

**UNIVERSITY OF BRADFORD
DIVISION OF MIDWIFERY**

Dear Prospective Trainer/ Manager

Your staff member has applied for a place on the **Hysteroscopy training programme** at **The University of Bradford**. To support the application process you need to provide the university with assurances with regards to the clinical environment and in-house support that will be available. Enclosed are two forms for completion, in anticipation of receiving this information we will temporarily hold a place on the course for the named student. Please note that this place will be released should the attached forms not be returned.

The Role and Responsibilities of the Professional Support document details the aspects of support your department are required to provide during the training. Please ensure the nominated individual is able to provide this support throughout the duration of the course.

The second form is a self-assessment form of the clinic environment detailing the required equipment and environment to enable the trainee to undertake diagnostic hysteroscopy. It is important that every effort is made to have sufficient clinics for the student to complete the training requirement within 18 months of the start date.

The assessment form should be completed by the student in partnership with either their line manager or proposed trainer to ensure the appropriate resources and environment is available. You should assess all rooms used for OP Hysteroscopy. Your student will not be able to commence the course if aspects of the environment are found to be unsuitable. Please ensure the information submitted reflects accurately the environment and equipment available. Should the information provided be found to be inaccurate which results in the trainee not being able to complete the programme, there will no be a refund of course costs.

The application will be processed on receipt of satisfactory self-assessment and professional support forms.

Yours Sincerely

Julia Pansini-Murrell
University Tutor

**UNIVERSITY OF BRADFORD
DIVISION OF MIDWIFERY**

Completed forms to be returned to

Diane Woods, CPD Admissions, Marketing & Recruitment Office, School of Health Studies, University of Bradford,
Horton A, Richmond Road, Bradford BD7 1DP

Tel: 01274 236355 Email: d.woods1@bradford.ac.uk

FORM 1: THE ROLE AND RESPONSIBILITIES OF THE PROFESSIONAL SUPPORT

It is usual that the Trainer will not leave the student unsupervised during the period of Direct supervision (minimum 50 cases) or until they are confident they have the basics skills required to undertake all aspect of the hysteroscopy visit from history taking to result giving / planning next steps at the end of the procedure.. During the indirect supervision cases the trainer will be within the clinical setting, in case a student comes across unfamiliar situations or has questions about particular cases. If the key trainer is not available a similarly qualified alternate is appropriate.

CRITERIA FOR TRAINER AND PROFESSIONAL SUPPORT

The **TRAINOR** who will supervise the student,

- Works to National, Regional and Secondary and or Primary Care Guidelines
- Is answerable to their employer
- A Member of the BSGE and has been involved with Training
- Works in Outpatient Hysteroscopy
- Maintains awareness of developments in Hysteroscopy diagnosis and management
- Be able to be present on site whilst the trainee undertakes all unsupervised cases

Professional Support

If you are clear about the role and responsibilities in offering support to the student throughout the Hysteroscopy course course, please sign the agreement.

I confirm I meet the requirements as trainer and agree to offer support to:

Student Name:

Professional Support Name:

Signature: **Date:**

FORM 2: ASSESSMENT OF THE CLINICAL ENVIRONMENT

Student Name:

Lead Trainer Support Name:

Number of cases per clinic:

Number of clinics per Year :

Please complete the “Comment” section within the table below. You are required to submit a completed form for each of the rooms the student will use during their training.

| Criteria | Comment | Present |
|---|--|----------------|
| There has been a Satisfactory educational audit of the clinical area in the last 2 years? | Name the university/ organisation and date | Yes/No |
| The clinical environment meets the QCC guidance for outpatient service? | | Yes/No |
| Is there a business plan in place that includes support for training a nurse hysteroscopist? | | Yes/No |
| List the types of Scopes available in the outpatient settings? | | Yes/No |
| Will the trainee hysteroscopist be supernummary in clinics to facilitate training | | Yes/No |
| Will the trainee have support and be in a position to develop Patient Group Directives if required? | | Yes/No |
| Will the trainee have support and be in a position to develop Guidelines? | | Yes/No |
| The student will be able to attend MTD meetings? | | Yes/No |
| Do you have ready access to black pens for completing the HMR101 forms? | | Yes/No |
| Your consent from includes information about trainees undertaking the procedure? | | Yes/No |
| That the Trainee will be able to undertake an audit as part of the requirement of the programme? | | Yes/No |
| Will an alternate Trainer be available during holidays and or sickness? | | Yes/No |
| Will planned formal tutorial sessions be available? | | Yes/No |

I confirm that the information submitted accurately reflects the environment and equipment available and understand that should the information provided be found to be inaccurate and the trainee not being able to continue with the course there may be a charge to the practice for the cost of the course.

Assessment conducted by: (PRINT)

Signature(s):

Date of assessment: