

NW Endoscopy Training Academy

Model Specification
April 2022

Introduction

Following the national publication of Sir Mike Richards' independent review of diagnostic services in England as part of the NHS Long Term Plan, **Diagnostic Recovery and Renewal report (2020)** every HEE region in England was asked to develop an endoscopy training academy.

In the North West, a team made up of senior endoscopy clinicians and workforce leads in Trusts, Universities and HEE project staff was formed. After working collaboratively throughout 2021 the team launched the new academy as of April 2022. The Academy builds on the expertise for endoscopy training that already exists within the region.

The aim of the Academy is to provide a multi-professional training offer that is inclusive to all endoscopy staff and provide education that will increase the numbers of learners within the NHS and enable new staff to enter the workforce.

The Academy is led by the **Mersey School of Endoscopy** with key partner Trusts in Greater Manchester and Lancashire and South Cumbria. These group of Trusts, supported by **Liverpool John Moores University** will be delivering a wide range of training to NHS staff in endoscopy procedures, such as:

- Basic skills JAG Accredited courses e.g. Basic Colon, Upper GI, Therapeutic and Polypectomy
- Specialist courses e.g. ERCP and advanced therapeutic courses
- Courses for Admin and Clerical staff
- Decontamination training programme
- Nurse training programme
- Endoscopy Non-Technical Skills

This exciting new Academy will deliver a wide range of training to staff in endoscopy procedures and will run on a 'hub and spoke' basis with the Mersey School of Endoscopy acting as the hub and the Trusts in GM and Lancashire and South Cumbria as the spokes.

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1. Academy Design

1.1 National Context

Endoscopy services have been under intense pressure for many years. Several attempts have been made to increase capacity for both symptomatic and screening endoscopy with some success, however due to the global Covid-19 pandemic, changes to bowel screening criteria and ever-increasing demand for services, the workforce has reached critical limits.

1.2 Recommendation for Academies

The Mike Richards' **Diagnostic Recovery and Renewal report (2020)** sets out the tipping point reached with regards to diagnostic services, and the need to radically transform diagnostic services and invest in equipment, facilities and workforce.

For endoscopy the challenges can be summarised as:

- observed increasing demand annually for endoscopic procedures
- increasing demand through changes in the bowel cancer screening programme
- challenges within estate and workforce availability
- impact of the Covid-19 pandemic, further exacerbating these challenges, resulting in a significant backlog of patients awaiting procedures.

Gastrointestinal endoscopy is also a key requirement in the diagnostic and screening provision for gastrointestinal cancer as well as in the diagnosis and management of other gastrointestinal conditions.

One of the recommendations of the Richards Report, was the establishment of **Training Academies** to support acceleration in training, in light of the expected rise in screening demand. The academies are designed to meet the training needs of the following staff groups:

- Specialty Trainee (ST) doctors
- Clinical Endoscopists
- Support workforce (endoscopy nurses, HCA and Admin & Clerical)

On that basis the NW Endoscopy Academy was formed, with the aim of:

- a. **Increasing endoscopy training capacity** across the region by establishing training centres in Cheshire & Merseyside, Lancashire and South Cumbria and Greater Manchester
- b. **Providing a multi-professional training offer** that is inclusive to ST doctors, AHP's, Nurses, support staff and administrators

- c. Providing flexible and **high-quality endoscopy training environments** which utilise available resources across multiple stakeholder organisations, to avoid duplication of provision and supporting access to learning.
- d. Making best use of the **available teaching faculty** in the North-West and enable Trusts to '**make space for training**' for endoscopy staff.
- e. Introduce **immersive training** (to support the rapid attainment of skills) in priority areas such as gastroenterology and surgical trainee doctors
- f. Provide novel / innovative courses that will encourage **new entrants** to the endoscopy workforce who can support endoscopy provision (such as physician associates) and **upskill those already trained in one modality** to expand the colonoscopy and bowel cancer screening provision.
- g. Provide **continuous professional development** for all endoscopists to ensure both high quality endoscopy and training is available throughout the NW

1.3 Academy Model

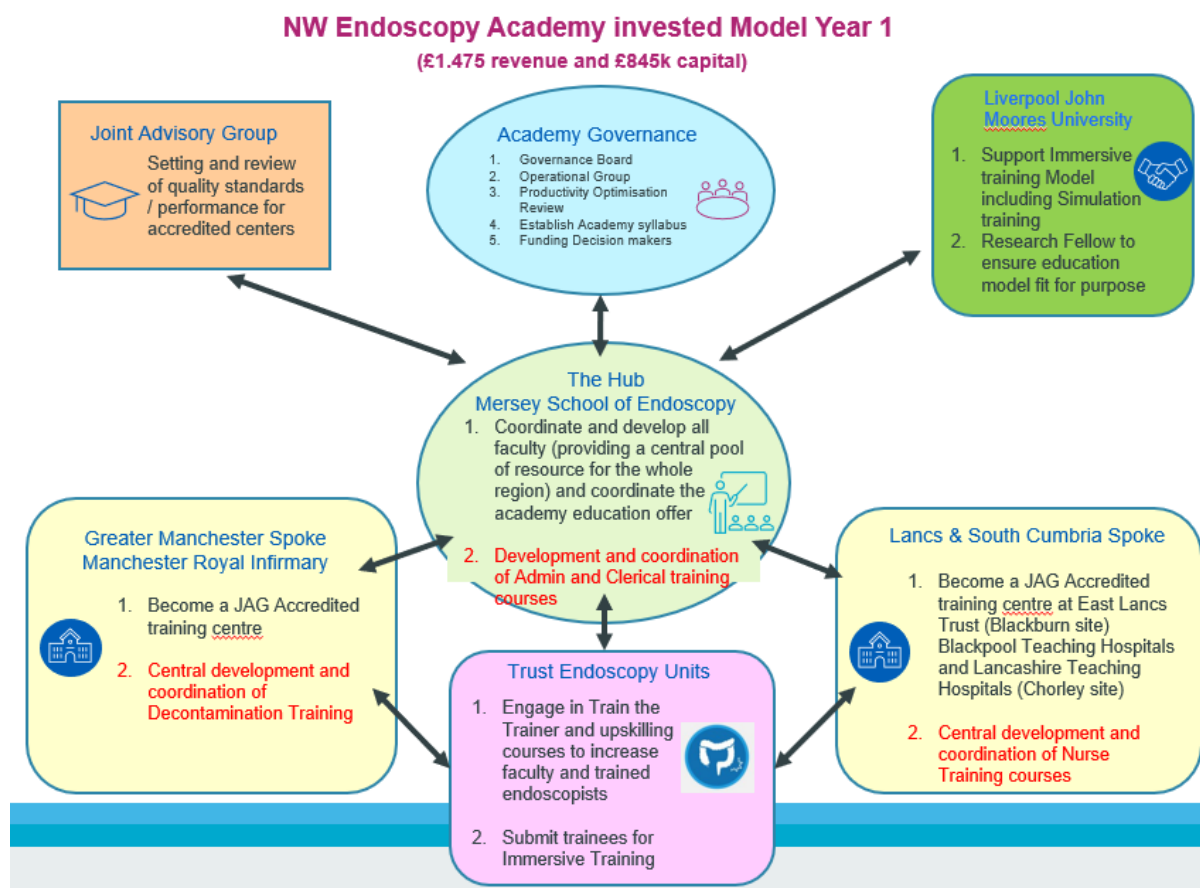
The model for the academy that has been developed in the NW consists of the following:

1. **Hub** – Mersey School of Endoscopy (Liverpool University Hospital Foundation Trust – The 'Hub' coordinates and develops all training faculty (providing a central pool of resource for the whole region) and coordinates all academy education provision. The Hub is also responsible for developing and coordinating a training programme for admin and clerical staff
2. **Spoke Greater Manchester** – Manchester Royal Infirmary (Manchester University Foundation Trust) is becoming a Joint Advisory Group (JAG) accredited regional training centre and will therefore act as a spoke to increase the breadth of training in the locality. This spoke will also lead on developing and coordinating a programme of decontamination training for the whole of the North West.
3. **Spoke Lancashire and South Cumbria Spoke** – made up of four Trusts in the locality; East Lancashire Hospitals Trust, Blackpool Teaching Hospitals, Lancashire Teaching Hospitals and University Hospitals Morecambe Bay, who under a disbursed model will form a second JAG accredited regional training centre. This spoke will also lead on developing and coordinating a programme of nurse training for the whole of the North West.

