**Form 1 - AGIP registration as an Accredited Independent**

**Healthcare Professional in GI Physiology**

**Criteria**

Accredited Independent Membership will be given to those Healthcare Professionals who:

• Are Associate members of AGIP (BSG)

• Are state registered where appropriate

• Have a minimum of 3 years experience in GI Physiology

• Have obtained appropriate academic qualifications and professional competencies through one of our two approved training routes…

1. Scientist Training Programme for Gastrointestinal Physiology and Urodynamic Science (Modernising Scientific Careers) **or**
2. Accredited Specialist Scientific Practice (ASSP) route

• Have a formal portfolio that evidences practice conforming to the highest standards of good clinical and scientific practice

**Guidance notes**

The numbers listed here correspond with the superscript numbers found in the form:

1. Insert the title by which you are normally addressed (Dr, Mr, Mrs, Ms etc.)
2. This address will be the one given in the register. Please ensure you inform the AGIP Council of any future change in address
3. **Proposer 1** should be a senior clinician or your current line manager

**Proposer 2** must be an Accredited Independent Healthcare Professional in GI Physiology registered with AGIP. Proposers may be approached by the association for references. You may name an additional referee of your own choice if you wish

1. Complete this section on a separate sheet of paper if you need more room, please indicate any periods of employment in other fields or career breaks
2. Complete this section as instructed in Portfolio of previous experience and current practice

Please not that you should submit only copies of documentary proof at this stage

**Personal Details**

Title (1):

Family Name: Given Name: Date of Birth:

Address for correspondence (2):

Postcode:

Telephone and extension: Fax:

Email:

AGIP Registration number:

**Proposers (3)**

**Proposer 1 – Senior clinician or your current line manager**

Title:

Family Name: Given Name: Date of Birth:

Address for Correspondence:

Postcode:

Telephone and extension: Fax:

Email:

I support the application of: Signed:

Date:

**Proposer 2 - Accredited Independent Healthcare Professional registered with AGIP**

Title:

Family Name: Given Name: Date of Birth:

Address for Correspondence:

Postcode:

Telephone and extension: Fax:

Email:

I support the application of: Signed:

Date:

**Professional Record**

Present Position: Grade:

Date appointed:

Address:

Postcode:

Telephone and extension: Fax:

Email:

**Previous positions in chronological order (4)**

Post: Grade:

From: To:

Address:

Post: Grade:

From: To:

Address:

Post: Grade:

From: To: Address:

**Portfolio of previous experience and current practice (5)**

Admission to the register requires you to submit a comprehensive portfolio detailing your education, training and experience. Your total submission should not be more than 25 pages including application details, report and **copies** of certificates, assessments, publications and any documentation referred to in your report and each page should be numbered. If appropriate you may also include your current CV and official Job Description within the 25 pages of your submission. The font size for text should not be smaller than 12 point and certificates or other evidence should not be photo-reduced to fit more than one to a page. Publications should use Vancouver style referencing.

The portfolio should begin with a report of no more than 2000 words in support of your application for Accreditation as a Healthcare Professional in GI Physiology. The report should cover a range of topics to demonstrate the breadth and depth of your knowledge and skills and should clearly indicate how competence in GI Physiology has been developed.

The following suggested topics are for guidance only and are **neither inclusive nor exclusive** and you may submit any evidence that demonstrates your ability to fulfil the requirements of Accreditation; this may include knowledge, skills and experience in previous areas of employment or involvement. This is not a mapping exercise but you should ensure that any evidence included is clearly referenced in your report and a contents page would be helpful.

All patient information in evidence must be anonymised. You should submit evidence to demonstrate your good scientific and clinical practice and the ability to practice as an autonomous professional.

**The following list of examples is intended for guidance purposes only, and as such will not necessarily apply to every individual.**

**Examples:-**

• Evidence to demonstrate ability to practice safely within legal and ethical boundaries of the profession

• Membership of Professional Body

• Membership of Registration Body

• Underpinning knowledge (Academic Qualifications, Professional body exams, experiential training or CPD)

• Evidence to demonstrate ability to practice as an autonomous professional

• AGIP competence assessments or equivalent evidence from extended scope of practice training

• Evidence of understanding and undertaking the process of obtaining written, informed consent

• Evidence of understanding and obtaining a detailed history and treating your patient to the highest standards of care with respect to diversity, dignity and confidentiality

• Examples of diagnostic and therapeutic procedures including clinical reporting which demonstrates ability to identify the clinical decision which the report informs

• Example of ability to initiate, modify or cease procedure with record of the decision process and any recommendation for further intervention

• Example of ability to receive appropriate referrals and be able to recommend or develop a

treatment plan

• Evidence to demonstrate ability to draw on appropriate knowledge and skills to inform practice

• Examples of communications with clinicians and a range of healthcare professionals

• Evidence of understanding the importance of case history meetings, attendance at MDT or other team or management meetings

• Examples of leadership role

• Evidence of understanding of the role of Reflective Practice to inform work activity

• Evidence to demonstrate responsibility for planning work activity

• Evidence to demonstrate understanding of quality control issues i.e. record keeping/ calibration/service/ COSHH etc.

• Evidence to demonstrate understanding of accreditation systems

• Evidence to demonstrate ability to use research to inform practice

• Evidence to demonstrate understanding and use of audit

• Evidence of ability to search and appraise scientific literature to inform practice.

• Ability to plan and carry out a research project

• Ability to communicate research findings to peers

• Evidence to demonstrate role of supervision in structured training and teaching

• Other evidence that you may wish to submit in support of your application

**Your statement, JD and CV should all be signed by your head of department or the person responsible for your training as a correct record (The council may also request a reference from the head of the department).**

**Declaration**

I declare that, if my application for Accreditation as an **Accredited Independent**

**Healthcare Professional in GI Physiology** is accepted by the council then for as long as I remain a member of AGIP I will:

• Observe a high standard of professional conduct in practicing as a Clinical GI Physiologist in gastroenterology

• Defer to the guidance and relevant rulings of the council in questions of conduct

• Maintain the dignity and welfare of the council and the reputation of the register to the best of my ability

I further declare that the information I have given is true and accurate

Signed

Name (Printed) Date

**Please return completed application and portfolio to: AGIP Accreditation Officer**

**Please see AGIP committee list BSG website: https://www.bsg.org.uk/about/officers-and-committees/association-of-gi-physiologists-committee/**