

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Gwasanaethau endosgopi](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Endoscopy Services](#)

EN 05

Ymateb gan: | Response from: Grŵp Rheoli Hyfforddiant Endosgopi, Addysg a Gwellu Iechyd Cymru | Endoscopy Training Management Group, Health Education and Improvement Wales





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Health Education and
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EVIDENCE TO THE HEALTH AND SOCIAL CARE COMMITTEE – ENDOSCOPY ENQUIRY

**Response from Endoscopy Training
Management Group, Health Education and
Improvement Wales**

Date: 14 December 2022

Executive Summary

1. The National Endoscopy Programme (NEP) Demand and Capacity work stream has produced detailed data demonstrating the need for increased, sustainable endoscopy capacity across Wales.
2. The NEP Board will agree regional delivery plans, based on collaborative working, to meet this demand and address the capacity gap.
3. The biggest barrier to the successful delivery of regional plans will be recruitment of staff, and the capacity to train enough endoscopists and endoscopy nurses at pace to ensure that additional endoscopy theatres are productively used.
4. The NEP Workforce Development and Training Sub-group, working with Health Boards, have mapped the baseline Endoscopy Workforce and Health Education and Improvement Wales (HEIW) have agreed to support a strategic recruitment campaign.
5. The Endoscopy Training Management Group (ETMG) was constituted in July 2021 within HEIW to assess training needs of the multi-disciplinary endoscopy workforce, effectiveness of existing training programmes and review models of accelerated (or immersive) training.
6. An options appraisal conducted by ETMG indicates that an Endoscopy Academy model, with a Central Training Hub in South East Wales, and Regional Hubs in North and South West Wales provides the optimal delivery of endoscopy training pathways.
7. A detailed business case is being supported by the HEIW Leadership team with the aim of delivering an Endoscopy Academy, aligned to existing HEIW Academy models.
8. Modelling suggests an Academy would double the number of certified upper GI endoscopists after one year and triple the number of trainees certifying in colonoscopy after two years (compared with existing training rates). Modelling shows the potential for trainees to add significant capacity to the service for both upper and lower GI endoscopy. For nurses new to the endoscopy service, time to independent practice could be reduced from nine months to five months.
9. Early JAG certification of endoscopists means more endoscopists available to utilise additional endoscopy capacity created by regional plans, which has a significant potential impact on reduction of regional endoscopy waiting lists.
10. HEIW recommends that an Endoscopy Academy would have an important and beneficial impact on key areas of the National Action Plan: playing a critical role in making multi-disciplinary training pathways work sustainably;

facilitating training of BSW Colonoscopists; driving earlier delivery of trained workforce (increasing workforce capacity to ease pressure on diagnostic pathways); promoting quality improvement and supporting training and workforce elements of JAG Accreditation.

Background

1. The NEP Demand and Capacity Sub-group has worked with Health Boards and the data provided evidences growing demand and a capacity gap for endoscopy services.
2. The NEP Board has asked for Regional Capacity plans and clinical models that will address, in a sustainable way, the identified capacity gap to support planned recovery, optimisation of the Bowel Screening Wales (BSW) programme and delivery of the cancer action plan.
3. Based on the demand and capacity data, it is estimated twenty new endoscopy theatres will be required across Wales.
4. Recruiting and training endoscopists and endoscopy nurses to staff these additional theatres will be essential to ensure new facilities are productive and contribute to reducing waiting times for patients. This will be one of the greatest challenges in delivering the additional required service capacity – for example up to a hundred new nurses would need to be trained within the next 12-18 months.
5. This evidence provided by the ETMG describes the multi-disciplinary endoscopy workforce, training needs and pathways, analysis of the existing endoscopy training system, and work undertaken by HEIW to assess an Academy model to better support accelerated delivery of trained staff into the workplace

Endoscopy Workforce in Wales and UK standards

6. The Endoscopy workforce is comprised of endoscopists, endoscopy nurses and administrative and management staff.
7. Endoscopists are drawn from different professional backgrounds. These include medical gastroenterologists, gastrointestinal surgeons, radiologists, nurses or physicians assistants.
8. Across the United Kingdom, all endoscopists are required to achieve JAG Certification in the modality of endoscopy they perform. Endoscopists begin their training learning diagnostic techniques, either upper or lower GI endoscopy. Currently it takes trainees 1-2 years to achieve JAG Certification

in upper GI endoscopy and 2-4 years for Colonoscopy, with all training data recorded on the JAG Endoscopy Training System (JETS) e-portfolio. Once trainees achieve JAG Certification they can practice as independent endoscopists but are required to monitor and maintain their key performance indicators to demonstrate high quality performance in practice.

