

National Endoscopy Training Programme

The first 3 years.



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1. Executive Summary

3 years, the NETP has delivered on all its initial objectives and more.

Established initially to support accelerated training in many aspects of endoscopy practice as part of NHS Scotland's COVID recovery the programme has:

- Upskilled over 200 colonoscopists, produced a best practice consensus statement on colonoscopy practice and significantly improved previously substandard caecal intubation and polyp detection rates across Scotland.
- Increased the number of completed investigations resulting in at least 1,500 fewer patients requiring a repeat procedure.
- Delivered Upper Gastrointestinal (GI) endoscopy upskilling to 44 endoscopists and produced a best practice consensus statement on upper GI endoscopy practice.
- Delivered Polypectomy upskilling to 30 colonoscopists and delivered a Polypectomy workshop to over 80 practitioners.
- Developed and delivered a Training the Colonoscopy Trainers (TCT) course to 60 colonoscopists.
- Recruited and supported 40 high quality, multidisciplinary members of our national endoscopy training faculty.
- Supported the remobilisation of basic upper and lower GI endoscopy courses.
- Delivered intense 2-week immersion training blocks to almost 70 trainees, supporting them to achieve Joint Advisory Group (JAG) accreditation.
- Helped 3 Scottish NHS sites achieve JAG accreditation where none existed.
- Increased the number of JAG accredited training sites in Scotland from 2 to 4 with 1 further site pending.
- Developed and delivered a bespoke training course for endoscopy healthcare support workers.
- Developed a structured approach to simulator-based training in endoscopy.
- Developed and delivered an endoscopy non-technical skills course for multidisciplinary teams – over 150 staff have attended courses so far.
- Established a nursing network forum for endoscopy nurses.

At the recent NETP Polypectomy Workshop, Dr John Anderson, Consultant Gastroenterologist, former National Endoscopy Training Lead for NHS England and internationally renowned endoscopy trainer stated:

“The NETP team has ‘transformed Scotland and beyond...This is probably the biggest impactful educational intervention (in endoscopy) across the world...The global change that you have seen in Scotland is terrific...congratulations to you all.”



Graham Haddock
OBE, MBChB, MD, FRCS(Glas), FRCS(Edin), FRCS (Paed), FFST(Edin)
Chair, National Endoscopy Training Programme Board

2. Introduction

The Scottish Government Health and Social Care Management Board approved the initial concept of the National Endoscopy Training Programme (NETP) in May 2021, committing the necessary investment ahead of the launch of NHS Scotland Academy (NHSSA) in October 2021.

The mission of NETP is to improve the quality of endoscopy, upskill the workforce, increase capacity for training by gaining Joint Advisory Group (JAG) clinical and training accreditation and in so doing, increase clinical capacity and improve patient experience and outcomes. The programme has benefitted from significant investment from Scottish Government to support improvement in quality, workforce, equipment and patient care and outcomes.

The programme team is accountable to the NHSSA Executive Programme Group (EPG). The team provided project updates in October 2021, January 2022 and October 2023. This report is the fourth provided and covers the first 3 years of the project, which is a natural close to the first phase. At the end of those 3 years, we have a highly skilled faculty, nationally agreed position statements, and access to first class clinical and training facilities at a number of JAG accredited centres, including the 2 new purpose-built rooms for NETP in phase 2 at NHS Golden Jubilee (NHS GJ).

We are starting to see astonishing improvement in our first areas of focus and we are encouraged that Scotland is now on the way to delivering sustainable, high-quality services, and delivering this within positive environments and capable, supported and safe teams.

The success of the project to date is due to the leadership, commitment and determination of many people, some more visible than others, including the Programme Lead, Karen Boylan; the 2 National Training Leads, Ms Michelle Thornton and Dr Adrian Cahill, and the previous Chair of the NETP Board, Mr Graham Haddock.

We also acknowledge the partnership and collaboration between endoscopy services throughout Scotland, the engagement and support of the Training Programme Directors, and colleagues in the endoscopy unit and supporting services within NHS Golden Jubilee.

Having the Programme Lead as a member of the Golden Jubilee Endoscopy User Group has been beneficial to all, especially around integration and adoption of protocols and drug requirements for best practice, enabling their introduction within the service.

3. Upskilling courses and training trainers

Whilst anticipating entry to the new NETP Training Unit at NHS Golden Jubilee and the start of course delivery at East Lothian Community Hospital, the team responded to individual Board requests and took upskilling courses to NETP spokes, visiting NHS Grampian, NHS Forth Valley, NHS Lanarkshire, NHS Orkney and NHS Tayside.

This was not without challenges around honorary contracts, AV kit, patient selection and other barriers that the support and goodwill of teams throughout Scotland overcame to enable excellent delivery.

The new facilities at NHS Golden Jubilee mark a step-change in the capacity of NETP to deliver training. The 2 rooms are in use for courses or immersion training full-time, and the investment in audio-visual equipment also enables live streaming to the conference centre auditorium, enabling many more clinicians to participate in training events than was previously possible.

3.1 Colon Upskilling

Prior to NETP there was evidence that colonoscopy was not performed optimally in Scotland. Caecal intubation rates and polyp detection rates were lower in Scotland than comparable countries, leading to patients having to have a repeat or alternative test such as CT.

For NETP colonoscopy upskilling courses, class sizes are small, with only 3 learners per course, to allow time to focus on key aspects learning with performing enhancing feedback given in debrief after each training episode.

Over 200 endoscopists have now completed this training with significant impact on patient outcomes (paper accepted by Gut to be published shortly). A colonoscopy position statement was launched with guidance for best practice, before training was rolled out.

Impact

As performance indicators have improved, at least 1,500 patients in Scotland have now avoided a second test, leaving vital endoscopy capacity for new patients. National audit data has shown improvement year on year since NETP intervention. The real impact is for patients who have had a complete and effective test.

Learner Feedback

'I really enjoyed the course and gained a lot from it; I was able to put what I learned into practice and did find my scope list easier this week. For example keeping the lazy C shape, and using abdominal pressure more effectively. Look forward to the next course.'

3.2 Upper GI best practice

This course was developed in collaboration with leading UK experts in early 2024.

In March 2024, over 100 Scottish endoscopists attended an NETP online training event. This event highlighted the importance of lesion recognition and best practice in upper GI endoscopy and was the trigger for NETP to produce a Best Practice Consensus Document for all units to adopt and then develop and deliver training to this model. A number of the recommendations made were already in JAG and British Society of Gastroenterology (BSG) guidelines as far back as 2017 but had not been adopted in Scotland.

To date, 44 endoscopists have completed the training. Full roll out has been pending access to the new NETP training unit at Golden Jubilee and development of protocols and patient information with pharmacy, but full plans are in place for delivery over 2025.

Impact

In time, Post Upper GI Cancer (PUGIC) audit data will demonstrate the impact on patients as numbers of missed cancers and significant pathology reduce.

Several units have now adopted the pre procedure drink to help improve visibility and introduced the use of acetic acid to highlight areas of clinical concern.

Learner Feedback

“An excellent course. Content provided technical ways to improve practice and visualisation of the UGI (upper gastrointestinal) tract. Good discussions on current guidance and improving management of UGI conditions.”

“I felt it was a very formative day and it was good to go over current practices and thinking. I have already recommended the course to colleagues.”

3.3 Polypectomy

This is a new programme, which started late in 2023 in the West of Scotland Centre at Stobhill Hospital and is now also delivered at the NETP Training Centre within NHS Golden Jubilee.

Cohorts are small, with 3 learners in each. Over 30 have now completed the course. An audit in NHS Lothian in 2019 showed a polyp recurrence rate of over 35%. Since then, 4 endoscopists that have completed training, now do the majority of these patients and the rate has reduced to 16% at their last audit. An NHS Greater Glasgow and Clyde audit in 2019 reported a polyp recurrence rate of 42% and an update audit is in progress. NETP created and issued a polypectomy position statement to establish standards for training.

In early December 2024, NETP ran an event to engage Scottish endoscopists in ‘getting the simple things right’ in polypectomy. John Anderson and Roland Valori, 2 world-renowned trainers, alongside NETP senior faculty, supported the event. The event allowed some learners hands on practice in polypectomy and live stream to the Golden Jubilee Conference Hotel auditorium. This event had almost 80 learners present and, as well as demonstrating good practice in polypectomy, will help reduce the number of endoscopists carrying out more complex polypectomy procedures.

We will measure and, if appropriate, publish, the impact from deliberate polypectomy training in Scotland.

Learner Feedback

“The last case was an excellent example of removal of recurrence with fibrosis present and the implications of this. I thought the content of the course was very well balanced. Maybe a small section on management of bleeding but I appreciate how difficult that this would be as live cases.”

“Great course.”

“Well organised, great facilities. Faculty were highly knowledgeable and excellent trainers. Thoroughly enjoyed the day and lots to take back to the routine lists and pass on to trainees.”

3.4 Train the Colonoscopy Trainer

This was another new course developed in 2022 following faculty upskilling with Anderval. The course was delivered in Scotland for the first time in 2022 and by end of 2024, 60 endoscopists had completed the course.

In 2025, there were capacity for 24 endoscopists to participate across 2 training centres at NHS Golden Jubilee and Stobhill Hospital. Until now a very small core group of faculty has delivered all of these courses, however, others are being encouraged to shadow and then begin to deliver as faculty to build resilience in the team.

Impact

Trainees regularly report consistency amongst trainers who have been through the programme, leading to common language and understanding. The course is now attracting applicants from across the UK, with Scottish learners being given priority.

Learner Feedback

“Phenomenal course that will revolutionise my training of colonoscopy and will extend to surgical training. Training language and structure, setting the room, goals, and ground rules and delivering performance enhancing feedback.”

“Overall the course structure and delivery was excellent in helping achieve my aims and objectives. Understand this was the first TCT course here but Jubilee centre was a fantastic overall environment for TCT, great set up and the faculty seemed to work together very effectively. As a novice trainer, I felt welcomed and in safe environment to learn so thank you. Would highly recommend.”

4. Recruiting national faculty

Including the 2 National Training Leads, there are now 40 faculty trained to support NETP GI training across Scotland. We contract each person through a service level agreement with NHS Education for Scotland to deliver 2-4 hours per week annualised.

We measure their time over a 42-week period. Currently faculty on a full PA contract (4 hours per week) deliver at least 100 hours of direct NETP training and the remaining 68 hours cover travel, course development and local training in their Board.

The faculty complete a timesheet at least every 3 months for review, to ensure value. The faculty complete an annual appraisal form, which the National Training Leads review; written feedback and objectives are added with an appraisal meeting set up for further discussion as required. Faculty participate in both course delivery and immersion training and deliver across at least 2 training centres.

5. Supporting remobilisation of basic endoscopy courses

5.1 Basic Colonoscopy

This course is mandated for all trainee endoscopists to gain JAG accreditation. The course was revamped in 2022 in line with the NETP Colonoscopy position statement.

NETP faculty have supported delivery of this in both Stobhill and Dundee to date. Since September 2024, NETP have delivered this to 8 learners in East Lothian community hospital, 3 in NHS Golden Jubilee and 6 in Stobhill. In 2025, capacity has been created for 48 trainees to attend.

Impact

Although circumstantial, consultants who attend colonoscopy upskilling have reported that they are attending as their trainees have been to Basic Colon Skills and are demonstrating new techniques that the consultant was not aware of.

Demand for these courses may reduce over the next year as full impact of the centralised funding contract and changes to study leave hit. Surgical trainees do not require to be JAG accredited in endoscopy to Endoscopy Certification (CCT), however most NHS Scotland Boards rightly ask for this as a pre-requisite as a surgical consultant. As it is not a curriculum requirement, study leave funding is not likely to be available.

Learner Feedback

“Very informative discussions on numerous aspects of colonoscopy and we were always given an opportunity to go over some of these topics again which I found very helpful. Lots of great content and spent a good amount of time on each topic. I particularly found going over the interpretation of the scope guide very helpful. It was appreciated that lunch was provided daily as well. All involved were very helpful and made everyone feel at ease. I would highly recommend this course.”

5.2 Basic upper GI

This course is mandated for all endoscopists to gain JAG accreditation. Until 2024, the course was only delivered in Dundee. After a full revamp of the course materials and delivery methods, to bring in line with the Best Practice Consensus document, this is now being delivered in 3 additional centres, Stobhill, NHS Golden Jubilee and East Lothian Community Hospital.

By the end of 2024, 16 completed the new format of course with capacity created for 40 trainees in 2025.

Impact

As with the Upper GI Best Practice course, impact cannot be assessed yet but will be when appropriate.

Learner Feedback

“I had only done 5 gastroscopy procedures before the course so found it difficult, however the next day I did a training list and found I was more confident and able to perform the procedure well.”

“Really enjoyed the course and I gained a lot from it. Having only 3 trainees on the course definitely helped gain more experience and I found all the trainers varied and helpful in different ways. I only got to scope 1 patient on the first day which was a shame, the list seemed to be slow moving, but other than that I thought it really got me to analyse and improve my scoping technique.”

6. Delivering immersion training

Immersion training is a concentrated period of up to 2 weeks, where NETP faculty on a one-to-one basis supports a trainee undertaking colonoscopy on live patients. This training is delivered at NHS Golden Jubilee, where NETP now has 2 dedicated scope rooms. 69 trainees have now completed at least 2 weeks of immersion training, giving them the skills and patient numbers to progress as an accredited Endoscopist.

Without this support, most would have struggled to achieve accreditation and work as an independent endoscopist. For 2025, we plan to move focus to early years training to provide the 'flying start' towards accreditation, with some trainees completing 2 or 3 days of immersion immediately following their Basic Skills Course.

Impact

After each training week, the learner completes post course feedback. The programme has received excellent feedback from both trainees/learners and their Training Programme Directors. Feedback always reinforces a clear, consistent and supportive approach from trainers with nursing team equally as supportive of learning.

Several trainees have now reported that immersion training has helped them achieve the required numbers and direct observations to achieve JAG accreditation as an Endoscopist. This then allows the trainee to be an independent Endoscopist, adding to Board capacity across Scotland.

A test of change was completed late 2024, with an Surgical Trainee year 5 (ST5) completing 2 days of colon immersion immediately following Basic Skills course. This was extremely positive in allowing learning to be put into practice immediately.

Learner Feedback

"Was an excellent programme. I would highly recommend it. I would gladly do this again later in training if needed. All consultant trainers and nursing staff were very professional and welcoming. Was one of the best training experiences I have encountered."

"I really enjoyed this week and I felt it was very beneficial I would recommend it to all trainees and also for upskilling. I really felt that the constructive feedback. I feel that it really changed my practice for the better."

"Absolutely brilliant week. Was a bit out of my depth for the first 2 days due to new information/practice/new hospital. Really looking forward to my second immersion week. Thank you!"

"It was an excellent week. I have made significant progress in my colonoscopy skills and confidence. This is reflected quantitatively, but also in how I have performed upon returning to my parent Board. I look forward to my second week."

7. Supporting JAG accreditation

7.1 Accreditation of Endoscopy Services

JAG accreditation is a standard that gives patients increased confidence in their endoscopy service. Patients can be assured of the same quality of care no matter where their endoscopy takes place, provided the unit is JAG accredited. For the endoscopy team it means a sense of pride in being recognised for their delivery of a high quality and safe service.

JAG accreditation is awarded after a rigorous paper assessment, review of evidence and onsite inspection to ensure the service has demonstrated that they meet the JAG quality standards.

These standards cover all aspects of an endoscopy service, ensuring that the team:

- continually improve the quality and safety of the care provided
- maintain a strong focus on ensuring patients have a positive experience
- provide excellent training and development opportunities for all staff
- Uphold a safe and comfortable environment for patients and staff.

When the NETP began, there were no JAG Accredited endoscopy units in Scotland, now there are 3. After initial accreditation, the service is required to evidence maintenance of those standards annually with full re-accreditation every 5 years. NHS Golden Jubilee was first to obtain this in 2022, followed by East Lothian Community Hospital in 2023 and Raigmore in Inverness in November of 2024.

NETP led on the accreditation of Golden Jubilee and has worked with all centres to support them to gain the accreditation. In 2022, NETP and some members of the Golden Jubilee endoscopy team were recognised with a staff Chief Executive Award for the achievement.

As NHS Golden Jubilee has now opened a new endoscopy unit, the accreditation does not automatically follow. JAG has now granted full accreditation.

Feedback on Support for centres to gain JAG accreditation

“I just wanted to send a personal thank-you for all the help you have given us.”

“I just wanted to share some great news we've had this week as Raigmore have now officially become a JAG accredited endoscopy unit. An amazing team effort.”

“We are both delighted to hear that NHS Golden Jubilee meets the required JAG accreditation Standards. We would like to take this opportunity to thank you and your colleagues for ensuring that this incredible goal was achieved and note it as a first for Scotland! This is an exemplar of high-quality team work so please let everyone know that we and our colleagues across the wider NHS Golden Jubilee Board are very proud of you all for this high standard of achievement and your hard work during the accreditation process. The best outcome on gaining this accreditation helps us all in our journey of continuing to make our services better for the people of Scotland.”

7.2 Accreditation of Training Centres

In 2021 there were 2 JAG accredited training centres in Scotland, now there are 5. Before 2010 Training centres delivering endoscopy training did not require accreditation and were given this automatically when the JAG standards were introduced. In Scotland, the Skills and Simulation Centre in Dundee and West of Scotland Centre at Stobhill fall into this category.

Following endoscopy unit accreditation, the National Endoscopy Training Centre at the Golden Jubilee gained accreditation in 2023 and we now deliver training in the new unit. East Lothian Community Hospital gained training centre accreditation in 2023, with delivery of training courses from 2024 and Raigmore has applied for training centre accreditation with plan to commence delivery in quarter 2 of 2025. Only accredited training centres are able to host and deliver Basic Skills courses.

As part of that accreditation NETP participate in the training centres governance group (the Federation of Regional Training Centres) meetings and support the Federation in the delivery of courses matched against demand both locally and nationally. We also fully engage with the quality assurance of the faculty and all courses provided as defined by JAG.

Detail of the standards can be [found on the JAG website](#). Several members of NETP faculty also sit on JAG panels currently reviewing the content and delivery of courses across the UK, ensuring that NETP remains at the forefront.

Each training centre subscribes to JAG who administers the booking site for all courses in the UK. There is no way of linking all Scottish sites through the system and therefore gathering data on course attendance numbers is a challenging manual process and not always accurate. Through the monthly Training Leads meetings, a diary has been created with planned courses and faculty involved visible to all, which enables an estimate of attendance figures on other sites.

Impact

As well as increasing the number of Basic Skills courses available, increasing the number of accredited training centres enables training to be delivered in a location nearer to the learner, reducing the time, cost and environmental impact of travel.

8. Training Assistant Practitioners in Endoscopy/Foundations of Endoscopy Practice Programme

We created this programme following a request from the Access Collaborative for development of a pathway to take endoscopy Health Care Support Workers (HCSW) from career level 2 to career level 4, in response to significant post Covid workforce gaps. The programme uses the NHS England eLearning for Health online resources, supplemented by new materials developed on TURAS learn and face-to-face hands-on simulated practice. The HCSW will also complete SVQ level 7 in Healthcare. In 2024, NETP opened the programme to registered practitioners who are new to endoscopy as a 'foundations of endoscopy practice', with the learner completing the entire programme with the exception of the SVQ. Evaluation has shown this to be effective in accelerating learning in the workplace. To date 37 learners have completed, or are currently participating. The programme now runs as a combined 'foundations of endoscopy practice' with an annual intake of up to 16 learners.

Impact

Until this course, there were no Band 4 Assistant Practitioners in Scotland, now there are 4. Although some Boards did not implement a Band 4 role after learners had completed, those HCSWs have gained and demonstrate a greater understanding of procedures and equipment used, enhancing the team effectiveness. Since the introduction of the Foundations of Endoscopy Programme, feedback from Senior Charge Nurses has noted the acceleration of competence following attendance.

Learner Feedback

"Content was good and relevant to my role, good to learn new ways of doing things too. I felt I got more out of them as you could bounce off others."

"The face-to-face workshops were by far the most valuable part of the course. Fake scenarios and intense situations are very helpful to learn what to do and especially what not to do. If the course had more face to face learning I feel like I would have completed my course sooner."

"I really enjoyed the face-to-face workshops, I just wish there were more as I found them highly beneficial."

"I found the workshops very interesting; I personally prefer learning in the environment."

