Credentialling in Gastrointestinal Endoscopy: Recommendations of the Malaysian Society of Gastroenterology and Hepatology

Dear Sir - In the interest of setting and maintaining standards in the practice of gastrointestinal endoscopy, the Malaysian Society of Gastroenterology and Hepatology (MSGH) has formulated a set of guidelines on the criteria for certification of practitioners in gastrointestinal endoscopy. The following statement on credentialling of endoscopists represents the current position of MSGH. In drawing up these guidelines, a balance was struck between the pressing need in the country for wider availability of endoscopic services and the requirement that certification as an endoscopist should be dependent on the attainment of a high level of competence.

The Recommendations

1. Endoscopic procedures should be undertaken by practitioners with recognised post-graduate qualifications in internal medicine, paediatrics or general surgery. This recommendation is made in the light of the fact that endoscopy is more than just a manual skill and interpretation of the findings requires a background of knowledge and experience which is acquired in the course of appropriate post-graduate training.

2. Endoscopic training should be undertaken in accredited training centres, a registry of which should be maintained by the credentialling body. It is emphasised that the registry has to be updated periodically given the staffing changes which not infrequently occur in both public and private institutions. An accredited training unit should have a minimum annual case volume of at least 500 gastroduodenoscopies and 150 colonoscopies. A unit accredited for training in endoscopic cholangiopancreatography (ERCP) should be undertaking at least 150 ERCP's a year.

3. Trainers should be experienced endoscopists who have already been credentialled in the procedure. A registry of accredited trainers should also be maintained by the credentialling body.

4. Provisions should be available for credentialling in individual procedures, ranging from the simplest diagnostic gastroduodenoscopy to the most complex therapeutic endoscopic procedure. A logbook of procedures undertaken by the trainee should be maintained and countersigned by the trainer. Credentialling should be granted upon successful performance of a minimum number of procedures under supervision (Table I) and a report of satisfactory performance by the trainer.

5. Credentialling in ERCP represents a unique situation in which performing a diagnostic procedure alone without establishing biliary drainage may under certain circumstances be harmful. Proficiency in establishing endoscopic biliary drainage should therefore be considered a prerequisite for credentialling in ERCP. The implication of this is that training in diagnostic ERCP as an end in itself is considered unacceptable.

6. In the initial phase of the credentialling exercise, provision should be made for the credentialling of experienced practitioners who may have been largely self-trained due to the dearth of training opportunities in earlier years but who nonetheless have acquired a sufficient degree of proficiency as recognised by their peers.

7. The status of credentialled endoscopists should be reviewed every 5 years to ensure that the practitioners are in active clinical practice. Clearly, technical skills may be lost if the practitioner has been away from clinical practice for an extended period of time.

Table I
Minimum Number of Supervised Procedures that Have to be Performed for Credentialling

Procedure	Number
Diagnostic oesophagogastroduodenoscopies	75
Non-variceal haemostasis[a]	10
Variceal haemostasis[a]	10
Oesophageal dilatation[a]	10
Percutaneous endoscopic gastrostomy[a]	3
Colonoscopy	50
Snare polypectomy[b]	10
ERCP[c]:	
Diagnostic	50
Papillotomy	10
Stone extraction	10
Stenting	10
Nasobiliary drain insertion	3

a. Concurrent certification in diagnostic oesophagogastroduodenoscopy a prerequisite
b. Concurrent certification in colonoscopy a prerequisite
c. As ERCP is a complex procedure which carries a significant risk of complications, certification should only be granted if the practitioner has acquired sufficient skills to establish endoscopic biliary drainage (either by stenting or nasobiliary drainage) when the need arises

8. Endoscopy is an evolving field with new techniques being continually introduced. Credentialling in these new techniques may be considered automatic if the new procedure represents only a minor variation or augmentation to procedures in which the practitioner has already been credentialled.

The recommendations are by necessity arbitrary and reflect the position of the Malaysian Society of Gastroenterology and Hepatology taking into account the needs and realities in Malaysia. In particular, the recommendation that post-graduate qualifications in general internal medicine, paediatrics or general surgery should be a pre-requisite for eligibility to acquire credentialling in endoscopy represents a compromise from the ideal situation where credentialling in endoscopy is only granted to doctors who have undergone a comprehensive gastroenterology fellowship programmes as is the case for instance in North America. Given the current limitation on the opportunities for comprehensive gastroenterology fellowship programmes, and the pressing need for at least a basic endoscopy service in many hospitals, any recommendation that endoscopy be exclusively in the province of practitioners who have completed a gastroenterology fellowship programme would at this stage be unworkable. At the same time, opportunities for basic endoscopic training are now considered to be sufficient in Malaysia that practitioners should not have to resort to teaching themselves endoscopy from scratch. As the numbers of experienced endoscopists increases and opportunities for training within the country expand, the public interest would best be served by instituting more rigorous credentialling requirements. Periodic revision of the credentialling requirements would therefore be necessary. In this context it is emphasised that the numbers outlined in Table I represent the bare minimum in terms of supervised procedures that have to be

performed prior to certification and even then subject to a report of satisfactory performance from the trainer. Expertise in endoscopy is clearly something which requires considerable experience. While this document outlines the guidelines for credentialling, the ultimate responsibility for granting endoscopic privileges would rest with the individual institutions whether private or public who would have to bear together with the practitioner the responsibility and liability for the procedures performed.

Post-Script

These recommendations were drawn up by the executive committee of the Malaysian Society of Gastroenterology and Hepatology after a consultative process with the wider membership of the society. The Executive Committee members comprised of: Assoc Prof. S. Mahendra Raj (School of Medical Sciences, Universiti Sains Malaysia), Prof Mazlam Zawawi (Faculty of Medicine Universiti Kebangsaan Malaysia), Prof K. L. Goh, Assoc Prof Rosmawati Mohd., Dr K. T Ong (Faculty of Medicine Universiti Malaya), Dato' Dr P. Kandasami (Ipoh Hospital), Dato' Dr S. T. Kew, Dr S. S. Tan (Kuala Lumpur Hospital), Dr Jason Chin (Gleneagles Hospital Kuala Lumpur) and Dr Andrew Chua (Gastro Centre, Ipoh). The committee gratefully acknowledges the contribution of Dr Damian Wong (Loh Guan Lye Specialist Centre, Penang) in the preparation of this document.

Training Programme in Medical Gastroenterology and Hepatology: Recommendations of the Malaysian Society of Gastroenterology and Hepatology

Dear Sir - In line with efforts to formalise the training structure in the various sub-specialties, the Malaysian Society of Gastroenterology and Hepatology convened a working party to draw up the recommendations of the Society with regard to training in medical gastroenterology and hepatology. In formulating the recommendations, the working party was aware of the acute national shortage of trained practitioners in this subspecialty and cognisant of the existing resources in terms of training centres and qualified trainers. The key elements of the recommendations are outlined below:

- Four years of prior training in internal medicine and possession of a recognised post-graduate qualification in internal medicine should be a pre-requisite for acceptance into a training programme.

- Training should be undertaken under the supervision of accredited trainers who are practitioners who have either attained peer recognition by virtue of long experience in the field or have at least 2 years of experience after completing an approved gastroenterology training programme.

- Accreditation of a training centre should be subject to the availability of accredited trainers, an adequately equipped endoscopy unit, surgical, radiological and pathology services; and a minimum capacity of 500 beds.

- The training programme should run over a period of 3 years. The first 2 years should be spent acquiring knowledge, clinical experience, and clinical skills in the core areas of gastroenterology and hepatology. In