Guidance for Radiology Trainees Undertaking Endoscopy Training

Any StR committed to a career involving practising endoscopy is eligible to access a formal training course and in-house training, without necessarily having (in the case of radiology trainees) an upper or lower GI training number.

Radiology trainees wishing to offer endoscopy as part of a GI or Interventional Radiology subspecialty interest will need to plan to acquire the necessary endoscopy skills in conjunction with, and without compromising, their Radiology core and subspecialty training.

Trainees should be registered with the Joint Advisory Group on GI Endoscopy (JAG) at the commencement of their training and will be issued with a certificate acknowledging completion of training.

Listed below is a summary guide to the expected training commitment required for Radiology trainees to gain JAG certification for endoscopic practice. Upper GI endoscopy training and JAG certified accreditation is a prerequisite for training in more advanced endoscopic skills such as ERCP and Endoscopic Ultrasound.

Details of the Curriculum for training in endoscopy and exact requirements for JAG certification in specific endoscopic modalities can be obtained from the JAG and JETS websites:

http://www.thejag.org.uk/

http://www.jets.nhs.uk/

Upper GI Endoscopy:

It is likely that most radiology trainees will require training in basic diagnostic upper GI endoscopy skills within the first 2 years of Radiology specialty training.

The JAG recommendation to other specialties is that those trainees who wish to pursue this path should arrange a joint training plan between the programme directors of their own specialty and the gastroenterology programme director at their unit.

Trainees should register with JAG Endoscopy Training System (JETS) and populate a JETS e-portfolio, which sits within the JETS website, in the same way that GI trainees do. The e-portfolio is a log book for trainees to record their endoscopic experience and demonstrate their performance, progression and competencies. Trainees should participate in endoscopy appraisal.

Trainees should attend the mandatory basic skills courses that are available. The JAG certified course for Upper GI Endoscopy is a 3 day course 'JAG_GDP3 (M) Basic Skills in Upper GI (UGI) Endoscopy'.

Trainees should have a recognized clinical tutor for endoscopy training and fill in the necessary DOPS (Direct Observation of Procedure or Skills) assessment forms, which are available on the JETS e-portfolio. Regular DOPS formative assessments contribute to the trainee's e-portfolio as evidence of proficiency. A formal summative DOPS assessment by independent observers is required to obtain Provisional JAG Certification before practicing independently.

The expected training schedule is for at least 8 OGD per training list with a minimum of one training list per week recommended. The minimum requirement for the diagnostic OGD e-portfolio is for around 200 procedures, which in effect takes approximately 6/12 to acquire.

Endoscopic Ultrasound and ERCP

For advanced endoscopy training there is less guidance from JAG.

Endoscopic Ultrasound (EUS) or ERCP training can only be undertaken once the radiology trainee has attained JAG certified accreditation for independent practice in diagnostic upper GI endoscopy.

It is suggested that radiology trainees who wish to learn EUS or other complex endoscopy procedures should undertake this training in their final year, or at least following the completion of Radiology core training and FRCR 2B, when they can dedicate 50% of their time to this work.

Radiology trainees wishing to undertake advanced endoscopy training should arrange a joint training plan between the programme directors of their own specialty and the gastroenterology programme director at their unit. This may well involve an OOPT attachment if the EUS training is not available in the trainee's deanery. It is recommended that there should be definite evidence of a career pathway and likely route of employment at the end of the training period for this to be worthwhile.

As for Upper GI endoscopy, it is recommended that trainees should be registered with the JAG, have a recognized clinical tutor and record their endoscopic experience and activity in a JETS e-portfolio. They should participate in endoscopy appraisal.

Trainees should attend the approved basic skills courses that are available. The JAG certified course for ERCP is a 4-day course 'JAG_RDA1 ERCP skills training'. The course for EUS is a 2-day course 'JAG_UDM2 Introduction to GI Endoscopic Ultrasound Skills'.

DOPS assessment forms for ERCP and EUS are available for download from the JETS e-portfolio and contribute to the trainee's evidence of proficiency. A formal summative DOPS assessment by independent observers is required to obtain Provisional JAG Certification before practicing independently.

The BSG has recently published guidance for the provision of high quality ERCP services with recommendations for training. Trainee numbers per deanery are likely to be limited and trainees will be competitively selected for ERCP training based on aptitude for Upper GI Endoscopy and a commitment to practice ERCP at Consultant level. The minimum suggested requirement to acquire necessary ERCP skills is participation in ≥300 procedures prior to Consultant appointment. It is recognized that most newly qualified ERCP practitioners need a defined period of mentorship (up to 2 years) in order to achieve the outcomes expected of an experienced consultant.

The minimum numbers of hands-on cases required to acquire necessary skills in Endoscopic Ultrasound are less well understood, but as guidance the recommendations from the article in 'Frontline Gastroenterology' are the ones likely to be adopted by JAG. This article proposes that the following threshold numbers of hands-on cases be performed before competency is formally tested with EUS region/procedure-specific summative direct observation of procedural skills (DOPS):

1. Cancers of oesophagus, stomach or rectum, 80 (to include at least 10 rectal tumours)
2. Subepithelial lesions, 20 (to include oesophagus, stomach and duodenum (no specific number for any site)
3. Pancreaticobiliary, 150 (at least half of which are likely pancreatic adenocarcinoma)
4. FNA, 75 (of which at least 45 are likely pancreatic adenocarcinoma)

It is suggested that formative DOPS should be completed for the final 50% of the required case numbers in each section. A certificate of completion of training is to be issued by JAG in line with other endoscopic procedures in the UK.

References

1. Service provision and training for endoscopic ultrasound in the UK
   J Meenan, K Harris, K Oppong, C McKay, I Penman, N Carroll, S Norton
   *Frontline Gastroenterol 2011;**2:**3 188-194*

2. Carroll N, Penman I. UK/Ireland EUS Users' Group: Recommendations for Training in Endoscopic Ultrasound. BSG. http://www.bsg.org.uk October. 2004

3. Wilkinson M et al, British Society of Gastroenterology Endoscopy ERCP Working Party: ERCP – The Way Forward A Standards Framework. BSG June 2014
   http://www.bsg.org.uk/clinical-guidance/endoscopy/ercp-%E2%80%93-the-way-forward-a-standards-framework.html

Authors

Dr Andrea J. Phillips

Consultant Radiologist

Past President of BSGAR

Dr Nick Carroll

Consultant Radiologist

RCR Joint Advisory Group Representative

Chair, UK/Ireland EUS Users' Group