clinical situation decisively.
28. Participate within a clinical supervision framework (to be agreed with the Clinical Director) with the Clinical Director to reflect upon screening colonoscopy practice in order to share, analyse and learn from clinical situations especially unexpected or complex events.
29. Participate in the national Bowel Screening complex polyp MDT presenting cases where they have been involved providing expert opinions, analyses and judgements to contribute to the consensus for further treatment/management of complex endoscopic lesions by the Expert Advisory Panel at the NMDT.
30. Assist Bowel Screening Wales by providing expert clinical and technical advice to local or national adverse/serious untoward incident investigations.
31. Demonstrate a high-level hand-eye coordination and high level of dexterity in order to perform screening colonoscopy and/or advanced lower gastrointestinal

diagnostic and therapeutic procedures effectively.

32. Demonstrate highly refined physical skills when assisting or taking over very technically challenging lower GI endoscopy to complete examination or support decision not to complete, considering all aspects of procedure, situation and patient wishes.
33. Be required to stand for long periods as required during therapeutic colonoscopy procedures with the ability to maintain precision-level accuracy in ensuring a safe and timely outcome for patients.  
Will provide a highly specialist clinical and technical service, undertaking lower gastrointestinal screening colonoscopy and performing complex therapeutic interventions such as advanced and piecemeal polypectomy.
34. Be an independent prescriber and will be required to prescribe and administer opiate and/or benzodiazepines as required to patients who opt for sedatives during their procedures. As part of this requirement, the post holder should be able to independently manage adverse effects relating to the prescribing of such medications, including the administration of reversal agents and use of resuscitation equipment as required.
35. Autonomously prescribe other medications from the formulary as required and in response to findings at endoscopy.
36. Determine appropriate management plans depending on the outcome of the screening colonoscopy with reference to BSW guidelines, pathways (e.g., adenoma surveillance pathways, cancer pathways) and SOP's.
37. Refer patients with a diagnosis or suspicion of colorectal cancer to the appropriate Colorectal MDT taking responsibility for ensuring further staging investigations are requested in a timely manner.
38. Where non-cancer conditions and diseases are detected at screening colonoscopy (e.g., Inflammatory Bowel Disease), the post holder will act in alignment with local pathways and inform the patient's GP and will independently decide upon and action any onward referrals that may be required. If the finding is acute and requires urgent attention then the screening endoscopist is responsible for referring the patient to the appropriate medical/surgical team (e.g., acute inflammatory bowel disease, bowel obstruction, complication such as perforation or bleeding that is not responding to haemostatic therapy). Recognise and respect patients' wishes in the event of consent being withdrawn at any point either before or during their screening colonoscopy.
39. Challenge actions/care within the programme which he/she believes in their professional and clinical opinion is not with the expected standards or care for the bowel cancer screening service, the organisation and/or puts patients at risk of harm.
40. Consistently meet the rigorous national quality and KPI standards that require high detection rates.
41. Ensure that ambiguous or unexpected histology results are discussed at the appropriate forum with expert GI histopathologists.
42. Demonstrate high standards of clinical and professional practice that meets and/or exceeds performance and quality standards for screening colonoscopy.

43. Maintain professional registration, complying with revalidation as laid down by NMC.
44. Undertake continuing professional development, including mandatory and statutory updating, maintaining a portfolio.
45. Maintain skills in emergency resuscitation and monitoring of patients undergoing an endoscopic procedure.
46. Support, and/or undertake research that pushes forward the boundaries of the Clinical Endoscopist roles, utilising the findings to drive practice innovatively by creating precedence.
47. Have a high level of hand to eye coordination and a high level of dexterity in order to perform diagnostic, and therapeutic colonoscopy, minimising patient harm.
48. Have the skills to verbally assist with technically challenging lower GI procedures, often taking over from colleagues to help to complete an examination, or to support the decision to abandon; taking into account all elements of the situation as well as the patient's wishes.

### **Finance and Budget**

1. Work with the Clinical Director, Clinical Lead and Bowel Screening Colonoscopist and BSW Wales managers to ensure efficient use of resources in meeting the operational activities and performance standards of the Local assessment centre and wider endoscopy service.
2. Support the Clinical Director and Bowel Screening Wales managers with procurement processes and procedures advising and/or providing feedback on clinical effectiveness of equipment and accessories used within the screening programme (e.g., endoscopic accessories, endoscopes) and wider endoscopy service.
3. Work closely and flexibly with the Clinical Director, Clinical Lead and Bowel Screening Colonoscopist and Wales managers to ensure the successful implementation and rollout of the BSW optimisation programme.
4. Be responsible for ensuring the safe use of the expensive and highly complex equipment, ensuring it is well maintained and report any defects.

### **Policy, Management and Leadership**

1. Be involved in the selection and recruitment of clinical endoscopist trainees including those from medical or allied health professional backgrounds.
2. Be involved in the development of national new and advanced Endoscopy roles.
3. Work with Endoscopy Matrons, Charge Nurses, Specialist Screening Practitioners and Service Managers contributing towards service planning, recruitment, induction, appraisal and personal development planning
4. Support and lead on service or policy developments to improve the patient experience (often in response to patient feedback)
5. Support and maintain compliance with Joint Advisory Group (JAG) requirements as appropriate.
6. Provide expert knowledge and advice to the Bowel Screening Wales programme in relation to the development and review of national guidelines,

policies and procedures with a particular responsibility for the wider non-medical screening Endoscopist workforce.

7. Be responsible for the development, implementation and review of local, Health Board, policies and procedures in relation to the bowel screening Clinical Endoscopist function and associated tasks.
8. Act as a mentor and role model to aspiring bowel screening Clinical Endoscopists

### **Staffing and Training**

1. Provide specialist clinical input related to education, training, skills development, assessment and appraisal within the Bowel Screening Wales programme and partners/collaborators.
2. Advise the Clinical Director, Lead and Bowel Screening Colonoscopist and Wales managers on their individual development and educational needs.
3. Regularly review, update and implement training and skills for themselves and contribute to wider programmes as new policies and guidelines come into effect.
4. Support trainees by demonstrating mentoring and teaching skills and sensitively assisting or taking over very technically challenging lower GI endoscopy to complete examination or support decision not to complete, considering all aspects of procedure, situation and patient wishes.
5. Engage with teaching, assessment and training opportunities as part of development opportunities that may be offered by the screening program in collaboration with other organisations.
6. Engage with opportunities for the wider training, mentorship and assessment of trainee lower gastrointestinal endoscopists across a range of medical and other health professional disciplines, providing analysis of technical and non-technical skills progression and competence.
7. Act as mentor or preceptor to less experienced staff as required, both locally and nationally across Wales
8. Audit the service training provided to ensure its quality and flexibility.
9. Participate in clinical supervision with other specialist nurses.
10. Provide skills training to medical and nursing endoscopists in undertaking diagnostic and therapeutic procedures.
11. Directly supervise trainee Endoscopists balancing a good training experience with patient experience and detection of pathology, taking over when the procedure taxes cognitive, technical or physical abilities, contributing to a culture of life-long learning.
12. Act as the knowledge expert for Bowel Screening Wales in the development of training packages and educational resources for bowel screening Clinical Endoscopists across Wales.
13. Be responsible for the on-going review and revision of screening Clinical Endoscopist training and education resources within the Health Board, ensuring they are current and compliant with national guidelines.

### **Digital and Information**

1. Work alongside the Clinical Director and Clinical Lead, Bowel Screening

Colonoscopist Wales managers and quality assurance advisor to ensure high quality screening colonoscopy.

2. Work alongside the Clinical Director and BSW utilising a variety of complex data sources, performance measures, outcomes and information, to develop action plans to support individuals if performance dips below expected standards and quality.
3. Share the 6 monthly Screening QA individual colonoscopist reports with the Clinical Director and Lead screening colonoscopist to discuss any training and development needs (“QA visits”).
4. Design, produce and maintain specific patient information.
5. Maintain up to date and legible records documenting all care, judgements, decisions, actions and referrals.

**Job Plan (example)**

1. Work 37.5h per week.
2. Will deliver the following sessions (example: to be amended to suit Health Board requirements, national recommendation is 3/4 lists per week):

TIME / DAY	Monday	Tuesday	Wednesday	Thursday	Friday
09.00 to 12.45	Professional personal development and training, appraisal etc.	Screening List	Education and Training Session (within the HB e.g., coaching, mentoring, local professional training delivery)	Screening List	Other Clinical Support Duties
13.15 to 17.00	Screening List	Education and Training Sessions (regional/national support)	Screening List	Research and Quality Improvement	Specialist Clinic Activity*

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

\*e.g., IBD clinic, Family GI Cancer Clinic, FIT clinic, Late effects pelvic radiotherapy Clinic, etc. May include virtual clinics

## PERSON SPECIFICATION

ATTRIBUTES	ESSENTIAL	DESIRABLE	METHOD OF ASSESSMENT
<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>MSc or equivalent experience plus significant knowledge acquired over a significant period</p> <p>BSW Accredited Screening Colonoscopist</p> <p>Independent Prescriber</p>	<p>Teaching Qualification.</p> <p>Train The Colonoscopy Trainer (TCT) or Train The Endoscopist Trainer (TET) Course</p>	<p>Application form and pre-employment checks</p>
<b>Experience</b>	<p>Evidence of meeting/exceeding screening colonoscopy Assessment and Approval guidance</p> <p>Level 2 and above polypectomy skills and experience</p> <p>Facilitating learning via a variety of teaching and educational methods</p> <p>Evidence of conducting audits</p> <p>Involved in research and or Quality Improvement activity</p> <p>Evidence of managing a caseload or care group in a clinical setting with multidisciplinary working</p>	<p>Previous experience as an accredited Screening Colonoscopist</p> <p>Evidence of conducting research and/or changing practice</p>	<p>Application form and interview</p>

	<p>Haemostatic techniques for the treatment of post-polypectomy bleeding</p> <p>Administration of IV conscious sedation</p> <p>Able to administer appropriate antidotes in case of complications, including initiating emergency response pathways and delivering Intermediate Life Support</p> <p>Analytical skills</p> <p>IT skills (familiar with Microsoft Word, Excel, PowerPoint and local Patient Administration Systems)</p>		
<b>Aptitude and Abilities</b>	<p>Working independently and within teams</p> <p>Patient advocacy</p> <p>Able to communicate highly sensitive and highly complex information Experienced at delivering bad news (e.g., cancer diagnosis).</p> <p>Excellent written and communication skills</p> <p>Excellent time management skills</p> <p>Customer care skills</p> <p>Presentation skills</p> <p>Personal integrity and</p>	<p>Counselling skills.</p> <p>Representation within departmental and higher-level meetings / committees</p> <p>Service development lead</p> <p>Project management lead</p> <p>Influence and negotiating skills</p> <p>Faculty teacher/trainer</p> <p>Ability to speak Welsh</p>	Interview

	<p>credibility</p> <p>Approachable</p> <p>Committed to achieving organisational and departmental vision and goals</p> <p>Can operate within a normal climate of change and uncertainty</p> <p>Patient focused</p> <p>Creates culture and environment to deliver best patient experience of care and treatment</p> <p>Works flexibly across all sites</p>		
<b>Other</b>			Application form and interview

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 formal student/trainee assessments	√		√				Formal student assessments nurses and other health care professionals training of endoscopists daily.

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.
Analyze statistics	√		√				Daily time utilization can be 2- 3 hours per day – investigational results, audit, and research data.
Operate equipment/machinery	√		√				Operate, be responsible for and trouble shoot expensive and delicate endoscopic equipment up to a value of £250,000
Attend meetings (describe role):	√			√			Strategic and Operational meetings involving members of the wider team. Reporting progress, initiating or adjustment to plans with relevant evidence base discussion. Average 2-3 hours of time spent in meetings per week.
Prepare detailed reports	√		√				Regularly prepare/reflect on/share/discuss detailed operational and developmental reports related to individual KPIs. Prepare detailed endoscopic reports on each patient, up to 8 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 day. This may include ward documents, HB / national policies and procedures. Specific patient documents including histology results.
Drive a vehicle	√		√				To and from work, between sites which include the community to carry out endoscopic or gastroenterology patient assessment. Must own car.
Carry out non-clinical fault finding	√		√				1- 2hours per week. May included IT technical difficulties, endoscopic equipment faults.
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 patients.
<b>Emotional Effort</b>							
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	√			√			Line manager for Advanced Nurse Practitioner and Nurse Practitioner team. Where they have been difficult and emotive situations support is provided 2-3 times per week
Dealing with people with challenging behaviour	√		√				Dealing with challenging behaviour due to high anxiety states, reaction to administered conscious sedation and breaking bad news
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 / counselling patients and their families re treatment programs which they may find difficult to accept.

Working Conditions							
Unpleasant smells/odours	√		√				Frequency of occurrence – 4-8 times per day. Exposure / risks of bodily fluids, gastric and colorectal 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 – 4 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 colorectal contents during endoscopic procedures especially faeces, blood, urine, vomit, bile, worms and various gastric 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 behaviour 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.