

## Curriculum for training in endoscopy

### Introduction

This version of the curriculum is largely based on previous ones, originating from a template from some time ago now. We recognise that certain aspects merit updating, whilst others need a significant re-working. Another driver for change is the changing remit of the JAG, which must now encompass all endoscopists, not just those from the medical profession. The JAG has commissioned a working party that will be looking at this, in conjunction with the SACs in Gastroenterology and Surgery, and in light of the endoscopy competencies framework developed under the auspices of the National Endoscopy Training Programme.

### Endoscopic safety

Subject Matter	Knowledge	Skills	Attitudes
<b>Equipment</b>	Describe the structure and function of an endoscope, the light source, processor & accessories including diathermy and thermal methods for coagulation e.g heater probe and Argon Plasma Coagulator	Able to clean and disinfect equipment in accordance with BSG guidelines and use equipment in accordance with manufacturers recommendations	Demonstrates willingness to undertake endoscopy cleaning as necessary and uses the equipment appropriately
<b>Consent</b>	Recalls the medical & legal issues concerning consent and provision of information. Is familiar with the latest guidelines on consent.	Demonstrates ability to take informed consent with a patient in accordance with BSG and national guidelines	Demonstrates willingness to obtain consent for endoscopic procedures in an appropriate manner. Respects the patients dignity and privacy.
<b>Sedation and monitoring</b>	Identifies the sedative and analgesic drugs and their addictive effects. Describes necessary monitoring including oxygen saturation.	Performs endoscopy with safe and effective sedation. Uses safe monitoring before and after the procedure	Exhibits willingness to participate in safe endoscopic practice.

## Upper and lower gastrointestinal endoscopy

Subject Matter	Knowledge	Skills	Attitudes
<b>Diagnostic gastroscopy Oesophago-gastro-oduodenoscopy (OGD)</b>	Defines the Indications, contraindications preparation and documentation	Performs OGD, take biopsies, including D2 (second part of duodenum) biopsies for diagnosis of celiac disease. Interpret findings and take necessary action to appropriate level.	Demonstrates willingness & ability to practice endoscopy in such a way as to minimise risk and discomfort to patients, and obtain help when needed
<b>Endoscopic therapy of benign &amp; malignant oesophageal strictures</b>	Describes methods for dilation of oesophageal stricture and insertion of prosthetic tube or expandable metal stents when needed.	Performs dilatation of oesophageal strictures and insertion of prosthetic devices when appropriate.	Exhibits willingness and ability to practice safe endoscopy with minimum patient discomfort. Obtain help when needed.
<b>Thermal therapy of gastro-oesophageal tumours, ulcers and vascular malformations</b>	Discusses the laser and thermal methods for tumour ablation and control of bleeding lesions	Demonstrates ability to use thermal and laser methods during upper GI endoscopy	Exhibits willingness and ability to practice safe endoscopy with minimum patient discomfort. To obtain help when needed.
<b>Direct injection/banding techniques for bleeding lesions &amp; tumour</b>	Describes the indications for endoscopic sclerotherapy or banding of oesophageal varices and injection of vasoconstrictor agents for arterial bleeding lesions.	Perform injection sclerotherapy, band ligation and adrenaline injection as appropriate into appropriate lesions.	Demonstrates willingness and ability to practice safe endoscopy and obtain help when needed
<b>Flexible sigmoidoscopy</b>	Explains the indications, contraindications, complications and their management. Describes patient preparation and documentation.	Performs flexible sigmoidoscopy and be able to reach the descending colon in 90% of cases. Take biopsies and perform polypectomy and take other necessary action as required.	Demonstrates willingness to undertake distal colonoscopy in such a way as to minimise risk and discomfort to patient and to obtain help when needed.

## COLONOSCOPY AND ENTEROSCOPY (See note 3 below)

Subject Matter	Knowledge	Skills	Attitudes
<b>Diagnostic total colonoscopy</b>	Define the indications, contraindications, complications and their management. Outline patient preparation and documentation	Performs the procedure and reach caecum in at least 90% of cases. Where indicated. take biopsies, undertake polypectomy & take other necessary action as required. Demonstrate ability to intubate the terminal ileum in at least 50% of cases.	Demonstrates willingness to undertake colonoscopy in such a way as to minimise risk and discomfort to patients and to obtain help when needed
<b>Colonoscopic therapy of benign and malignant tumours and strictures</b>	Define the place of polypectomy for removal of polyps. Describe the use of laser and thermal methods for tumour ablation. Describe the dilatation of colonic strictures and insertion of prosthetic stents when appropriate.	Performs polypectomy for benign and malignant polyps as appropriate. Applies laser and thermal methods to control tumour growth and recanalise colon as necessary. Ability to insert colonic stents is an optional skill not required of all trainees.	Demonstrates willingness to undertake therapy in such a way as to minimise risk and discomfort to patients and obtain help when needed
<b>Enteroscopy</b>	Describe the indications, contraindications, complications and their management. Outline patient preparation and documentation	Performs enteroscopy in suitable patients. Able to treat vascular lesions and polyps appropriately	Demonstrates willingness to carry out safe enteroscopy and to refer patients to a colleague or specialist unit as necessary

## Diagnostic and therapeutic endoscopic retrograde cholangiopancreatography (ERCP) (see note 3 below)

Subject Matter	Knowledge	Skills	Attitudes
<b>ERCP</b>	Describes the indications, contraindications, complications and their management. Outlines patient preparation and documentation.	Performs the procedure and identifies the papilla in 95% of cases. Cannulation success is commensurate to the level of training.	Demonstrates willingness to undertake ERCP in such a way as to minimise risk and discomfort to patients and obtain help when needed.
<b>Therapeutic ERCP</b>	Describes the indications for endoscopic sphincterotomy with or without the insertion and replacement of biliary stents (plastic and metal). Defines the place of combined endoscopic and radiological procedures. Identifies possible complications.	Selects appropriate cases for sphincterotomy and stent insertion. Success rate should be commensurate with the level of training. It is understood that trainees may not achieve but should aspire to the required international standard if working towards acquiring a CCT.	Exhibits willingness to perform therapeutic ERCP in such a way as to minimize risk and discomfort to the patient and to obtain help when needed.

## Endoscopic Ultrasound

Subject Matter	Knowledge	Skills	Attitudes
<b>Endoscopic Ultrasound [see note 3 below]</b>	Describes the indications, contraindications, complications and their management. Explains the uses of radial and linear array type scopes and range of therapy and biopsy possible with the latter.	Able to recommend the use of EUS and to perform EUS in appropriate patients.	Displays willingness to carry out safe EUS and to refer patients to a colleague or to seek help as necessary

### Notes:

1. The use of the Logbook of Assessed Cases is recommended for all trainees and will be available from JAG
2. For non-physician or surgeon trainees a JAG logbook of endoscopic experience may be obtained from the JAG office.
3. These procedures are not required techniques for all trainees. Where a trainee wishes to gain practical experience in these techniques, the minimum requirements are given in the main document.