PURPOSE
1. The purpose of the Endoscopy Workforce Group is to provide clinical and strategic advice and direction on Endoscopy workforce issues and drive forward programmes of work and actions to support the expansion and reform of Gastrointestinal Endoscopy services including both the Symptomatic and Bowel Cancer Screening Services in the NHS.

OBJECTIVES
2. The Endoscopy Workforce Group will consider the following interlinked workforce requirements to deliver the increase in diagnostic activity required now and over the coming years to provide safe, patient-centre pathways within Endoscopy:

- **EDUCATION AND TRAINING:** Supporting the expansion of the Endoscopy workforce groups through the systematic and coordinated development of education and training programmes. Encourage a longer-term view to be taken to ensure prioritization of training and provide support for services to do so.

- **RECRUITMENT AND RETENTION:** Identifying the short, medium, and long-term options to recruit and retain staff. For example:
  - **Endoscopists:**
    - Advanced Upper GI Therapy
    - Advanced Lower GI Therapy
    - Endoscopic Retrograde Cholangiopancreatography (ERCP)
    - Bowel Cancer Screening
  - **Nursing Endoscopy:**
    - Assistant Screening Practitioners (ASP)
    - Specialist Screening Practitioners (SSP)
    - Senior Management
    - Endoscopic Ultrasound (EUS)

- **SKILL MIX:** Establish and/or expanding skill mix initiatives to provide efficiencies in the use of the medical and non-medical workforce and introduce new roles and new ways of working. Identifying professionals who can ‘multitask’ or generalise within diagnostics. Consider the whole workforce and recognise the multiple additional roles that endoscopists have outside of endoscopy.

- **NEW SERVICE DELIVERY MODELS:** Ensuring workforce requirements are identified and that consideration is given to the optimal use of NHS staff working across new service delivery models. This will include:
  - Identifying workforce requirements across the key diagnostic services to be delivered in new ways / within new service delivery models.
  - Understanding the wider impact and consequence of service models on the workforce in its broadest sense.
  - Identifying and establishing routes for additional training and resourcing.
  - Establishing the role of, and input from, the independent sector workforce.

- **LEADERSHIP DEVELOPMENT:** Establish leadership development for Endoscopy network leaders to support workforce and service redesign and to drive forward improvements in productivity, efficiency, and quality.

- **UPSKILLING EXISTING WORKFORCE:** Upskilling the existing workforce to respond to the changes in the delivery environment; to support the enhanced capacity requirements and new service initiatives; and to ensure clear and rewarding career development and pathways. This will include appropriate programme accreditation processes to allow staff to develop new skills and knowledge and take on expanded roles and scope of practice
PILOTING NEW INITIATIVES: Pilot new workforce initiatives in Endoscopy including the use of technology for simulation training and AI to establish the productivity and efficiency gains in capital investment. For example: PAs, Care Navigators, Practice Educators, Assistant Practitioners (APs), etc.

- **WORKFORCE CAPACITY AND EQUIPMENT ALIGNMENT**: Aligning the workforce capacity and capability development to the specific capital/equipment investment.

- **INCREASING SUPPORT WORKERS**: Establishing a systematic and coordinated national approach to increasing the support worker workforce through apprenticeships and other initiatives.

- **WORKFORCE DATA**: Working with the other national stakeholders (GMC, BSG, JAG, etc.) to ensure standardised data and information is collected across all diagnostic modalities in order to drive operational performance, improve business intelligence at a national and local level and to inform service improvement.

3. The work of the Endoscopy Workforce Group will be shaped by the wider national diagnostics programme, Endoscopy programme, while also being informed by national clinical programmes within NHSE and Improvement (NHSEI) and the recently published Richards’ Review of Diagnostics Capacity.

4. The Endoscopy Workforce Group will seek to drive capacity within Endoscopy through actions and programmes of work to make improvements for the immediate and short term, as well as for the medium to long term.

5. The Endoscopy Workforce Group will work with and through the regional infrastructure of NHS England and HEE to ensure that the work of the group is effectively communicated and implemented at a local level.

**DUTIES**

6. Specific duties for the Endoscopy Workforce Group will include:
   - Establishing a clear view of workforce requirements and wider implications to deliver the increase in activity within Endoscopy.
   - The development and enhancement of education and training programmes to expand the Endoscopy workforce.
   - Drive actions to deliver better and more flexible use of the existing Endoscopy workforce.
   - Identifying the short, medium, and long-term workforce requirements that will be needed to expand the Endoscopy workforce and feed into national strategic planning processes.
   - Identifying and building up regional workforce solutions already in place/in development.
   - Considering the impact on service delivery of increasing training numbers/initiatives and resourcing new diagnostic service delivery models.
   - Escalate strategic decisions, risks, and issues to the Diagnostic Workforce Board.

**GOVERNANCE**

7. The Endoscopy working group will be a joint working group run by NHSEI and Health Education England (HEE).

8. The group will be jointly chaired by Robert Logan (NHSE/I) and Geeta Menon (HEE)

9. The group will report into the Diagnostic Workforce Board (chaired by Sue Hill and Laura Roberts). The group will consider in detail the duties of the Diagnostic Workforce Board in relation to Endoscopy and will reflect this in the group’s objectives, duties, and programme of work.

**FREQUENCY**

10. The Endoscopy working group will meet every two months.