9. Develop a structured approach to simulator-based training

High fidelity simulators are now well used across Scotland, including the mobile simulator that is much in demand by a number of centres. A standardised training video and induction resource now live on TURAS with simulators having QR code link attached.

10. Developing training capacity in other endoscopic modalities

The original business case considered training Advance Nurse Practitioners (ANPs) in both cystoscopy and bronchoscopy. Cystoscopy was taken forward by the Centre for Sustainable Delivery (CfSD) and NES. A desktop review of practice across the UK showed that ANPs do not have an established role in bronchoscopy. It also became clear that there is a need to improve the availability and quality of bronchoscopy carried out by respiratory physicians in. As a result, a bronchoscopy programme is being delivered as a separate project by NHSSA, led by the Programme Lead and Chair of NETP.

11. Evolution of the original NETP Plan

11.1 Endoscopy Non-Technical Skills (ENTS)

Over the first 3 years we have adapted the original plan for the NETP, evolving to meet the challenges faced in endoscopy services. Originally Endoscopy Non-Technical Skills (ENTS) courses was not included however as Endoscopist training and standards improved, it was clear that we needed to facilitate whole team development.

Another first in Scotland included the design of our ENTS course in collaboration with JAG and Clinical Skills Managed Education Network (CSMEN) at NES. The course brings the full endoscopy team together to explore non-technical skills including teamwork, communication and leadership, through scenario role-play. The course uses the high-fidelity portable simulator to support the scenarios and is delivered in simulation centres across Scotland. By the end of 2024, over 150 endoscopy staff have attended. Capacity has been created for 70 learners to attend in 2025.

Impact

In units where a high percentage of the team have completed the course, there is anecdotal feedback of stronger team working and improved performance. Before the course, endoscopy debriefs were uncommon; these are now routinely embedded across several units, supporting better working relationships, performance and staff morale.

Learner Feedback

“I really enjoyed the course - particularly the multidisciplinary element. I did not really know what to expect but it made me more aware, appreciative and empathic of other team members roles and whilst it was not as real as using our home environment and elements were exaggerated, it was about as close as you could get in a simulation. A very useful day. Thank you.”

“Was apprehensive prior to the day but the course was delivered in a calm, supportive way and enhanced learning. I particularly found the open discussions and the simulated scenarios really helpful. Thoroughly enjoyed the day. Would like to see this delivered more locally - I have mentioned this to my Clinical Lead.”

11.2 Nursing network forum

Prior to the NETP, nursing teams across Scotland did not communicate. To help facilitate connection and build team resilience, we established the Nurse Network in 2023. Since then, we have established dedicated Microsoft Teams channel to allow teams a space to share challenges and successes. There are also meetings every 6 weeks with an education focus for 1 hour, followed by a question and answer session and a 'getting to know each other' session.

11.3 GI Endoscopy Quality System

GIEQS (GI Endoscopy Quality System) website is used by endoscopists across the UK and Europe. Leading endoscopy experts run the website and a subscription allows the user to access various training packages and videos as well as live online events designed to challenge and improve practice. In 2024, NETP reached agreement to purchase licenses for each training centre to allow learners to have temporary access to the site for an agreed time. The NETP faculty has worked with the GIEQS team to identify materials that are most relevant to Scotland, with a dedicated NETP Scottish webpage now available, providing pre and post course materials to support and enhance learning.

12. Finance

The initial commitment for investment was for £490,882 in 2021/22, £832,660 in 2022/23 and £1,199,629 in 2023/24. Funding was initially recurrent, but was baselined in 2024/25 at the level committed for 2023/24. The actual cost profile has been somewhat different, with our Scottish Government Sponsorship Team and finance colleagues in our partner Boards supporting alterations to the spend profile. Costs incurred were £235,132 in 2021/22, £846,843 in 2022/23, £765,785 for 2023/24, and are forecast to be £1,039,812 at month 9 of 2024/25. There are a number of reasons for the changes, with some being discussed and approved through SBARs that we presented at EPG.

The NHSSA Executive Programme Group receives an update provided by the Directors of Finance of both parent Boards at each meeting.