In addition:

4. **Endoscopy Units** – Underpinning the hub and spoke model are the endoscopy units within all NHS Trusts in the NW, who will be expected to engage in Train the Trainer (TTT) courses arranged by the Hub to increase the general pool of faculty available for the whole region. The units will also engage in other training offered so that as many endoscopists in their unit (be they faculty or not) can be upskilled. This two-pronged approach will ensure that units have sufficiently skilled trainers to meet their JAG requirements and that training back at base is optimised as much as possible.

Figure 1 - visual representation of the Academy Functions



2. Hub – Mersey School of Endoscopy

2.1 Primary Functions of the Virtual Hub

Following an expressions of interest process conducted by HEE, the Mersey School of Endoscopy operating from Liverpool University Hospital Trust, was successful in becoming the hub of the NW Endoscopy Training Academy. The school will be accountable to HEE via a formal NHS Education and Training Contract and undertake a number of key functions:

2.1.1 Provision of Basic Skills JAG courses

The Hub will deliver up to 25 JAG Accredited courses for the year. These are courses considered essential for endoscopists seeking accreditation e.g. Basic Colon, Basic Upper GI, Therapeutic and Polypectomy.

2.1.2 Provision of specialist endoscopy courses

The Hub will also be responsible for delivering the specialist courses that the Spokes will not be able to deliver such as Endoscopic retrograde cholangiopancreatography (ERCP) and Advanced Therapeutic courses as they will possess the specialist equipment, wet labs and experience.

2.1.3 Central Coordination of Faculty

To enable the Academy to provide training for the whole of the NW in a way that makes the most of the available faculty and offers the earliest available training opportunities for trainees, there will be a need for central oversight, coordination and prioritisation and this will be the responsibility of the Hub. The coordination will include:

- **Management of faculty development process** – This will be achieved by having an overview of all faculty, their status and ability to be able to delivery particular courses and managing an observing and mentoring programme to enable the trainer to become ‘full faculty’.
- **Enable Faculty to deliver training in any part of the region** – This will be to ensure the best possible chance of training need being met.
- **Communicate effectively with Trainees** - to ensure they are booked on the first available courses in any area of the NW, subject to their ability /willingness to travel. For example, a basic skills course being run in Preston may have trainees from Merseyside.

2.1.4 Upskilling the Spoke faculty centres

A primary function of the Hub will be to upskill the Spoke centres established in the other two NW regions, to be able to develop JAG Accredited Faculty via deliver of a number of courses at the spoke centres. The scope of training and support in the first year by the hub to the spokes will be to:

- Train the spoke Admin coordinators
- Upskill practice educators so they can teach on courses
- Provide Governance for JAG courses
- Provide JETS support
- Oversee the JAG Annual review governance

2.1.5 Ongoing Quality assurance of Spokes

In addition to upskilling the Spokes, the Hub will have the responsibility for quality management of all faculty delivering services on behalf of the Academy, including those that deliver services via the Spokes

2.1.6 Upskilling the Trust Endoscopy Units

The Hub will assist in the development of the endoscopy units in the NW to allow them to deliver enhanced local endoscopy training. This will be facilitated by developing a Train the Trainer (TTT) model which will be introduced within each Trust and managed and signed off by the Hub. This will ensure that within the units there are sufficiently skilled trainers and that each unit meets their Joint Advisory

Group (JAG) requirements by having a training lead that has gone through the TTT course.

2.1.7 Immersive Training

The Hub will be responsible for coordinating the immersive training taking place in the region including coordination with the gastroenterology and surgical deans and set up a suitable partnership arrangement under an MOU with the appropriate HEI, who will be contributing to the training programme. To help facilitate this model, the hub will aim to recruit and make available a number of clinical fellows who can backfill for the trainees.

2.1.8 Admin and Clerical Training Courses

The Hub will be responsible for the development and coordination of these courses for the whole of the NW. This will build on the work that has been undertaken in the NW in relation to a training pilot for support workers and will look to identify the training needs and courses with a view to rolling out the outcome of the pilot across the NW.

2.1.9 Training Needs Analysis (TNA) for Locality

The Hub will be responsible for undertaking a TNA involving all their endoscopy units in their own locality, to identify the training needs of its endoscopist and support staff, identify gaps in current provision. The two other locality spokes will have the same responsibility for completing a periodic TNA for their locality and the hub will coordinate collection of these to provide an overall report.

2.2 Staffing of the Hub

HEE has invested revenue and capital monies to support Mersey School of Endoscopy to deliver the key functions, including funding dedicated roles for an initial 12-month contract. These are:

- **Clinical Director** time, equivalent to 5PA per week. Will provide the required clinical direction for the hub.
- **Deputy Director** time, also equivalent to 5PA per week. Additional input to ensure the required clinical direction for the hub
- **Practice Educator Senior Nurse** 0.5 WTE of an NHS Band 8a
- **Practice Educator Nurse** 0.5 WTE of an NHS Band 6 (note that the hub is funding for another 0.5 to make this role full time)
- **Project Manager Admin** full time of an NHS Band 7 – To coordinate the administrative functions of the hub
- **Administrator** 0.5 WTE of an NHS Band 6 (note that the hub is funding for another 0.5 to make this role full time)
- **Admin Coordinator** full time of an NHS Band 4
- **Administrator** 0.5 WTE of an NHS Band 3 (note that the hub is funding for another 0.5 to make this role full time)

3. Spokes – Manchester Royal Infirmary and various Trusts in Lancashire and South Cumbria

3.1 Primary Functions of the Spokes

Similar to identifying the hub, an expressions of interest process was conducted by HEE to identify the spokes, for the academy; one in each of the Greater Manchester (GM) and Lancashire and South Cumbria (L&SC) localities.

- The Manchester Royal Infirmary came forward to be the GM spoke
- Applying a 'disbursed' model, a number of Trusts in L&SC became the spoke for that region. These being;
 - JAG accredited training centre – Royal Blackburn Teaching Hospital and Chorley and South Ribble Hospital
 - Nurse Training for north-west region - University Hospitals of Morecambe Bay

3.2.1 Development of faculty in region

The primary aim of each Spoke will be to establish a sufficient faculty to be able to provide an education offer that will meet the needs of the endoscopy workforce education requirements. In the first year, development of the faculty will be in line with a **Spoke Specification**. This covers the following areas:

- **Organisation approval** - Senior management of the organisation acting as the Spoke fully support becoming a JAG accredited training centre and are able to establish a minimum of 2 faculty members that can teach on courses and have the infrastructure to invoice the Hub for use of their faculty and order equipment.
- **Performance** – To comply with the minimum requirements on performance and observation and train the trainer compliance as set out in the specification. In addition, attend performance meetings with the Hub as defined by the Academy Committee.
- **Basic Skills JAG Courses** – In line with maintaining JAG compliance provide at least 2 courses of the same type in the year e.g. Upper GI. The Hub will support development of achievement in these courses via coaching / upskilling and it is a requirement of the Spoke to comply with this process. Additionally, the Spoke will need to liaise closely with the Hub on the timing of delivering these courses, so that they do not impede a similar course taking place elsewhere in the NW. Once the granularity of training need in the NW is fully known, it may be possible to set specific targets for Spokes to deliver a certain number of Basic Skills JAG Courses, but this will not be expected in the first year of Academy operation.
- **Internal Faculty** – Whilst the Hub will provide faculty for courses delivered, via a centrally coordinated function, there is a requirement for internal faculty on JAG-

approved courses and therefore when a Spoke centre delivers a JAG-course, one faculty member will be required to be present from that unit.

- **Global Rating Scale (GRS)** – To fully engage with this process achieving a minimum level of score around safety, comfort, quality, environment, trainers etc. To be decided by the Academy Committee.

