

Training and competence in Digestive Endoscopy: Statement Position Paper from the Spanish Society of Digestive Diseases

Gastrointestinal (GI) Endoscopy is a basic competence for the management of gastrointestinal diseases. However, it should not be regarded as an independent training technique. Rather it is a part of a continuous and accredited process that requires clinical knowledge from the gastroenterologist to keep skills up-to-date in a constantly evolving medical subspecialty. Thus, the only official accredited way for training in GI endoscopy is through the Specialized Health Training program in the Management of the Digestive Diseases administered by the Spanish Ministry of Health.

Given the reiterated unofficial and unaccredited training request in GI endoscopy by non-specialists in the Digestive System, and evidence of digestive endoscopies performed by untrained doctors, the Spanish Society for Digestive Diseases (SEPD) wishes to emphasize the importance of proper training and accreditation in GI endoscopy to ensure the safety and well-being of patients and state the following:

1. GI endoscopy is a basic competence of the Gastroenterology regulated nationwide by competent organizations that have established quality standard for training purposes. It is important to understand that this training should be viewed in the context of a larger training program for medical specialists in Gastroenterology, rather than an isolated technical training.
2. The performance of any a medical act requires that the treating physician has obtained specific accreditation and received adequate training beforehand. The national commission of each medical specialty determines the scope of competence required for this specific training, which should be specifically accredited, meaning that he/she who should have already received specific training beforehand. The competence of this specific training is established by the national commission of each medical specialty, and should include as part of the teaching plan, the acquisition of skills in the technique in question. The regulation of this training should be strictly managed to guarantee that the necessary competences will be acquired while meeting the national or international standards of reference. Also, that patients will be protected during the training period of health professionals.
3. The standards that regulate GI endoscopy training are part of the program of Gastroenterology, and are the only ones that guarantee proper training in this competence. In this regard, the current plan requires that, while in training, gastroenterologists should perform at least 150 esophagogastroduodenoscopies and 200 colonoscopies. As much as, at least, 200 procedures of the former should be performed according to the European Society of Gastrointestinal Endoscopy (ESGE). These numbers are widely exceeded by any gastroenterologist during training. It is obvious that when competence on more advanced examination techniques like endoscopies is sought, repeated endoscopy procedures should be added to the mix as well.
4. Training plans in medical specialties like General Surgery and Gastroenterology include the rotation of these future specialists in GI endoscopy and surgery, respectively. The goal here is not for specialists to perform endoscopies or surgeries by themselves, but to know the indications and contraindications of the different techniques and procedures used. In other words, Order SCO/1260/2007 of 13th of April (BOE-A-2007-9409) and Order SAS/2854/2009 of 9th of October (BOE-A-2009-16993) both include the training plans of the General Surgery and Digestive System medical specialties but do not support the acquisition of practical competences. Instead, they include the theory around GI endoscopy and surgery. For example, the lowest number of procedures that should be performed by each trainee acting as an assistant surgeon should be 5 esophagogastroduodenoscopies and 5 colonoscopies. Ideally, these numbers could go up to 40 procedures in each category, numbers very far away from those required for specialists in Digestive System still under training.
5. Learning the GI endoscopy technique is a process that requires clinical knowledge of this specialty, official accredited learning, and ongoing training to keep the skills alive and updated in a constantly evolving medical subspecialty. Rather than disregarding experience, we advocate for the multidisciplinary approach of the clinical problems of digestive disorders, so our patients can receive excellent care. Multidisciplinary care approach goes against the idea that one single health professional by themselves can accumulate knowledge on all the different techniques and specialties that complex procedures like some surgeries require. As a matter of fact, the participation or Nuclear Medicine or Pathology is often required.

Therefore, *The Spanish Society for Digestive Diseases (SEPD)*:

1. *Reports* that the only official accredited way for training in Digestive Endoscopy is through the Specialized Health Training program in Digestive System run by the Spanish Ministry of Health.
2. *Recommends* training in digestive endoscopy techniques within the official accredited system of the Specialized Health Training program in Digestive System of the Spanish Ministry of Health. Other training alternatives different to this one are not-recommended.
3. *Expresses* its desire to collaborate with all medical specialties in clinical, teaching and research areas with the utmost technical and scientific rigor by promoting reasonable ways of cooperation for the greatest benefit of our patients.

Conflict of interest: the authors declare no conflict of interest.

Agustín Albillos Martínez¹, Inmaculada Fernández Vázquez², Carolina Malagelada Prats³, Julio Iglesias García⁴, Aitor Orive Calzada⁵, Rafael Ángel Gómez Rodríguez⁶, Ana Bejarano García⁷, Daniel Ceballos Santos⁸, Marta Casado Martín⁹; on behalf of the Spanish Society for Digestive Diseases (SEPD)

¹Hospital Universitario Ramón y Cajal. Madrid, Spain. ²Hospital Universitario 12 de Octubre. Madrid, Spain. ³Hospital Universitari Vall d'Hebron. Barcelona, Spain. ⁴Hospital Clínico Universitario de Santiago de Compostela. Santiago de Compostela, A Coruña. Spain. ⁵Hospital Universitario de Álava. Álava, Vitoria. Spain. ⁶Hospital Virgen de la Salud. Toledo, Spain. ⁷Hospital Universitario Juan Ramón Jiménez. Huelva, Spain. ⁸Hospital Universitario de Gran Canaria Doctor Negrín. Las Palmas de Gran Canaria, Spain. ⁹Hospital Universitario Torrecárdenas. Almería, Spain

DOI: 10.17235/reed.2023.9692/2023