

NZCCRTGE Checklist

Before sending in your application please check you have submitted all of the information needed to have your training recognised by reviewing the information below.

Click on the procedure to go directly to the procedure you are applying for:

- [ATP Upper Gastrointestinal Endoscopy](#)
- [ATP Colonoscopy](#)
- [ATP ERCP](#)
- [ATP Paediatric Colonoscopy](#)
- [ATP Paediatric Gastroscopy](#)
- [ATP Capsule Endoscopy](#)
- [Experienced Practitioner Pathway All Procedures](#)
- [International Practitioner Pathway All Procedures](#)
- [Capsule Endoscopy for Experienced Practitioner and International Practitioner Pathway](#)

Advanced Training Pathway

Upper Gastrointestinal Endoscopy

- ✓ Safe sedation training
- ✓ Logbook documenting 200 procedures under supervision
- ✓ 95% D2 intubation rate in final 100 independent procedures
- ✓ 20 emergency or therapeutic procedures as specified in guidelines (see list of accepted procedures)
- ✓ 4 DOPS (with 2 different assessors)
- ✓ Scope cleaning log
- ✓ 2 referee reports

Colonoscopy

- ✓ Safe sedation training
- ✓ Minimum of 200 lower GI endoscopies under supervision
- ✓ Scope cleaning log
- ✓ Colonoscopy completion rate (caecal intubation) of 90% in last 50 procedures (excluding flexible sigmoidoscopies)
- ✓ Perform a minimum of 40 independent cold snare polypectomies
- ✓ Perform a minimum of 10 successful independent larger polypectomies (pedunculate polyps > 10mm or sessile lesions >10mm requiring lift technique)
- ✓ 4 DOPS by at least 2 different assessors
- ✓ 1 additional DOPyS
- ✓ 2 Referee reports

ERCP

- ✓ Safe sedation training
- ✓ Previous recognition in upper GI endoscopy
- ✓ Logbook documenting 200 supervised ERCPs
- ✓ >90% cannulation rate in final 50 cases before completion of training
- ✓ Minimum of 80 supervised, independently performed sphincterotomies (pt w/intact sphincters)
- ✓ Minimum of 60 supervised, independently performed stent placements
- ✓ Minimum of 4 DOPS from two different assessors demonstrating independence in cannulation, cholangiogram interpretation, sphincterotomy, and in therapeutic manoeuvres for stone removal, stent placement, and tissue sampling (with sufficient DOPS to demonstrate the full range of skills)

- ✓ 2 Referee reports

Paediatric Colonoscopy

- ✓ Safe sedation training
- ✓ Log book documenting minimum of 100 unassisted, supervised colonoscopies
- ✓ 90% caecal intubation rate and 80% ideal intubation rate in last 50 procedures before completion of training
- ✓ 4 DOPS by at least two different assessors
- ✓ Scope cleaning log
- ✓ 2 referee reports

Paediatric Gastroscopy

- ✓ Safe sedation training
- ✓ Scope Cleaning Log
- ✓ Log book documenting 200 unassisted complete exams of which at least 100 are in paediatric patients (<16)
- ✓ Documentation of at least 20 therapeutic procedures (see list of accepted procedures)
- ✓ 4 DOPS from two different assessors
- ✓ 2 referee reports

Capsule Endoscopy

- ✓ Be training or training in gastroscopy and/colonoscopy
- ✓ Logbook documenting completion of a minimum of 50 supervised, dual-read complete procedures of which 25 have abnormal findings.
- ✓ At least 5 studies where the applicant is responsible for the entire procedure, including set up of equipment.
- ✓ A report from the supervisor that the applicant has an understanding of the indications, contraindications, and complications
- ✓ Evidence of completion of a recognised capsule training workshop