3.2.2 Develop and Coordinate a key programme of training for region

To ensure each locality has an opportunity to utilise their Practice Educators and Clinical Leads to full capacity and harness local initiatives and ideas for the benefit of the region, each Spoke will lead on the development of a key programme of training for the region:

- **Endoscopy Nurse Training Programme** – L&SC will be responsible for the development of this programme and coordination of the courses for the whole of the NW. It is expected the Spoke will work with third parties who may be able to assist in delivering some aspects of the programmes on a mutually beneficial basis
- **Decontamination Courses** – GM will be responsible for the development of this programme and coordination of these courses for the whole of the NW
- **Training Needs Analysis (TNA)** – Both ICS Locality 2 and 3 will be responsible for undertaking an ongoing, periodic TNA involving all their endoscopy units in their own locality, to identify the training needs of its endoscopist and support staff and identify gaps in current provision. The Hub will have the same responsibility for completing a periodic TNA for its own locality. The spokes will complete these within a pre-agreed timescale set by the Hub so that TNA's for all three localities can be combined by the Hub and submitted to the Academy Committee via a report. The three TNA's will build on the work that has started this year in identifying current training taking place.

3.2.3 Faculty delivery of non-endoscopist courses

In addition to the above requirements Spokes will also contribute to the delivery of the below associated courses once the Academy has developed them and the Hub has established sufficient faculty:

- Nurse Training Programme including JETS Workforce Training ENDO 1
- Endoscopy Non-Technical Skills Courses (ENTS) – subject to simulation centre ability
- Decontamination training under the appropriate framework
- Admin and Clerical courses under the appropriate competency framework
- Novel / Innovative courses for upskilling / new roles

3.2.4 Provision of Funding

HEE has invested revenue and capital monies to support the spokes to deliver their key functions, including funding dedicated roles for an initial 12-month contract.

These are:

Greater Manchester spoke

- **Training director/Clinical lead** time, equivalent to 1PA per week. Will provide the required clinical direction for the spoke.
- **Deputy Director** time, also equivalent to 1PA per week. Additional input to ensure the required clinical direction for the spoke
- **Spoke Coordination Manager** full time of an NHS Band 6 – To coordinate the administrative functions of the spoke
- **Practice Educator Decontamination** full time of an NHS Band 7 – To coordinate the decon training programme

Lancashire and South Cumbria spoke

- **Training director/Clinical lead** time, equivalent to 1PA per week. Will provide the required clinical direction for the spoke.
- **Deputy Director** time, also equivalent to 1PA per week. Additional input to ensure the required clinical direction for the spoke
- **Spoke Coordination Manager** full time of an NHS Band 7 – To coordinate the administrative functions of the spoke
- **Practice Educator Nursing** full time of an NHS Band 7 – To coordinate the nurse training programme
- **Nurse administrator full time of an NHS Band 4** – To support delivery of the nurse training programme

4. Scope of training

The academy has set out its ambition for the range of training in the first couple of years of operation.

4.1 Additional JAG Accredited Training Centres

The above model will establish a total of 7 training centres across the three regions of Cheshire and Merseyside, Lancashire and South Cumbria and Greater Manchester. Each centre will have Audio Visual facilities, dedicated education simulation support and take part in a collegiate approach to faculty where faculty is seen as a single pooled resource, that can be shared throughout the NW, to deliver a portfolio of courses covering the entire endoscopy workforce.

Distribution of Training Centres

North west Endoscopy Units & Academy Training Centres

Lancashire and South Cumbria

- 1 - Blackpool Teaching Hospitals NHS Foundation Trust – Blackpool Victoria Hospital
- 2 - East Lancashire Hospitals NHS Trust – Royal Blackburn Teaching Hospital
- 3 - East Lancashire Hospitals NHS Trust – Burnley General Teaching Hospital
- 4 - East Lancashire Hospitals NHS Trust - Rossendale Primary Healthcare Centre
- 5 - Lancashire Teaching Hospitals NHS Foundation Trust – Chorley and South Ribble Hospital
- 6 - Lancashire Teaching Hospitals NHS Foundation Trust – Royal Preston Hospital
- 7 - University Hospitals of Morecambe Bay NHS Foundation Trust – Furness General Hospital
- 8 - University Hospitals of Morecambe Bay NHS Foundation Trust – Royal Lancaster Infirmary
- 9 - University Hospitals of Morecambe Bay NHS Foundation Trust - Westmorland General Hospital

