

## **Review of community hospital endoscopy meeting 25<sup>th</sup> April 2006**

**Roland Valori**

### **Comments specific to medical community**

#### **General comments**

GP endoscopists feel undervalued and underutilised. They appreciate that they have more to offer a patient having an endoscopy than a non-medical endoscopist particularly in a community setting where patients may have no contact with secondary care. They recognise the need for more formal appraisal, training, CPD and revalidation. They accept that there needs to be better quality control within community based endoscopy services. They would like to break down the barriers between primary and secondary care and develop a collective approach. They would like to extend their roles to trainers or accreditors and many would prefer to be accredited by their peers rather than someone from secondary care.

It was agreed that the appraisal, training and revalidation of GP endoscopists should be defined by the Primary Care Society of Gastroenterology (PCSG). The PCSG has agreed to take this work forward. It was also agreed that adherence to this process should form part of the quality item of endoscopy global rating scale (GRS). Finally it was agreed that while processes were developed it was appropriate to encourage informal revalidation.

#### **Training**

Training should continue in its current form but future GP endoscopists should be better informed of training opportunities provided by the 10 national training centres and of the basic requirements of the JAG.

#### **CPD**

It was agreed that qualified practitioners who work in relative isolation from secondary care gastroenterology require a CPD programme to keep them up to date with developments in gastroenterology and endoscopic technique. These might include:

- Mentorship
- Attendance at local MDT meetings
- Attendance at national gastroenterology meetings (PCSG/BSG)
- Submission of portfolio of learning
- Distance learning
- e-learning
- detailed review of cases
- shared lists in secondary care
- lesion recognition tests

### **Certification**

The certification process will be defined by the JAG. There is no reason why GP endoscopists should not be certified to perform endoscopy with this process.

### **Revalidation**

Revalidation should mirror the process being developed for other endoscopists and include

- Performance data in the form of a logbook
- A knowledge based test
- Direct observation of procedural skills

### **GPs as trainers**

GP endoscopists should be provided with opportunities to become trainers.

### **GPs as assessors**

A cohort of GP endoscopist assessors should be developed to provide the option of peer review for GPs.

### **Tasks for the PCSG**

- Define a model job specification for a GP endoscopist
- Define the competencies that underpin this specification
- Encourage GP endoscopists to develop as trainers and assessors
- Raise awareness of training opportunities for GP endoscopists
- Define the revalidation process
- Define possible methods of CPD (as outlined above)
- Define the added value of a GP endoscopist compared to a non-medical endoscopist, particularly in the community setting