Global Trends in Training and Credentialing Guidelines for Gastrointestinal Endoscopy: A Systematic Review

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Background

- Credentialing in GI endoscopy is not a universally standardized process.
- National guidelines may provide a framework for local training, however in certain settings, training committees set minimal competency requirements that must be met before a clinician can be accredited to practice independently.
- There is a paucity of literature assessing the inter-societal and geographic variability in guidelines and training requirements in endoscopy.

Objective

- To systematically review the available credentialing guidelines proposed by different GI endoscopy societies and affiliated training committees internationally.

Methods

- We conducted a systematic review of credentialing practices among gastrointestinal and endoscopy societies worldwide.
- We searched MEDLINE, EMBASE, and PUBMED.
- We also performed a hand-search of World Endoscopy Organization members' websites for credentialing documents. Abstracts were screened in duplicate and independently.

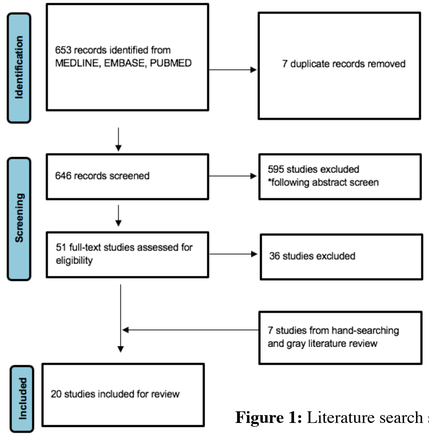

Figure 1: Literature search strategy

Results

- We screened 653 records and included 20 credentialing documents from 12 societies.
- Guidelines most commonly included credentialing statements for colonoscopy, EGD, and ERCP.
- For colonoscopy, minimum procedural volumes ranged from 150-275 and adenoma detection rate (ADR) from 20-30%.
- For EGD, minimum procedural volumes ranged from 130-1000, and duodenal intubation rate of 95-100%.
- For ERCP, minimum procedural volumes ranged from 100-300 with selective duct cannulation success rate of 80-90%.
- Guidelines also reported on flexible sigmoidoscopy, capsule endoscopy, and endoscopic ultrasound.

Table 1: Guidelines by GI endoscopy societies for colonoscopy, EGD, ERCP, EUS and Capsule endoscopy

Procedure	Performance Metric (min)	Range	GI Endoscopy societies included
Colonoscopy	Procedural volume	150-275	**ESGE, Europe** **JAG, United Kingdom** **ASGE, United States** **KSGE, Korea** **PSG, Poland** **SSG, Switzerland** **CAG, Canada** **FOCUS, Canada** **Conjoint Committee, Australia** **NZCC, New Zealand** **ERCP working group** **Academy of Medicine, Singapore**
	Cecal intubation rate	85-90%	
	Adenoma detection rate	20-30%	
	Polypectomy	20-50	
EGD	Procedural volume	130-1000	
	Duodenal intubation rate	95-100%	
	Endoscopic hemostasis	20-45	
ERCP	Procedural volume	100-300	
	Selective duct cannulation	80-90%	
	Biliary stent placement	25-60	
EUS	Procedural volume	150-250	
	EUS-Guided FNA	50-75	
Capsule Endoscopy	Procedural volume	15-50	

Conclusion

- While some metrics such as ADR were relatively consistent among societies, there was substantial variation among societies with respect to procedural volume and KPI statements..
- In addition, the use of validated education assessment tools was lacking in the majority of guidelines.
- Additional KPI's need to be explored for less routinely performed procedures such as EUS and capsule endoscopy.

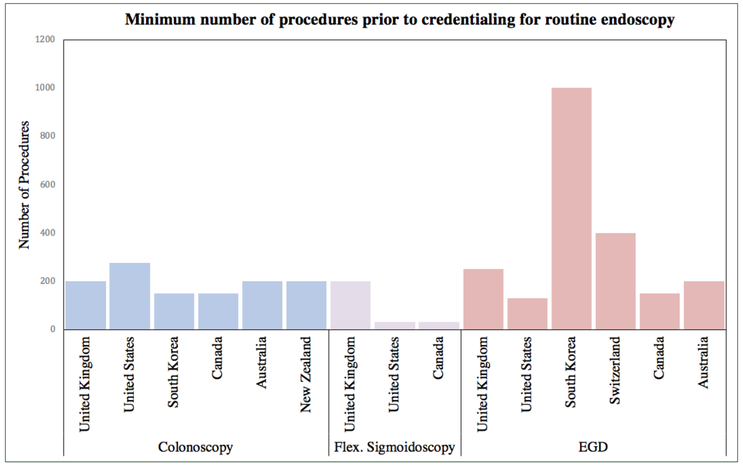

Figure 2: Minimum number of procedures prior to credentialing for colonoscopy, flexible sigmoidoscopy, and EGD by country of society

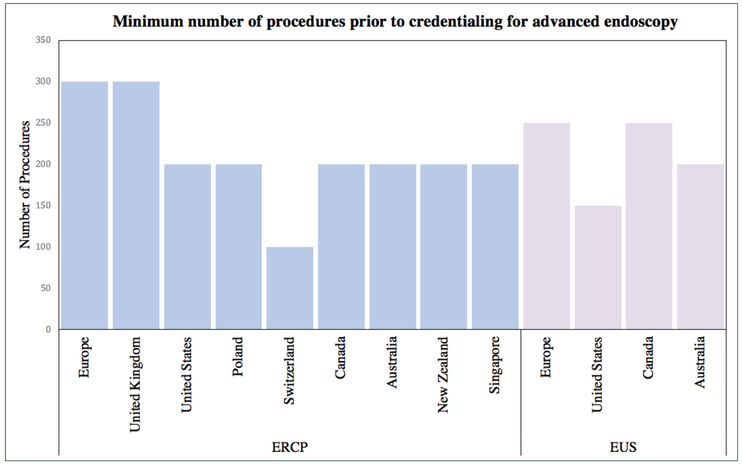

Figure 3: Minimum number of procedures prior to credentialing for ERCP and EUS by country of society

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