Greater Manchester

- 10 - The Christie NHS Foundation Trust – Integrated Procedures Unit
- 11 - Bolton NHS Foundation Trust - Royal Bolton Hospital
- 12 - Manchester University NHS Foundation Trust – Manchester Royal Infirmary
- 13 - Manchester University NHS Foundation Trust - Trafford General Hospital
- 14 - Manchester University NHS Foundation Trust – Wythenshawe Hospital
- 15 - Northern Care Alliance NHS Foundation Trust – Fairfield General Hospital
- 16 - Northern Care Alliance NHS Foundation Trust – North Manchester General Hospital
- 17 - Northern Care Alliance NHS Foundation Trust – Royal Oldham Hospital
- 18 - Northern Care Alliance NHS Foundation Trust – Rochdale Infirmary
- 19 - Stockport NHS Foundation Trust – Stepping Hill Hospital
- 20 - Tameside and Glossop Integrated Care NHS Foundation Trust – Tameside General Hospital
- 21 - Wightington, Wigan and Leigh NHS Foundation Trust – Leigh Infirmary
- 22 - Wightington, Wigan and Leigh NHS Foundation Trust – Royal Albert Edward Infirmary

Cheshire and Merseyside

- 23 - Countess of Chester Hospital NHS Foundation Trust – Countess of Chester Hospital
- 24 - East Cheshire NHS Trust – Macclesfield District General Hospital
- 25 - Liverpool John Moores University
- 26 - Liverpool University Hospitals NHS Foundation Trust – Mersey School of Endoscopy
- 27 - Liverpool University Hospitals NHS Foundation Trust - Aintree University Hospital
- 28 - Mid Cheshire Hospitals NHS Foundation Trust – Leighton Hospital
- 29 - Southport and Ormskirk Hospital NHS Trust – Ormskirk District General Hospital
- 30 - Southport and Ormskirk Hospital NHS Trust – Southport & Formby District General Hospital
- 31 - St Helens and Knowsley Teaching Hospitals NHS Trust – St Helens Hospital
- 32 - Warrington and Halton Hospitals NHS Foundation Trust – Halton General Hospital
- 33 - Warrington and Halton Hospitals NHS Foundation Trust – Warrington Hospital



4.2 Expanded Faculty

By increasing the number of training centres through the Academy model and applying Train the Trainer models this will increase the pool of JAG accredited trainers and access to training lists so that it is equitable across the NW. Hub central coordination is key to this as it will ensure Faculty resource is utilised in the best possible way and that individual endoscopy units in the NW have trainers who will receive the necessary upskilling to meet the training requirements of their staff.

4.3 Increased Basic Skills JAG Accredited Courses

The Academy will increase the number of these courses required for endoscopists seeking accreditation, throughout the NW. This will be achieved via the Hub and Spokes. As the Spokes deliver more Basic Skills Courses, this will allow the Hub to deliver more specialist courses for endoscopists.

4.4 Admin and Clerical Competency Framework

The Academy will look to develop a regional competency framework and a programme of education for the admin and clerical staff (including booking staff) working in endoscopy services, in line with emerging national initiatives. This will be led by the Hub as shown in Figure 1 above.

4.5 Decontamination training framework

The Academy will aim to develop a competency framework for all support staff who work in decontaminated areas, including HCA's, which will be documented and

revalidated annually. The scope of the framework will likely include an awareness of the channel configuration of all endoscopes, manual cleaning procedures and of the endoscope washer disinfectors (EWD) and available irrigation adaptors, and any post cleaning processes. The courses will be developed with reference to any pilot programmes being developed nationally or in other regions and once the framework is established, the ambition will be to offer these courses at the Hub, spokes and endoscopy units at Trusts.

4.6 Nurse Training Programme (including HCA provision)

Endoscopy nurses have an established competency framework through JAG via the JETS Workforce module for nurses with three courses to support nurses (Endo 1,2 and 3). The aim in the first year will be to develop sufficient faculty to deliver the ENDO 1 course and offer a range of other courses for Endoscopy Nurses in the NW.

4.7 Immersive Training

For ST doctors, the academy will introduce an 'immersive training' model, where blocks of time are dedicated for trainees to undertake endoscopy procedures via dedicated training lists at their base hospital. This will achieve competency within a relatively short timeframe.

4.8 Novel / Innovative courses for Upskilling and New Roles

In year two of operation the academy will look to introduce opportunities to upskill existing workforce to enter the endoscopy clinical pathways. For example the use of Physician Associates (PAs) to conduct trans-nasal endoscopy.