9. In addition to diagnostic procedures, Endoscopist must develop the skills to perform core therapeutic procedures (such as treating GI bleeds, dilating or stenting strictures, inserting feeding tubes, removing ingested foreign bodies or removing polyps). Some endoscopists will undergo sub-specialty training to acquire the skills to perform advanced endoscopic techniques such as advanced mucosal resection, endoscopic retrograde cholangiopancreatography (ERCP), endoscopic ultrasound (EUS) and small bowel enteroscopy.
10. Endoscopy nurses provide a key role in supporting patients attending for endoscopic procedures. Their training requires an understanding of each part of the patient journey and an understanding of how to assist endoscopists in the full range of procedures they perform. Nurses are observed in practice and provide written reflections with evidence uploaded to the JETS Workforce portfolio (derived from the All Wales Endoscopy Nurse competency framework).
11. Administration and management structures that support endoscopy services vary between Health Boards, depending on the range of services offered, but aim to provide efficient, safe booking and pre-assessment of patients, managing local waiting lists for endoscopy.
12. The NEP Workforce Development and Training Sub-group have worked with Health Boards to establish the baseline workforce currently providing the Endoscopy Service, with detailed information on staffing at each level of the Agenda for Change Banding structure.
13. The British Society of Gastroenterology has published a document entitled 'UK consensus on non-medical staffing required to deliver safe, quality-assured care for adult patients undergoing gastrointestinal endoscopy' [1]. In addition, all Units across the UK are required to provide 6-monthly returns to the JAG on Workforce related domains of the Global Rating Scale (a self-reported quality assurance tool for endoscopy services) with reports provided on the UK Endoscopy workforce [2].
14. The NEP Action plan includes working towards the establishment of standard unit staffing profiles. This is intended to provide consistency of approach across Units and to assist with workforce planning, however some warranted variation is to be expected due to the different workforce and skill sets required to deliver specific endoscopic procedure types.

15. Existing work by the NEP team has highlighted areas e.g. job descriptions, training pathways where a national strategic approach is beneficial; Regional Endoscopy Planning groups, adopting a collaborative approach between Health Boards can then focus on delivery at a regional level, to support recruitment, training rotations and detailed workforce forward planning at individual or regional Endoscopy Unit level to increase productivity and ensure sustainability.

Meeting training needs

16. At any time approximately 60 endoscopy trainees are progressing through endoscopy training pathways. To progress trainees require access to JAG courses (a mandatory element of training) delivered at an approved JAG Regional Training Centre, supervised simulation, online training resources to support knowledge based competency development and access to regular training lists at base hospitals to develop hands-on skills. In Wales, SPRINT training aims to optimise delivery of the central elements of training, and has been shown to facilitate early JAG Certification [3].
17. Analysis of current endoscopy training pathways highlights the following;
- a. Implementing Shape of Training [4] recommendations has reduced the time for speciality training for Gastroenterologists (from 5 to 4 years)
 - b. JAG Certification requirements have been updated. This has resulted in an increase in the minimum numbers of upper GI endoscopies (from 200 to 250) and for colonoscopy (200 to 280) – lengthening time to JAG Certification
 - c. There is inequality of access to training lists – with gastroenterologists and clinical endoscopists achieving shorter mean times to certification compared with GI surgical trainees
 - d. Analysis of JETS e-portfolio data has demonstrated a shortfall of dedicated training lists across Welsh Health boards [5], with inefficient use of training lists that are timetabled
 - e. Current rates of training progression for all Health Boards in Wales will not provide sufficient rate of progression to certification [6]. Speciality trainees (medical and surgical) are not being signed off for diagnostic endoscopy competencies at the point of completion of specialist training. Training backlogs also effect the ability of trainees to progress with training in core therapies (essential for those who will need to participate on bleeding rotas) and sub-speciality endoscopy.
18. Ten training pathways have been identified by ETMG to support multi-disciplinary endoscopy workforce training and development. Seven of these pathways relate to different pathways required to train endoscopists. These include;