13. Governance

13.1 Corporate Governance

NETP is accountable to the Executive Programme Group of NHS Scotland Academy. A line is included in the NHSSA Annual Delivery Plan that is approved by EPG and disseminated through both parent Boards. NETP established a programme Board in 2021 to bring together stakeholders from service, training, and strategic planning, and this met 6 times a year until the final meeting of the Board in September 2024. By then, it was clear we were moving into a new phase of NETP having laid strong foundations over the first 3 years, and this, along with other stakeholders reaching a more mature stage of operation, meant there was no need for the Board to continue. The Chair of the Board continued in his role until the end of 2025 to facilitate a smooth transition to our next phase and to drive the bronchoscopy programme to completion. Information governance and health and safety policy's follow local protocols where the activity takes place.

13.2 Clinical Governance

As for all NHSSA programmes, clinical governance sits with the Board where the activity takes place. NETP is delivered across multiple Boards, and strong local clinical leadership, engagement and support services are essential to delivering the hub and spoke model.

13.3 Educational Governance

As for all NHSSA programmes, educational governance sits with NES. For NETP this has involved programme approval for the Assistant Practitioner programme, and working to course standards set by the Colleges and Societies through JAG. An annual report on all NHSSA programmes is presented to the Education and Quality Committee in NES each spring.

14. Challenges overcome and lessons for other programmes

Honorary Contracts/Letters of Access remain a challenge for NETP faculty who deliver training on real patients in Boards other than their own employer. Despite a 'Once for Scotland' approach to human resources policies, there is currently no route for an NHS employee in 1 Board to visit another Board to perform clinical work, even in an educational context. We are grateful for the drive and tenacity of HR support, led by NHS GJ with systems development by the National Elective Care Unit of the CfSD, to develop and deliver a system that reduces the administrative burden. After 3 years of concerted effort, we have a sharepoint site that facilitates the recognition of pre-employment checks conducted by NHS GJ that is accepted by all Boards. This system will save time and frustration, and we hope, in time, that Boards will be confident in using it for Occupational Health checks as well, as it will be possible to add this function if, and when, Boards agree it is appropriate.

We have a Data Protection Impact Assessments (DPIA) for the endoscopy simulators. It was challenging to get local agreement but national agreement was reached after NES, who purchased the machines, had theirs approved. We purchased the mobile SMOTS mobile camera system in early 2021, before the programme was fully established, but the logistics of using this to support course delivery at spoke locations was particularly challenging due to NHS firewalls and the necessity of internet connections, as well as DPIAs. Ideally, we would have identified these types of issues prior to purchase and we now consider all purchases from an information governance and eHealth point of view. The DPIA for the SMOTS system is very close to being complete.

What we would either do differently or would request parent Boards to facilitate differently

