Recommendations for Endoscopic Training for Gastrointestinal Surgeons

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(AUGIS)
and
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April 2010

Introduction

There are currently many different groups who perform and train in gastrointestinal (GI) endoscopy, the majority allied to gastroenterology and the JAG process (see later). However at present the process for the training and assessment of GI endoscopy for surgical trainees remains different. As consultants who undertake all forms of GI endoscopy work closely together, usually in the same endoscopy unit, there should be an agreed single system for training and assessment. Accreditation for GI endoscopy, either upper or lower, will remain with the relevant regional training committee and SAC, but should be based on identical and agreed competences. This document has been put together following discussion and wide consultation between the Association of Upper GI Surgeons of GB&I (AUGIS) and the Association of Coloproctology of GB&I (ACPGBI), at the request of Prof Mike Horrocks, President of the Association of Surgeons of GB & Ireland.

Background

The Joint Advisory Group (JAG) for gastrointestinal endoscopy training was set up in 1994 to define standards for the training of all endoscopists. JAG is an executive board which assumes an active and broad role in the quality assurance of endoscopy training and services across the UK. It is responsible for agreeing and setting policy/ strategy and providing advice to it's constituent bodies and other significant organisations (such as the GMC, DoH, and NHS) on standards and quality. It is largely self-sustaining, but retains firm links with the federation of Medical Royal Colleges, the Royal College of Physicians of London, and its constituent bodies.

JAG is supported by three quality assurance groups and receives regular reports from these groups. It is the focus for communicating agreed policy and standards to the relevant SACs, Royal Colleges and Specialist Societies, and listening to feedback from them. The committee has one representative each from the specialist societies, the colleges, the trainee groups, and one each from the SAC in gastroenterology and general surgery. There is a national training lead and a clinical lead on the committee, as well as representatives from the Endoscopy Associates Group and a nurse trainer. JAG's mission as an organisation is to provide UK wide support for the whole of the endoscopy workforce to ensure they have the skills, resources and motivation necessary to provide the highest quality, timely, patient-centred care. JAG's main aims are:

- To accredit endoscopy units including their fitness for training
- To set standards for training and accredit trainees
- To set standards for independent endoscopists

JAG issues a certificate of competence in endoscopy to gastroenterological trainees, which is passed to their SAC, who then has the authority through PMETB for awarding a CCT. This certificate of competence is a formal recommendation to the SAC that, within that area of endoscopy, JAG believes that the agreed standards have been met.

General principles for endoscopy training in surgery

1. Endoscopy training should be provided as part of a multi-disciplinary gastroenterology service with co-operation between physicians, surgeons, radiologists and pathologists. Joint ward rounds and meetings involving histology, radiology and surgery are desirable to achieve high standards of patient care.

2. All training in endoscopy should ideally take place in units that have been approved by the JAG. However it is recognised that obtaining approval for all units in the UK may take several years and therefore units which are not yet accredited should work towards obtaining approval as soon as possible and this

will require close collaboration between medical and surgical endoscopists in the relevant endoscopy units.

3. All trainees commencing endoscopic training (ST1-3) should receive formal training in the principles and practice of safe endoscopy including the indications for, as well as the contraindications to, each type of endoscopic procedure. They should attend a Basic Skills in Endoscopy course, initiated by, or compliant with, JAG standards. Such courses include: patient care, maintenance, cleaning and disinfection of endoscopes and equipment, electrical hazards and the recognition and management of the complications of endoscopy. The principles and safe practice of conscious sedation and the general administration of an endoscopy unit should also be covered. Senior trainees who have already spent several years in endoscopic training would be expected to go on the more advanced courses (see later).

4. Although the majority of elective upper and lower GI endoscopy lists will contain patients with conditions treated regularly by both medical and surgical consultants and therefore should be suitable for diagnostic training of both medical and surgical trainees, the nature of the workload will favour surgical trainees receiving the majority of their 'endoscopic' training on 'surgical' lists and vice versa.

5. At least one of the surgical trainers in the team should have attended a Training the Trainers (TTTe) course specific to endoscopic skills training (either upper or lower) when these are available and use a standardised formal assessment of endoscopic skills when assessing trainees. It is desirable that all trainers should have eventually attended these courses and become recognised trainers for both training and assessment purposes.

6. The requirement for Consultant Surgeons to be 'JAG accredited' in order to carry out endoscopies of any form (upper or lower) only applies to those wishing to carry out 'colonoscopy screening' and not in any other area of GI endoscopy. If there have been no other areas of concern in relation to the performance of their endoscopies, consultant surgeons without this specific accreditation should not be stopped from carrying out their normal endoscopy work. In order to cover both the

Specific requirements for upper GI endoscopy training

1. Upper GI endoscopy is considered an essential skill for all oesophago-gastric (OG) surgeons and as specialty differentiation may not take place until the latter years of training, **where possible**, most GI surgical trainees should obtain some training in diagnostic upper GI endoscopy. This will also provide those surgeons who subsequently wish to obtain further training in interventional upper GI endoscopy, colonoscopy and ERCP with background training in basic endoscopic techniques at an early stage.