Experienced Practitioner Pathway

Gastroscopy, Colonoscopy, ERCP, Paediatric procedures

- ✓ Safe sedation training
- ✓ 5 years of experience working in NZ
- ✓ Log book with 200 sequential procedures for **adult gastroscopy and colonoscopy** applications (ProVation or Endorse acceptable). For **paediatric gastroscopy and colonoscopy** 100 sequential cases are required
- ✓ For **adult colonoscopy** caecal intubation and polyp adenoma detection for each case is required (this requires checking of histology). Caecal intubation rate must be >90% and ADR >25%
- ✓ For **paediatric colonoscopy** a caecal intubation rate of >90% and a terminal ileum intubation rate of >80% is required over 50 cases.
- ✓ For **adult gastroscopy**, extent of intubation (e.g. D2) must be recorded and >95%. Interventional procedures, when performed must be recorded.
- ✓ For **paediatric gastroscopy** a D2 intubation rate of >95% is required. One DOPS must be for an interventional procedure.
- ✓ Log book for **ERCP** must contain at least 100 sequential procedures with a cannulation rate of >95%. Must demonstrate independence in cannulation, cholangiogram interpretation,

sphincterotomy, stone removal, stent placement, and tissue sampling. Sufficient number of DOPS is required to demonstrate the full range of aforementioned skills.

- ✓ **A minimum of 2 DOPS from at least 2 independent observers is required for every procedure.**
- ✓ Provide an affidavit from the home hospital Endoscopy User Group as noted in guideline

International Practitioners Pathway

Gastroscopy, Colonoscopy, ERCP, Paediatric procedures

- ✓ Provide GESA or JAG certification for gastroscopy, colonoscopy, ERCP, capsule endoscopy, paediatric gastroscopy or colonoscopy,

OR

- ✓ Safe sedation training
- ✓ Minimum of 2 DOPS from different assessors for each procedure applied for.
- ✓ Practitioner should intend to work in NZ for at least one year
- ✓ A de-identified CSV log of Probation data must be supplied for each procedure with a completed summary sheet
- ✓ Data for **colonoscopy** must include caecal intubation and adenoma detection for each case.
- ✓ Data for **gastroscopy** must include extent of intubation (e.g. D2)
- ✓ Provide details of overseas training (place, type, length or training and supervisors' reports)
- ✓ Provide a written reference from a supervisor familiar applicant's overseas endoscopy training and practice for each procedure type who is also contactable for verification
- ✓ Be a fellow to a recognised NZ or Australasian Medical College or hold vocational registration with MCNZ in Internal Medicine or General Surgery
- ✓ A logbook with at least 50 consecutive cases for each procedure applied for.
- ✓ Provide 4 DOPS forms (by at least 2 different assessors) for each procedure.
- ✓ Provide an affidavit from their Endoscopy User Group as noted in guidelines
- ✓ **Gastroscopy** required a D2 intubation rate of >95%
- ✓ **Colonoscopy** requires a caecal intubation rate of >90% and an ADR >25%
- ✓ **ERCP** requires a cannulation rate of >90%. Must demonstrate independence in cannulation, cholangiogram interpretation, sphincterotomy, stone removal, stent placement, and tissue sampling. Sufficient number of DOPS is required to demonstrate the full range of aforementioned skills.
- ✓ **Paediatric colonoscopy** requires a caecal intubation rate of >90% and a terminal ileum intubation rate of >80% over final 50 cases.
- ✓ **Paediatric gastroscopy** requires a D2 intubation rate of >95% over final 50 procedures and at least one of the two DOPS for an interventional procedure.
- ✓ Any additional information the NZCCRTGE may require to make an assessment.

Capsule Endoscopy for Experienced Practitioner and International Practitioner Pathway

- ✓ Be trained in gastroscopy or colonoscopy
- ✓ Submit logbook containing at least 50 complete procedures, of which at least 10 have abnormal findings with peer member corroboration
- ✓ A report from the peer that the applicant has an understanding of the indications, contraindications, and complications
- ✓ Evidence of completion of a recognised capsule training workshop

| Version | Date Amended | Editor | Main Change |
|-----------|--------------|--------------------|-------------------------------------|
| Version 2 | June 2025 | April-Mae Marshall | Deletion scope cleaning IPP and EPP |
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