SPECIALTY AND GRADE OF ENDOSCOPIST

Key points

76% of procedures were performed by specialised upper GI physicians or surgeons.

A rigid oesophagoscope was used in 39% of thoracic and 92% of ENT cases.

In 84% of cases a consultant endoscopist was present.

Physicians or surgeons who were specialised in upper GI work did 76% (2,211/2,925) of all procedures. The other surgeons were general 6% (164/2,925), thoracic 7% (211/2,925) or ENT 2% (48/2,925) surgeons. Most of the other physicians were general physicians; one was a paediatrician, yet the patient was 56 years old. All the cases done by general practitioners were done within a hospital environment.

Table 69. Procedure type by specialty of most senior endoscopist

	Flexible			**Rigid**		**Other**	Total	*(%)*
	Dilation	Dilation & tubal prosthesis	Insertion of tubal prosthesis	Dilation	Dilation & tubal prosthesis	Other		
Specialised physician	1,176	39	268	8	1	5	1,497	*(51)*
General physician	125	3	29	0	0	1	158	*(5)*
Specialised surgeon	560	15	125	8	3	3	714	*(24)*
General surgeon	126	2	30	6	0	0	164	*(6)*
Radiologist	61	2	24	0	1	2	90	*(3)*
General practitioner	22	0	1	0	0	0	23	*(1)*
Nurse endoscopist	9	1	0	0	0	0	10	*(<1)*
Other	7	0	0	1	1	0	9	*(<1)*
Thoracic surgeon	114	1	13	80	3	0	211	*(7)*
ENT surgeon	1	0	3	44	0	0	48	*(2)*
Paediatrician	1	0	0	0	0	0	1	*(<1)*
Sub-total	**2,202**	**63**	**493**	**147**	**9**	**11**	**2,925**	
Not answered	15	1	3	1	0	0	20	*(1)*
Total	**2,217**	**64**	**496**	**148**	**9**	**11**	2,945	

Table 69 illustrates that a rigid endoscope was used in 39% (83/211) of thoracic cases and 92% (44/48) of ENT cases. This perhaps reflects a difference in surgical subspecialty training for specific endoscopic procedures.

Table 70. Grade of the most senior endoscopist		
Grade of most senior endoscopist	Total	*(%)*
Consultant	2,453	*(84)*
Associate specialist	73	*(2)*
Staff grade	63	*(2)*
Clinical assistant/hospital practitioner	17	*(<1)*
General practitioner	13	*(<1)*
Nurse endoscopist	11	*(<1)*
SpR-year 3 or over	243	*(8)*
SpR-year 1/2	41	*(1)*
SHO	9	*(<1)*
Other	4	*(<1)*
Sub-total	**2,927**	
Not answered	18	*(<1)*
Total	**2,945**	

A consultant was the most senior endoscopist for 84% (2,453/2,927) of these procedures. An SpR-year 1/2 would not appear to be an appropriate grade for upper GI dilation or insertion of tubal prosthesis; it is unlikely that they would have had sufficient experience to perform these procedures unsupervised. However, NCEPOD does not know their experience before starting their SpR training, which, for those coming from SAS to training grades, can sometimes be considerable. 41 cases were done by SpRs of year 1/2, 35 were flexible endoscopic dilation, 4 were flexible endoscopic insertion of tubal prosthesis and 2 were rigid endoscopic dilation. An unsupervised SHO should never be the most senior endoscopist for upper GI dilation or insertion of tubal prosthesis. Nine cases were undertaken by SHOs. Of particular concern was that seven of the nine were rigid endoscopic dilations that were done by surgical SHOs. Of the remainder, one was a flexible endoscopic dilation and one a flexible endoscopic insertion of a tubal prosthesis. Consultants should ensure that all doctors who are under their supervision have the training and experience to perform the procedures that they are undertaking.