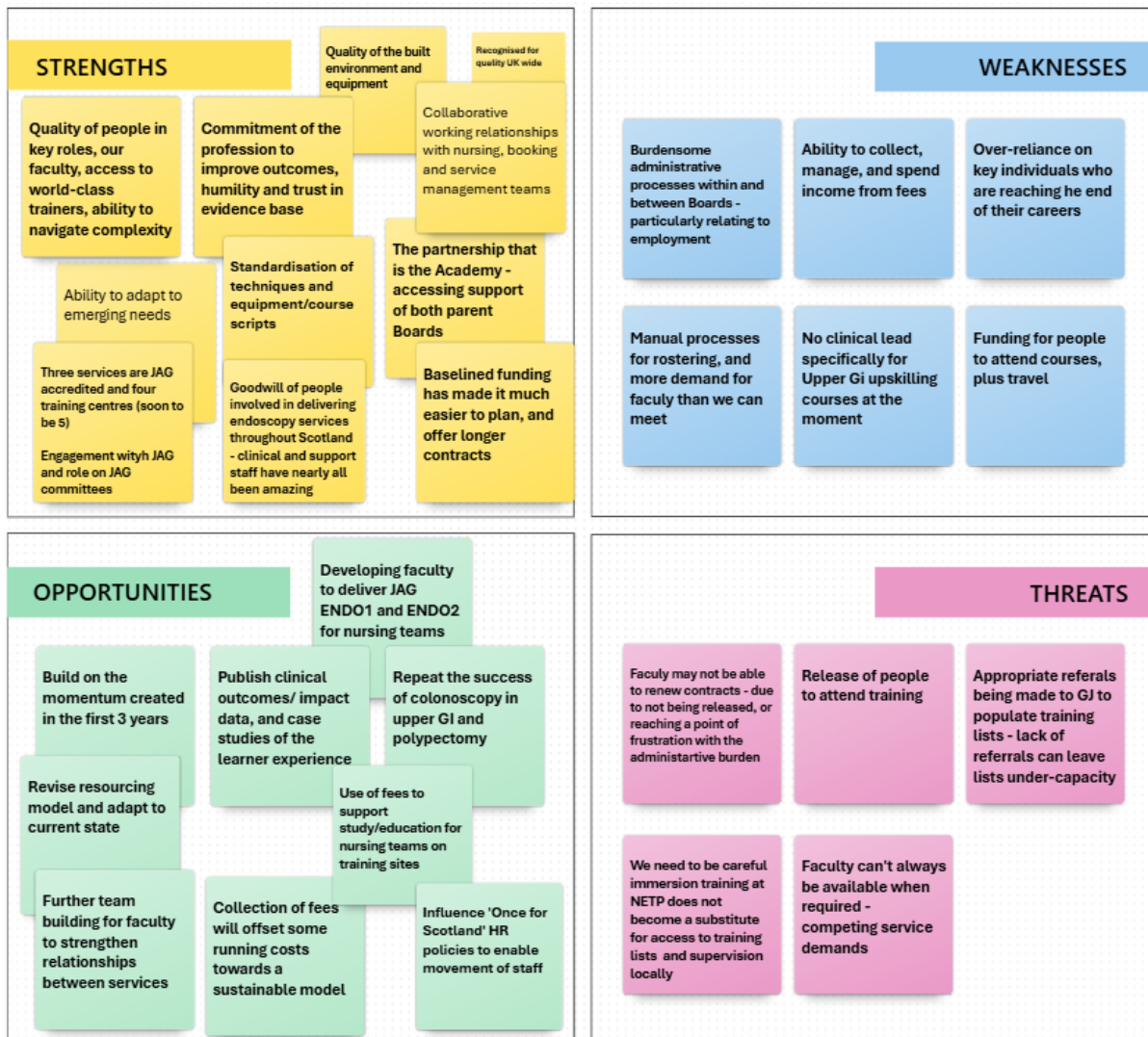
We would buy 1 fewer static simulator and buy 2 mobile ones instead: enabling us to take the simulator to the place of work. We did not anticipate the mobile simulator being so heavily in demand. We would expect delays with capital projects. We were too optimistic about completion dates and this resulted in wasted activity in organising, then cancelling courses and immersion training dates.

We would put Faculty on SLAs for a longer period. If starting again, we would advocate for a mechanism of a decision point to confirm terminating or continuing each year. Teams of colleagues in NHSSA, NES, and the Boards that employ our faculty have spent a tremendous amount of time, energy and effort due to the processes we have been required to follow with creating and renewing annual SLAs with each of the 40 SLAs requiring 5 signatures from 3 Boards.

The value of some is as low as £6,000 and all the employment risk remains with the employing Board. The annualised nature of the SLAs mitigates periods of absence and the monitoring and evaluation processes we have in place ensure we achieve value for money. The risk of this method is that uplift in pay is not automatically provided by SG but needs to be negotiated.

A nationally agreed job description is needed for roles supported by national training programmes. Delays occurred because Assistant Practitioner job descriptions had to be developed and approved locally, and creating a national version was out of scope for NETP and referred to the Scottish Terms and Conditions Group.

15. SWOT analysis at January 2025



16. Looking forward - the next 3 years

NETP has now reached a steady state, and aims to improve even further performance in colonoscopy and to replicate the impact of training interventions in colonoscopy in upper GI and polypectomy. We will continue to do this in the context of whole team development and positive, well-equipped working environments for services throughout Scotland. Full use of 2 dedicated training rooms in GJ will contribute to a reduction in waiting times, as will the reduction in repeat procedures required by clinicians who now have stronger skills.

Our operating model is shifting as the need of the programme changes. We will continue our processes of review and continuous improvement to ensure we achieve value for money, and we expect to transition the programme into a business-as-usual state towards the end of the next 3 years.