- a. HEIW Clinical Endoscopist training programme (Clinical Endoscopist trainees)
 - b. SPRINT training for upper and lower GI diagnostic endoscopy (Medical, surgical and radiological trainees)
 - c. Core Upper GI therapy training (senior trainees and independent endoscopists)
 - d. Polypectomy training (senior trainees and independent endoscopists)
 - e. Upskilling courses (targeted CPD opportunities for independent endoscopists)
 - f. BSW colonoscopist training pathways (endoscopists seeking accreditation as a BSW screening colonoscopist)
 - g. Sub-speciality endoscopy training pathways
19. Each of these training pathways has been mapped to JAG Certification Standards [7] and published UK Performance standards [8,9]. Training elements are mapped against certification criteria for each pathway and the annual endoscopy training course programme is configured around meeting the national demand for JAG mandated training courses.
20. Nurse training is delivered by a combination of taught courses and practice-based assessments, combined with reflective practice evidence. A competency framework is embedded within the JETS Workforce e-portfolio systems, and this is the way all endoscopy nurses log evidence of their training. This allows tracking of nurse training progression across all Health Boards. Taught courses for nurses form Pathway 8 – ENDO courses. ENDO 1 is a Foundation level half-day course; ENDO 2 is a one-day Core Therapy course covering the role of the assistance during upper GI therapy cases and lower GI polypectomy (which will be supported by a range of e-learning materials). Finally, ENDO 3 covers management, leadership and training skills, targeted at more experience nursing staff.
21. Regional workshops and practical experience of delivering these courses has highlighted the problems nurses find in getting time to access courses (local/regional delivery model is preferred for Foundation level courses) and lack of time and available IT facilities to log their training experience onto the JETS Workforce e-portfolio system.
22. Traditionally, clerical and administrative staff working in Endoscopy did not receive any subject specific training. HEIW has partnered with other Regional Endoscopy Training Academies in England to develop a competency framework for clerical and administrative staff, and training materials in the form of a face to face course and online learning modules. There is a plan to deliver a pilot training course in Wales with a full evaluation of the impact and effectiveness of this Training Pathway 9 on this staff group.

23. Delivery of all these training opportunities is dependent on the availability of skilled trainers. Pathway 10 covers Training the Endoscopy Trainer courses. All endoscopy trainers who support endoscopy trainees in local hospitals are recommended by JAG to attend this type of course.

Current endoscopy training infrastructure

24. Central courses are delivered in conjunction with the Welsh Institute of Minimal Access Therapy (WIMAT), who provide administrative and technical support, and a physical facility, including a lecture theatre, break out rooms, a 'wet lab' and preparation room that support training on computer simulators and ex-vivo models. This facility meets the criteria for a JAG Regional Training Centre, which is run on a Hub and Spoke model, with the spokes being Clinical Training Centres (satisfying the criteria for AV-linked endoscopy theatres and seminar rooms – currently Royal Glamorgan Hospital, Princess of Wales Hospital with HEIW supporting similar upgrades at Wrexham Maelor Hospital). This training infrastructure is considered the essential minimum to maintain current level of endoscopy training in Wales (though analysis shows current training is not delivering the training outcomes we need).
25. HEIW have undertaken an assessment of the training infrastructure that supports the development of the Endoscopy Workforce. Outcomes of the review include;
- a. It is important that JAG Regional Training Centre status is maintained
 - b. WIMAT have significant experience in supporting endoscopy training to a high level and this experience is a valuable asset
 - c. Running the range of courses required by the Ten Training Pathways is not self-sustaining. Whilst the course fee structure (regulated by JAG) allows some courses to make a small 'profit', others have to be run at a loss. Work is ongoing to improve the cost-effectiveness and value of each course type.
 - d. The location of endoscopy training elements does not necessarily need to be housed at the Cardiff Medicentre building – if a future Endoscopy Academy model is developed to support endoscopy training the required facilities could be 'designed into' these proposals.
 - e. Whilst WIMAT supports simulation and model training it is the availability of faculty members which is critical to the running of courses (albeit co-ordinated by the WIMAT administrator). Availability of trainers has diminished in recent years, and trainers are able to spend less time away from their base Units, compared to previous eras due to clinical backlogs and additional work load. Training is supported using Supporting Professional Activity (SPA) time alone and the good will of a few committed central faculty members and this arrangement is considered fragile.

