ASGE guideline: guidelines for credentialing and granting privileges for capsule endoscopy

This is one of a series of statements discussing the utilization of GI endoscopy in common clinical situations. The Standards of Practice Committee of the American Society for Gastrointestinal Endoscopy prepared this text. In preparing this guideline, a MEDLINE literature search was performed and additional references were obtained from the bibliographies of the identified articles and from recommendations of expert consultants. When little or no data exist from well-designed prospective trials, emphasis is given to results from large series and reports from recognized experts.

Guidelines for appropriate utilization of endoscopy are based on a critical review of the available data and expert consensus. Further controlled clinical studies are needed to clarify aspects of this statement, and revision may be necessary as new data appear. Clinical consideration may justify a course of action at variance to these recommendations.

This document is intended to provide the principles by which credentialing organizations may create policy and practical guidelines for granting privileges to perform capsule endoscopy. For information on credentialing for other endoscopic procedures, please refer to ''Guidelines for Credentialing and Granting Privileges for Gastrointestinal Endoscopy.''[1]

DEFINITION OF TERMS

Clinical privileges

Authorization by a local institution to perform a particular procedure or a clinical service.

Competence

The minimum level of skill, knowledge, and/or expertise derived through training and experience, required to safely and proficiently perform a task or procedure.

Credentialing process

The process of assessing and validating the qualifications of a licensed independent practitioner to provide patient care. The determination is based on an evaluation of the individual's current license, knowledge base, training or experience, current competence, and ability to perform the procedure or the patient care requested.

Credentials

Documents provided after successful completion of a period of education or training as an indication of clinical competence.

Capsule endoscopy

Examination of the GI tract by using a self-contained wireless imaging device capable of transmitting images of the GI tract to an external receiver.[2]

PRINCIPLES OF INITIAL CREDENTIALING IN CAPSULE ENDOSCOPY

1. Credentials for capsule endoscopy should be determined independently from other endoscopic procedures such as colonoscopy, sigmoidoscopy, EGD, push enteroscopy, ERCP, EUS, or any other endoscopic procedure.[1]
2. Appropriate documentation should be required in the determination of competence in capsule endoscopy. This may include the completion of a formal training program (residency or fellowship) or documentation of sufficient training in other settings, which includes diagnosis and therapy of diseases of the small intestine. Documentation of continued competence should be required for the renewal of capsule endoscopy privileges.[1,3]
3. Endoscopists wishing to perform capsule endoscopy:
   A. Must understand the indications, the contraindications, and the risks of capsule endoscopy.
   B. Must be able to integrate capsule endoscopy into the overall clinical evaluation of appropriately selected patients.
   C. Should have sound general medical or surgical training.
   D. Must have completed at least 24 months of a standard GI fellowship (or equivalent), with training

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TABLE 1. Training requirements for capsule endoscopy before competency can be assessed

Completion of a gastrointestinal endoscopy training program that included training in the recognition and management of small intestinal diseases (for small intestine capsule endoscopy)[8]
Be competent and have privileges to perform EGD, colonoscopy, and (for small intestine capsule endoscopy) enteroscopy
Familiarity with the hardware and software systems
One of the following:
1. Formal training in capsule endoscopy during GI fellowship
2. Completion of a hands-on course with a minimum of 8 hours CME credit, endorsed by a national or international GI or surgical society and review of first 10 capsule studies by a credentialed capsule endoscopist

in the recognition and the management of small-intestinal diseases (for small-bowel capsule endoscopy).

E. Must have documented competence and privileges to perform EGD; colonoscopy; and, for small bowel capsule endoscopy, enteroscopy.

F. Must be familiar with the hardware and the software necessary to perform and interpret the capsule endoscopy images.

G. Must be able to accurately identify and interpret capsule endoscopy findings.

H. Must be able to document capsule endoscopy findings and communicate with referring physicians.

4. The training in capsule endoscopy must be adequate to achieve each of the above goals. As with other endoscopic procedures, performance of an arbitrary number of procedures or completion of a specific training program does not guarantee competence. Whenever possible, competence should be determined by objective criteria and direct observation. Specific measures for competency in capsule endoscopy have not yet been developed. These measures should be rapidly adopted in credentialing processes as they are developed.

Whereas the minimal training needed to competently perform capsule endoscopy of the esophagus and of the small intestine has not been evaluated, most experienced endoscopists who have completed a formal GI fellowship readily master this technique. The minimum training requirements before competency can be assessed are based on expert opinion[4] and are summarized in Table 1. Formal training during a GI fellowship must include both didactic tutoring and an adequate case volume, so that the trainee attains a level of competence similar to that of the mentor. The necessary case volume will vary among trainees and also will depend upon when during the fellowship this training is undertaken. For those pursuing training in capsule endoscopy outside of a GI fellowship, completion of a hands-on course with a minimum of 8 hours CME credit endorsed by a national or an international GI society is mandatory. The course materials should emphasize the identification and the classification of lesions detected by capsule endoscopy. After completion of this course, the trainee's first 10 complete studies should be reviewed by a credentialed capsule endoscopist.

5. New capsule endoscopy technology and development of new applications of current technology may occur. Capsule endoscopists who have not received conventional formal training may wish to acquire privileges to perform these procedures. The degree of training, direct supervision, and proctoring will vary with the experience of the endoscopist and the nature of the procedure.[5] When possible, objective criteria of competence should be developed and met.[4]

PRINCIPLES OF RECREDENTIALING AND RENEWAL OF PRIVILEGES

The goal of recredentialing is to assure continued clinical competence, to promote continuous quality improvement, and to maintain patient safety.[3] The principles of maintenance of competence are detailed in the American Society for Gastrointestinal Endoscopy publication ''Maintaining Competency in Endoscopic Skills.''[6] These guidelines should be applied in conjunction with national accrediting organizations, e.g., Joint Commission on Accreditation of Healthcare Organizations.

Assuring continued competence in the performance of capsule endoscopy includes ongoing:

- Documentation of adequate procedure volume to maintain clinical skills. This can include procedure logbooks or a review of patient records. Such a review should include objective measures of the number of procedures and any complications.
- Review of the above statistics in a continuous quality improvement setting.[7]
- Documentation of continued cognitive training through participation in educational activities.

The purpose of this review and documentation should be restricted to use in continuous quality improvement and credentialing.

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Prepared by:
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