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To the Editor,

It is with great interest that we read the timely article by Tavabie and colleagues detailing the environmental impact of gastroenterology and hepatology services and outlining the unique position of trainee research networks to facilitate sustainable transformation of endoscopy services and share best practice approaches between units.(1) The recent COP28 summit and Global Tipping Points Report reiterated in stark terms, time is of the essence.(2) It is critical we all act. The Scottish Trainees' Research in Gastroenterology and Hepatology network [ScotRIGHT],(3) in collaboration with the Scottish Society of Gastroenterology [SSG], have already taken a lead on this in Scotland.

Utilising the ScotRIGHT network of Scottish trainees and Allied Healthcare Professionals [AHP], we have begun work identifying trainee, consultant and nurse/AHP "Green Endoscopy Champions" in every Scottish endoscopy unit. We recognise the need to involve a cross-section of specialities and professions to instigate meaningful and sustained change. These Green Endoscopy Champions have converged across the country to form a Scottish Sustainable Endoscopy working group. In 6 weeks we have identified interested individuals representing 17 endoscopy units across 10/14 Scottish Health Boards and held the inaugural meeting. We have completed an audit of practice across Scotland with responses from 16 hospitals across 9 Health Boards (see Figure 1) providing crucial data on the current position of sustainable endoscopy. This data was presented at the SSG Winter meeting 2023.

The working group will share ideas of easily replicable sustainable practice and working with all stakeholders lobby for the most sustainable endoscopy possible in Scotland utilising the most up to date guidance and position statements.(4) Challenges are anticipated. Endoscopy units across Scotland serve heterogenous populations with differing service requirements and are starting from differing baselines of sustainability therefore a flexibility of approach will be needed. In addition, to facilitate sustained change clinical endoscopy leads and managerial input will be required - especially when tackling issues of procurement and waste management. Finally, smaller district hospitals and community endoscopy units which do not have medical trainees will be more challenging to reach (particularly represented in Scotland by rural areas in the Highlands and Islands) but engagement will be essential to prevent the development of a two-tier sustainability standard. Despite these and unforeseen obstacles there is clear enthusiasm and we hope to report success

In conclusion, we feel our work to date confirms the assertion of Tavabie and colleagues that trainee research networks are well placed to initiate, disseminate and drive sustainability, an essential area, not just in endoscopy or gastroenterology but across medicine. We are keen to collaborate and share learning with other trainee networks or sustainable endoscopy groups and encourage any who are interested to contact us at [committee@scotright.com](mailto:committee@scotright.com)

Damien Leith  
Josh Orpen-Palmer  
Adrian Stanley  
Sandeep Siddhi  
On behalf of ScotRIGHT

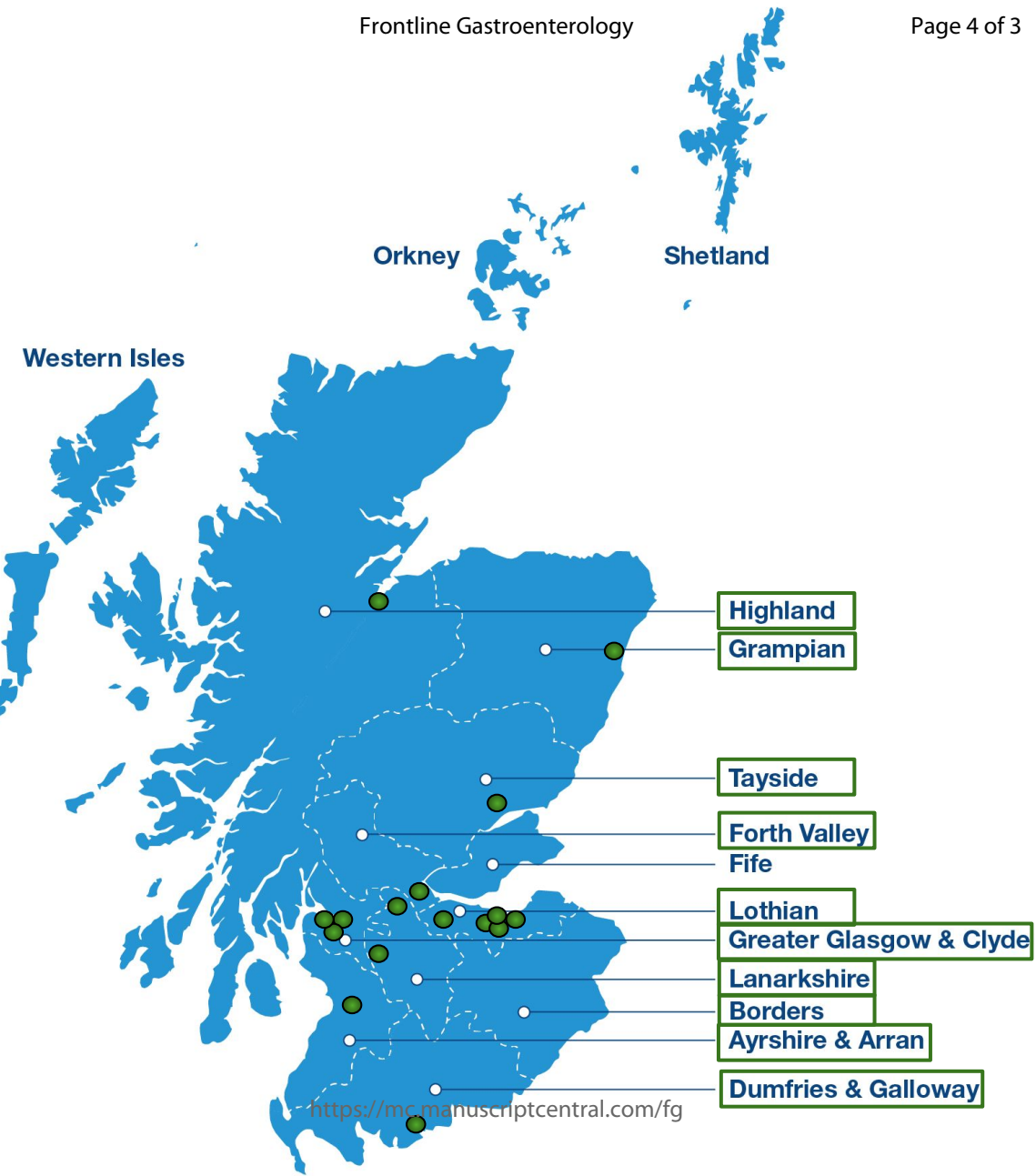
Competing interests: No competing interests

Figure 1: Health Boards with members of Scottish Sustainable Endoscopy working group indicated with green squares. Locations of endoscopy units returning the initial survey to indicate geographical spread - indicated with green circles.

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