

Record of performance for issuing a Provisional Approval Certificate in GI Endoscopy

Name of Trainee	
IMCRN	

1.) GASTROSCOPY	
Number of procedures to date (NQI Record) (NQI report appended)	
Completed Formative DOPS (minimum four) (overall – ‘competent for independent practice’)	YES / NO
Completed Summative DOPS (appended - ‘competent for independent practice’)	YES / NO

2.) COLONOSCOPY / FLEXIBLE SIGMOIDOSCOPY (Delete as appropriate)	
Number of procedures to date (NQI Record) (NQI report appended)	
Completed Formative DOPS (minimum four) (overall – ‘competent for independent practice’)	YES / NO
Completed Summative DOPS (appended - ‘competent for independent practice’)	YES / NO

TRAINEE I have submitted copies of the NQI Records and Summative DOPS evaluations and wish to receive provisional approval for GI endoscopy	SIGNATURE	DATE
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TRAINER I have assessed the above-named trainee and confirm that they now have satisfied the requirements for final certification	SIGNATURE	DATE
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UNIT TRAINING LEAD I have reviewed the documentation submitted and confirm that the requirements for final certification have been satisfied	SIGNATURE	DATE
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