

# **NZ Conjoint Committee for Recognition of Training in Gastrointestinal Endoscopy**

(New Zealand Society of Gastroenterology, The NZ Committees of  
The Royal Australasian College of Physicians and Royal Australasian College of Surgeons)

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## **Guidelines for Applying for Recognition of Training**

**February 2011**

*Direct inquiries to the Secretary, NZSG at societies@racp.org.nz*

### **The New Zealand Conjoint Committee for Recognition of Training in Gastrointestinal Endoscopy**

*The New Zealand Conjoint Committee for Recognition of Training in Gastrointestinal Endoscopy (NZCC) is a National Body comprising of representatives from the New Zealand Society of Gastroenterology, the New Zealand Committee of the Royal Australasian College of Physicians and Royal Australasian College of Surgeons. The Committee has responsibility for the provision of guidelines relevant to the training in gastrointestinal endoscopic procedures and the maintenance of a register of specialists who have completed an appropriate training program.*

#### **PURPOSE**

The major purpose of the NZ Conjoint Committee is to provide guidelines relevant to acceptable standards of training in gastrointestinal endoscopic procedures for trainees in Advanced Training Programs. All endoscopists previously recognised by the Australian Conjoint Committee for the Recognition of Endoscopy Training will be included in a file maintained by the NZ Conjoint Committee. Endoscopists beginning training in gastrointestinal endoscopy should register their training prospectively with the NZ Conjoint Committee by contacting the Secretariat and having their information included within our database. Once training has commenced, they must record their training according to the guidelines as outlined below, the log books must be supplied and trainees must complete a minimum of experience before they can be assessed by a Supervisor, who will usually be recognised by the NZ Conjoint Committee. Trainees applying for recognition of gastrointestinal training should forward the log books of their experience together with two supervisors' reports written by NZCC approved Supervisors which attest to the candidate's competence.

#### **GUIDELINES**

The following recommendations are based on current literature data of "Learning Experience". Numbers apply only to those procedures performed unassisted, but under supervision. Logbooks should include both assisted and unassisted procedures. This includes all attempts both successful and unsuccessful.

#### **PRINCIPLES**

1. Training in gastrointestinal endoscopy should occur in appropriately equipped facilities.
2. Exposure to gastrointestinal endoscopic procedures should be available to all trainees, both physicians and surgeons.

3. Training implies an expression of vocational ambition in gastroenterological medicine or gastrointestinal surgery in an Advanced Training Program.
4. Cognitive and interpretive skills combined with a clear understanding of the role of gastrointestinal endoscopy in patient management are as important as technical skills. This includes attendance at *radiological* and *histological* teaching sessions and *relevant operations*.
5. It is recommended that endoscopists understand the principles and practice of cleaning and disinfection of modern instruments in accordance with current guidelines of cleaning and disinfection.
6. It is recommended that appropriate training in fluoroscopic theory and practice be obtained.
7. The candidate must complete the specified minimum number of procedures under supervision before the supervisor may consider assessing competence.
8. A satisfactory report from three supervisors will be required at the completion of the training program. The supervisor should attest that the candidate is competent to perform the gastrointestinal endoscopy and specific procedures safely and expeditiously, plus be able to competently integrate indications for gastrointestinal endoscopy and endoscopic findings and therapy into patient management, be able to understand risk factors, recognise and manage complications and be able to recognise personal and procedural limits.
9. The Committee encourages successful applicants to maintain continuing medical education in the field of gastrointestinal endoscopic practice and to regularly audit their own endoscopic practice.
10. The Committee explicitly acknowledges that recognition of training does not attest to an assessment of competency.

## **SPECIFIC REQUIREMENTS**

### **Logbook**

Details of all cases attempted, including those not successfully completed, must be recorded prospectively in the log books provided. These details include indications complications, degrees of success and time taken. The time taken is recorded as a guide for the supervisor and is considered to be much less important than the successful completion of a procedure with minimal discomfort for the patient and no complications.

### **Upper Gastrointestinal Endoscopy**

Trainees should perform at least 200 unassisted complete examinations independently but with supervision, which should include at least 20 emergency or therapeutic procedures (excluding polypectomy).

### **ERCP**

Trainees should have previous recognition of training in upper gastrointestinal endoscopy and complete a total of at least 200 ERCP's, unassisted, on patients with intact papillary sphincters of which a minimum of 80 must be supervised, unassisted sphincterotomies in patients with intact sphincterotomies and a minimum of 60 stents.

Cannulations performed on patients with previous sphincterotomies or stents should be recorded in the log book but not counted as successful completed ERCP for gaining numbers.

### **Colonoscopy**

Trainees should perform at least 100 unassisted, supervised and complete colonoscopies in patients with intact colons (at least to the caecum and preferably into the ileum) including 30 snare polypectomies on a minimum of 30 patients. A success rate of 90% for intubation of the caecum (and preferable into the ileum) should have been achieved in the 50 cases before completion of training.

### **Cleaning and Disinfection**

It is recommended that a minimum of 15 instruments be cleaned under supervision by an experienced endoscopy nurse/technician. This should be recorded in the log book.

## **SUPERVISION**

### **The two supervisors that will forward referees letters should:**

- Be recognised by the NZ Conjoint Committee in the particular type of gastrointestinal endoscopy, or be known to be of equivalent standard
- Have personally supervised some of the applicants training
- Attest that the trainee is competent (Referee's letter)

## **APPLICATION**

Applications must be lodged on the official form. Only original documents will be accepted (no faxed copies)

## **FEES**

Application of the processing of fees is \$200.00 per category.

The NZ Conjoint Committee meets as required and applicants will be notified within 4 months of their application.

Applications and additional information are available from:

NZ Conjoint Committee for Recognition of Endoscopy Training  
c/- New Zealand Society of Gastroenterology  
PO Box 10-601  
WELLINGTON 6036

Clarification or queries can be sent via email to [societies@racp.org.nz](mailto:societies@racp.org.nz)