2. In order to offer a complete Upper GI (OG) service, all OG consultant surgeons should carry out regular diagnostic and therapeutic upper GI endoscopy lists. When working in teams this would be expected to be at least once per week, which the surgical trainees would be expected to attend and receive direct supervision until assessed as competent. Upper GI (OG) consultants/surgical teams that do not carry out their own endoscopy lists cannot be considered to provide a full or adequate OG service and therefore should not be considered as appropriate units for OG surgical training. Trainees who are being denied access to upper GI endoscopy training because their consultant does not carry out regular upper GI endoscopy lists should bring this to the attention of their programme director. In such circumstances a review of the training programme may be required. In this instance it should be possible to arrange attachment to medical endoscopy lists depending on local circumstances and medical GI training requirements.

3. Units wishing to train senior trainees who wish to sub-specialise in OG surgery should be able to offer regular upper GI endoscopy sessions which include exposure to interventional procedures. Units with a mixture of junior and senior

surgical trainees will need to organise their schedules to allow both types of trainees to be exposed to the appropriate training opportunities.

4. For those trainees undertaking therapeutic procedures, attendance at an approved advanced therapeutic endoscopy course is to be encouraged. Courses on therapeutic endoscopy should include stricture dilatation, PEG and prosthetic tube placement, polypectomy, treatment of GI bleeding and palliative techniques. The content of these courses will change as technology evolves.

5. A multidisciplinary (medical, surgical and/or radiological) approach to the regional provision of ERCP services is to be encouraged. Surgical trainees who wish to pursue an interest in ERCP will need to obtain 'core' training in upper GI endoscopy. ERCP training will then usually be carried out alongside specialist training in hepato-pancreatico-biliary (HPB) surgery. There are currently ongoing discussions within JAG and AUGIS around ERCP training and those trainees wishing to gain experience in ERCP will need to discuss their plans with their educational supervisor and programme director.

Specific requirements for lower GI endoscopy training

1. Colonoscopy is an integral part of the practice of a colorectal surgeon. For the majority of consultant colorectal surgeons colonoscopy should form part of their job plan (one session). For surgeons with a special interest in colonoscopy this may account for two or more sessions a week.

2. A surgical trainee completing their training and gaining a CCT in General Surgery with a special interest in Colorectal Surgery should be competent in colonoscopy, having completed the necessary training and been signed off as competent by their trainers.

3. Specialist Registrars training in colorectal units should have adequate and equal access to colonoscopy training sessions to enable them to obtain the necessary practical experience. The granting of training status to an endoscopy unit by JAG

has to be on the basis that there is equitable colonoscopy training for all trainees in that unit, including colorectal SpRs. The ACPGBI 'Unit-recognition process' also requires that surgical trainees gain appropriate access to training colonoscopy lists and receive good training in colonoscopy on that unit.

4. All trainees wishing to sub-specialise in colorectal surgery should attend a JAG approved colonoscopy training course.

Recommendations for assessment of surgical trainees in GI endoscopy

1. The required skills for endoscopy are the same irrespective of a medical or surgical background and, although approval/recognition of training can only be provided by the respective SACs, the method of assessment of competence should be the same for medical and surgical trainees. Surgical trainees commencing endoscopic training should therefore all register with JAG through the JETS website, and use the endoscopy e-portfolio. This should contain details of training courses, logbook of procedures, formative DOPS forms and outcome data. For each procedure there are specific criteria which relate to sedation, examination completion and appropriate biopsy rates. More senior trainees who have been using their surgical logbook to collect data on endoscopic procedures should continue to do so.

2. Final competence should be assessed using the JAG DOPS system and be the same as that for medical trainees. This 'certificate of competence' should be passed to the regional training programme for General Surgery and form part of the overall RITA assessment. The SAC in General Surgery should then be asked to take these recommendations into account when awarding a CCT in General Surgery with a special interest in upper or lower GI surgery. Assessment of competence should not be based on numbers of procedures but on the measured competence outlined in the JAG training system. While it is well recognised that there is a strong relationship in all surgical procedures between volume and outcome, there are a large number of additional factors which influence the

learning curve of endoscopy in surgical trainees which include experience of other surgical, endoscopic, and laparoscopic related procedures.

KEY RECOMMENDATIONS

- *There should equal access to GI endoscopy training for surgical and medical trainees*
- *There should be one process for the training and assessment of GI endoscopy*
- *All surgical units wishing to train in GI endoscopy should be approved by JAG**
- *All surgical trainers in GI endoscopy should be trainers recognised by JAG**

*It is recognised that achieving these recommendations make may take some time

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Useful websites

JAG
(http://www.thejag.org.uk/Home/

Summary of JAG endoscopy training requirements can be found at:
http://www.bsg.org.uk/pdf_word_docs/jag_recommendations_2004.pdf

Example of JAG approved courses can be found on the JETS (JAG Endoscopy Training System) website:
http://www.jets.nhs.uk/