

# 7. TRAINING AND EDUCATION

## INTRODUCTION

The acquisition of skills has an established broad research base. The acquisition of endoscopic skills involves knowledge, psychomotor development and technical awareness. Traditionally endoscopy was taught as a 'hands on' procedure, by an experienced endoscopist on a one-to-one basis. Initially, experience was related to the number of procedures. Training, however, was very variable and several courses were established in the United Kingdom by dedicated doctors who were both skilled enthusiastic endoscopists and well motivated teachers.

The British Society for Gastroenterology (BSG) has been instrumental in developing training programmes for endoscopy – in league with the relevant Royal Colleges and specialist societies<sup>1</sup>.

Interestingly, despite the specific recommendations for training<sup>2 3 4 5</sup>, there is no specific guidance about skill maintenance especially the number of techniques needed to remain proficient<sup>6 7</sup>. The BSG recommends that endoscopists should have a professional commitment to two or more endoscopy sessions per week<sup>8</sup>. This is extremely important in the era of revalidation and clinical governance, especially as endoscopic complications are directly related to inadequate and inappropriate training – and not all endoscopists have received correct training<sup>5 9 10 11</sup>.