APPROPRIATE ENDOSCOPIST

The issues relating to proficiency and competency in endoscopic skills have been discussed in the context of training and revalidation. The advisors assessed whether the endoscopist was of an appropriate grade and had the correct experience for the related therapeutic procedure (Table 16). These assessments were based on the seniority of the endoscopist, the number of similar cases done in the last year, and the type and complexity of the procedure.

Table 16. Grade and experience of endoscopist

	Appropriate grade	*(%)*	Appropriate experience	*(%)*
Yes	1,641	*(94)*	1,507	*(91)*
No	27	*(2)*	49	*(3)*
Undecided	26	*(2)*	43	*(2)*
Senior endoscopists also present	47	*(3)*	58	*(4)*
Sub-total	**1,741**		**1,657**	
Insufficient information to assess	73		154	
Not answered	4		7	
Total	**1,818**		1,818	

Key point

In over 90% of cases the grade and experience of the endoscopist was appropriate for the type of procedure.

In 94% (1,641/1,741) of cases, where the question was answered, the grade of the endoscopist was appropriate for the type and complexity of the procedure. In addition, in 3% (47/1,741) of cases a more senior endoscopist was present. In 27 cases the advisors judged that the grade of operator was not appropriate. The cases were a mixture of procedures and degree of urgency. In 22 cases the supervising consultant was in the hospital. Consultants should not expect members of their team to perform procedures beyond their competence and trainees must be encouraged to seek help when cases are more difficult than they were expecting.

The experience of the endoscopist was appropriate in 91% (1,507/1,657) of cases where the information was provided. There were 49 cases where the advisors considered the experience of the operator not appropriate. In 14 of the 49 cases the operator was a consultant and the operator gave their specialty as a specialised GI physician or surgeon in 35. Some of the 49 procedures were urgent or emergency upper GI endoscopies. Others were PEG insertions in sick patients graded ASA 4. Doctors should be aware that in some circumstances even consultants may not possess all the experience necessary and that it may be wise to consult a colleague.

Case Study

A patient with decompensated alcoholic liver disease was endoscoped by a first-year specialist registrar who was unable to control bleeding from varices with sclerotherapy. After inserting a Minnesota tube the gastric balloon was inflated with 250 ml of air. Immediately on inflating the oesophageal balloon the patient developed cardiac arrest (pulseless electrical activity). Although oesophageal rupture is a possibility, the patient should have received at least a fluid challenge in view of the previous blood loss. No autopsy was performed.

This case illustrates the potential problems associated with an inexperienced doctor attempting therapeutic endoscopy in an immediately life threatening situation, and using a potentially life saving device incorrectly.