- f. A co-ordinated faculty development programme needs to be supported to encourage new trainers to support endoscopy training across Wales.

What elements of the NEP Action plan have been addressed?

- 26. HEIW have successfully developed and evaluated a Clinical Endoscopist training programme (based on a pilot supported by the Moondance Foundation) - with three cohorts now enrolled. The overall impact has been to double the number of Clinical Endoscopists in Wales.
- 27. There is ongoing collaboration with the BSW team to support endoscopists seeking to achieve accreditation as a BSW colonoscopist.
- 28. HEIW are supporting the Maximising Efficiency of Endoscopy Training (MEET) tool, a web-based app being piloted at Cwm Taf Morgannwg University Health Board, and are working with ETMG Clinical Leads to build a centralised library of web-based learning resource to support the multi-disciplinary workforce.
- 29. ETMG have facilitated delivery of increased number of JAG courses to meet training backlogs following COVID and an increased number of Training the Endoscopy Trainer courses. Over 100 nurses across Wales have attended ENDO 1 Foundation courses in the past 12 months.

What are ongoing key training issues?

- 27. ETMG has focused on the main challenges any training infrastructure must overcome;
 - a. Failure of endoscopists and endoscopy nurses to access training opportunities (reduce unwarranted variation in training outcomes)
 - b. Need to increase the number of dedicated endoscopy training lists across Wales so that trainees can, not only guarantee to attend the JAG recommended minimum 20 training lists per year, but meet the aspirational target of 40 training lists per year in their base hospitals.
 - c. Once Health Boards have identified available training lists, systems must be in place to support the highly effective use of training list space.
 - d. Nurses must be released to attend national and regional ENDO courses and should be allocated time to complete their JETS Workforce e-portfolios.
 - e. There are currently significant backlogs in training pathways and there is an urgent need to accelerate progress along training pathways – the Academy model has been supported in England and Scotland to deliver this.

Benefits realisation

28. If the above training issues could be solved many benefits could be realised;
- a. Improve training experience for trainees – reducing inequalities in training
 - b. High quality training pathways add value to posts, encouraging recruitment and retention and translate to high quality endoscopic services and standards of care for patients
 - c. Rapid progression through training pathways allows trainee endoscopists time within training programmes to learn therapeutic and endoscopic subspecialty training (there pressing workforce needs within these services)
 - d. Achieving early JAG certification allows an endoscopist to operate as an independent practitioner (even if still on a Speciality Training programme) significantly increasing numbers of available endoscopists and to backfill capacity – models of accelerated (immersive) particularly harness this benefit
 - e. Ensuring new starter endoscopy nurses progress in a timely manner through their competency framework, utilising all training opportunities releases them earlier into the independent endoscopy workforce

Endoscopy Training Academy models and provision of accelerated training

29. ETMG have provided an options appraisal assessment for delivery of multi-disciplinary training across Wales (Annex 1) – this concludes that optimal training outcomes are delivered through an Academy model.
30. In England, seven regional Endoscopy Training Academies have been funded, with Scotland also funding an Academy.
31. A model for an Endoscopy Academy in Wales has been designed, aligned to existing models e.g. Primary and Community Care Academy to ensure effective clinical governance arrangements. This proposes a Central Hub (based at a South East Wales Regional Endoscopy Unit), with additional Regional Training Hubs in the South West and North Wales (supported by AV-linked seminar rooms and models). Nurse training would be facilitated by Nurse Educational Practitioners with a regional remit. Costed proposals for the engagement of a Central Endoscopy Training Faculty would ensure delivery of accelerated training as part of a sustainable endoscopy training infrastructure.
32. Accelerated training can only be delivered by ring-fencing training list capacity and a supporting Central Endoscopy Training faculty. If this was implemented without any improvement in provision of training lists in Health Boards the effect would be to enable endoscopy trainees to progress as if optimised

training lists were in place. If however accelerated training is provided alongside optimised training list conditions in Health Boards significantly increased benefits realisation occurs – modelled based on real world training data (Annex 2).

33. An Endoscopy Academy model would also provide a physical base to rotate endoscopy staff from existing units into regional hubs for multi-disciplinary team and human factors training and could play a significant role in promoting safety and quality in endoscopy, further improving patient outcomes and promoting quality improvement and endoscopy-based research.

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