4.9 Endoscopy Non-Technical Skills Courses (ENTS)

Also in year two, the academy will look to deliver a range of ENTS courses. These courses introduce endoscopy team members to the concept and importance of endoscopic non-technical skills (ENTS) by providing a comprehensive overview of the communication, teamwork, leadership, situational awareness, judgement and decision-making skills necessary to undertake endoscopy effectively. A number of initial courses are being delivered using HEI simulation centres and will be reviewed to determine if it is possible to run these courses from endoscopy units at Trusts.

4.10 Bowel Cancer Screening Programme

Part of the academy's ambitions is to extend the training programme currently delivered for Bowel Cancer Screening Practitioners (BCSP). This will be to include polypectomy training and continue to support and mentor practitioners to complete both the online and practical exams. In support of this development the academy would like to extend the existing quality assurance role with dedicated consultant support across the NW. The aim will be to build on the accelerated accreditation programme delivered in Cheshire and Merseyside to extend this to L&SC and GM localities. In addition the extended programme will scope the ongoing educational and clinical practice development of the screeners currently in post. Central to this

support are quality assurance leads who will provide leadership and mentorship to screeners achieved through educational meetings and specific advice on clinical incidents.

4.11 Care Navigators

The aim of the Care Navigator role is to create an efficient patient journey and patient experience with the same approach in every unit and a clear pathway for patients that will reduce inequality of access. The academy will look to introduce this role in specific pathways commencing with two areas initially.

- **Complex endoscopy patients** – A care navigator who will support complex endoscopy patients (such as those with disabilities) who might not be able to tolerate general endoscopy services and require a general anesthetic or deep sedation.
- **Polypectomy** - A care navigator who will manage the patients being served by the complex polyp multi-disciplinary team (MDT). The navigator will coordinate the patients ensuring they are fully prepared for the procedures and that this is coordinated across the units within the ICS.

The Academy will also consider other groups if the navigator pathway model is to be extended. For example, high risk groups of patients for gastroenterology where patients will need very specialist care.

4.12 Trans Nasal Gastroscopy (TNG)

TNG is a test to examine the upper part of your digestive system. A small camera is introduced through the nose and into the esophagus. Following a pilot for this service within Cheshire and Merseyside at the end of March 22, agreement is now in place for the academy to run initial training sessions where the practitioner would receive training in a morning session and then scope patients in the afternoon to be signed off as proficient. The academy will be running some initial courses with the intention to extend across the NW under the academy offer.

4.13 Clinical Endoscopist Programme

HEE have historically funded a Clinical Endoscopist Training programme and this programme is continuing for 2022 within the NW. This is a route into endoscopy for registered healthcare professionals which is a 30-week training programme for Introduction to Lower GI Endoscopy and Upper GI Endoscopy and 40-week training for Progression to Colonoscopy, leading to JAG certification and independent practice. Academic elements are delivered online with minimal contact days away from Trusts. In 2023 it is envisaged the skills training element being assimilated into the academy remit, with the academic element continuing to be delivered via a University.

4.14 Training pathways / recognition of learning

An ambition of the Academy is to introduce a syllabus for each endoscopy workforce group (endoscopists, admin and clerical, nursing, HCA etc.) which would provide a route map for people to understand what training and education opportunities would be needed to upskill to a particular level and to undertake that training. This would ensure consistency of all endoscopy units teaching within the same parameters and enabling staff to better manage their continuing professional development.

Figure 2 – Scope of Education Offer for Academy



5. Academy Ambitions

Local ambitions have been set for the endoscopy academy to achieve over the next few years. These are set out below. The academy will also meet its wider national objectives set by the national cancer and diagnostics project team.

