

ENDOSCOPY PROFICIENCY

74% (1,312/1,773) of the procedures performed in this sample were by experienced consultant endoscopists. Despite this fact, some were only doing a few procedures a year (Table 15).

Table 15. Number of procedures by endoscopist in the study period 2002-2003

Number of procedures performed	PEG	ERCP	Upper GI	Lower GI
<5	12	0	4	1
6-10	65	0	10	0
11-20	163	1	46	3
21-50	245	22	124	9
51-100	84	60	126	23
>100	19	119	431	10
Sub-total	588	202	741	46
Not answered	131	35	68	7
Total	719	237	809	53

The number of procedures performed does not necessarily equate to competency, however it would seem unlikely that fewer than 20 procedures in a year is sufficient to remain proficient and skilled. Oesophagogastroduodenoscopy (OGD) is a common diagnostic and therapeutic procedure. Thus it was surprising that 184 responses indicated that some endoscopists were doing a maximum of only 50 upper GI endoscopies a year. However, this may be an over estimate of clinicians undertaking few procedures, as some endoscopists would have had several patients in this study. The Joint Advisory Group (JAG) guidelines¹ on training in diagnostic upper GI endoscopy state that trainees should carry out at least 200 diagnostic examinations within the course of a year.

Although there may be a finite number of PEGs to insert in any one Trust, of the PEGs inserted in this study, 41% were performed by endoscopists who did fewer than 20 PEGs a year. This is likely to be insufficient to maintain competency. ERCP and the associated techniques provide the greatest challenge for any endoscopist. It is important to question whether 50 procedures are sufficient to maintain skills? The JAG guidelines on training in endoscopy state that trainees should carry out at least 100 ERCPs a year under supervision and achieve a 90% success rate in cannulating the desired bile duct; the document notes that most trainees need to perform twice this number to achieve competence. The advisors felt that as the numbers of endoscopies are increasing, and there is potential for consultant expansion, the BSG should recommend guidelines for continuing competency in endoscopy and that these include a minimum number of procedures to be performed each year.