NW Endoscopy Academy local ambitions



Funding

Bring all related endoscopy commissioning & funding opportunities under the Academy



Multi-professional

Ensure academy offer is multi-professional e.g. improved career pathway for endoscopists, nurses, AHP's and admin/clerical



NHS Trust Led

Increase local capacity for training and supervision via increasing faculty, trainers and dedicated student mentors



Post Grad

Increase post graduate training for the workforce e.g. specialist courses, immersive training, lower GI masterclass



Hub Coordination

Increased take up of educational offers, widen participation, quality assurance



Academy syllabus

Development of an Academy Syllabus which will provide recognition of education achievement



Learning experience

Link Academy offers to NHS Learning Hub and wider Technology Enhanced Learning strategy



Branding / Promotion

Dedicated websites / systems for Endoscopy training and academy activity

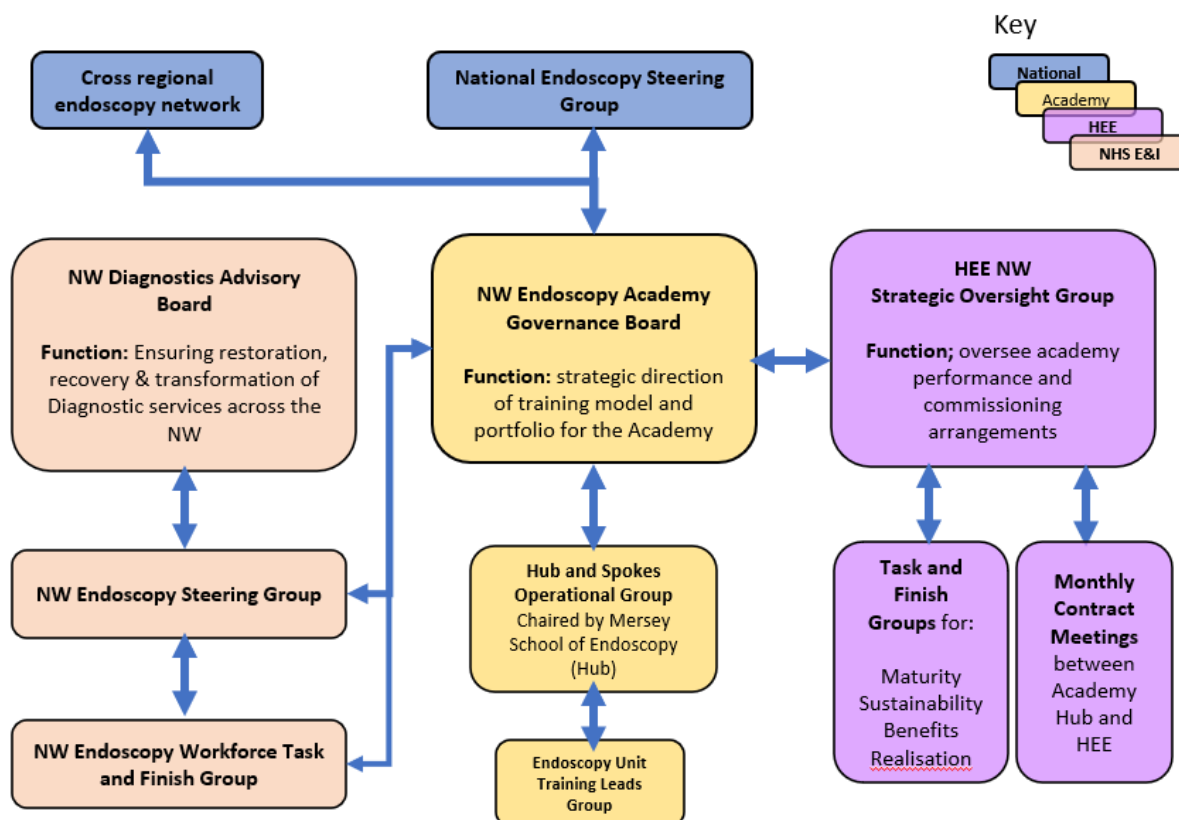
6. Governance

The Governance framework for the endoscopy academy is being developed and currently consists of the following:

- The **NW Endoscopy Academy Governance Board** meet monthly and undertake strategic decision making on the breadth and scope of training being delivered by the academy. The Board is chaired by a dedicated Clinical Advisor who is a senior endoscopy medic within the region.
- A **Strategic Oversight Group** will review quality of training in line with Health Education England requirements and return on investment. The group will also support the academy in adopting new areas of training.
- An **Operational Group** consisting of Hub and Spoke key staff, plus Liverpool John Moores University, has been formed who manage the operational day to day running of the academy.

- **A Regional Diagnostics Board and National Steering Group** provides a national steer to each region developing academies and continues to provide funding to help academy development and maturity.

Governance of NW Endoscopy Training Academy



End.