Post CSCST TRAINING IN

Advanced Fellowship in Interventional Endoscopy
This curriculum of training in Interventional Endoscopy was developed in 2017 and undergoes an annual review by Danny Cherian, Dr Ann O'Shaughnessy, Head of Education, Innovation & Research and by the Gastroenterology Training Committee. The curriculum is approved by the Irish Committee on Higher Medical Training.

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<th>Date Published</th>
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<td>0.0</td>
<td>01/06/2018</td>
<td>Aisling Smith</td>
<td>New Curriculum</td>
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**Introduction**

Post CSCST Fellowship in Interventional Endoscopy provides a structured certifiable educational experience immediately following CSCST, designed to deliver the requirements of Interventional Endoscopy which are not readily available within the specialist training programme.

**Entry Requirements**

Applicants for the Post CSCST Fellowship in Interventional Endoscopy will have successfully completed the RCPI Higher Specialist Training programme in Gastroenterology within two years of the start date of the Post CSCST Fellowship programme. Prior experience in Interventional Endoscopy during the Gastroenterology Higher Specialist training programme would be an advantage.

**Recruitment and Selection**

Post CSCST Fellowship training Interventional Endoscopy will build on broad basic and early core specialist training in Gastroenterology. This is in line with training models internationally. Selection of candidates for Post CSCST Fellowship training in Interventional Endoscopy will be via a competitive recruitment process coordinated by the relevant Training Body. Recruitment will follow similar timeline where possible to HST recruitment and post will commence in July of each year (unless otherwise specified).

**Duration and Organisation of Training**

The Post CSCST Fellowship in Interventional Endoscopy is a one year training programme designed to dovetail with the Irish Higher Specialist Training programme in Gastroenterology. The curriculum is competency-based, however it is anticipated that the candidate will complete training within one year.

The curriculum takes into account the major areas of competence required by the subspecialist in Interventional Endoscopy and will be supervised by the Irish Committee on Higher Medical Training of the Royal College of Physicians in Ireland. Doctors who have successfully completed the RCPI Higher Specialist Training programme in Gastroenterology and are within two years of completion will be deemed eligible to apply for the Post CSCST Fellowship in Interventional Endoscopy. Completion of this program will ensure the knowledge and competencies in all areas of the curriculum, meeting international standards for best practice and allowing candidates to practice as a subspecialist in Interventional Endoscopy.

**Training Programme**

The training programme offered will provide opportunities to fulfil all the requirements of the curriculum of training for Interventional Endoscopy in approved training hospitals. Each post within the programme will have a named trainer/educational supervisor and the programme will be under the direction of the National Specialty Director(s) in Gastroenterology.

**Trainee Numbers**

It is expected that the Post CSCST Fellowship in Interventional Endoscopy will be awarded to one candidate per year.
ePortfolio

The trainee will be required to keep their ePortfolio up to date and maintained throughout their Fellowship training. The ePortfolio will be countersigned as appropriate by the Trainer to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competencies set out in the Curriculum. This will remain the property of the Trainee and must be produced at the end of year Evaluation meeting. At the end of year Evaluation, the ePortfolio will be examined. The results of any assessments and reports by the named trainer/educational supervisor, together with other material capable of confirming the trainee’s achievements, will be reviewed.

Programme Management

- Coordination of the training programme will lie with the Training Department in the Royal College of Physicians of Ireland.
- The training year will usually run from July to July in line with HST programmes.
- Annual evaluations will usually take place between April and June each year.
- Each trainee will be registered to the ePortfolio and will be expected to fulfil all requirements relating to the management of yearly training records.
- Opportunities for audit and research may be available.

Each trainee will be issued with a training agreement on appointment to the training programme and will be required to adhere to all policies and procedures relating to Post CSCST Fellowships.
Specialty Section
Endoscopic Retrograde Cholangio-Pancreatography (ERCP)

Objectives: To safely perform ERCP for appropriate indications.

**KNOWLEDGE**
- Evaluation of biliary and pancreatic disease
- Interpretation of investigation of biliary and pancreatic disease (ultrasound, CT, MRCP)
- Indications for ERCP
- Knowledge of equipment/devices specific to ERCP (sphinctertome, wires, stents, stone extraction devices)
- Knowledge of sedation medication and protocols

**SKILLS**
- Set up and safe use of ERCP equipment
- Biliary cannulation and sphincterotomy
- Stone extraction
- Stent placement for benign and malignant disease
- Cholangioscopy, EHL for complex stone disease
- Ampullary adenoma removal (ampullectomy)

**ASSESSMENT & LEARNING METHODS**
- Weekly involvement in radiology MDT
- Case based discussions
- Directly observed procedures
Endoscopic Ultrasound (EUS)

Objectives: To safely perform EUS, including therapeutic procedures, for appropriate indications.

**KNOWLEDGE**

- The indications and contraindications, sedation usage and safety protocols in performing EUS
- The staging of pancreatic, gastric, rectal and oesophageal cancer
- Celiac plexus neurolysis (palliative pain control)
- Indications for EUS guided pancreatic cyst drainage
- Management of cystic lesions of the pancreas

**SKILLS**

- Diagnostic evaluation for pancreatic/biliary disease
- Evaluation of submucosal lesions
- Fine needle aspiration/biopsy of lesions
- Drainage of pancreatic pseudocysts
- Debridement of necrotic pancreatic cysts (necrosectomy)
- EUS guided biliary access when ERCP fails
- EUS guided gallbladder drainage

**ASSESSMENT & LEARNING METHODS**

- Case based discussions
- Directly observed procedures
Management of dysplasia in Barrett's oesophagus

Objectives: To safely and effectively manage dysplasia in Barrett's oesophagus including evaluating and explaining the outcomes.

**KNOWLEDGE**

- The management of dysplasia in Barrett's oesophagus

**SKILLS**

- Chromoendoscopy and the use of narrow band imaging
- Endoscopic mucosal resection (EMR) of dysplastic nodules
- Radiofrequency ablation (HALO) of dysplastic Barretts

**ASSESSMENT & LEARNING METHODS**

- Weekly involvement in upper GI cancer MDT
Colonic Polypectomy

Objectives: The indications, contraindications and safe performance of colonic polypectomy.

**KNOWLEDGE**

- The indications, contraindications and safe performance of colonic polypectomy
- Knowledge of anticoagulation protocols for polypectomy
- Proficiency with various snares and diathermy settings
- Proficient and standardised reporting of polyps (Paris/Nice classification)

**SKILLS**

- Piecemeal and en-bloc resection of large colonic polyps
- Management of complications of polypectomy (bleeding, perforation)
- FTRD (full thickness resection device) usage for high grade polyps

**ASSESSMENT & LEARNING METHODS**

- Case based discussions
Luminal stenting/dilation for benign and malignant disease

Objectives: To safely perform luminal stenting or dilation for appropriate indications.

KNOWLEDGE

- Management of benign and malignant strictures in the GI tract
- Knowledge of equipment and devices

SKILLS

- Balloon dilation
- Savary dilation
- Stent insertion (oesophageal, duodenal, colonic)
- Use of fluoroscopy in stent insertion
- Management of complications

ASSESSMENT & LEARNING METHODS

- Mini-CEX
Documentation of Minimum Requirements for Training

- These are the minimum number of cases you are asked to document as part of your training. It is recommended you seek opportunities to attain a higher level of exposure as part of your self-directed learning and development of expertise.
- You should expect the demands of your post to exceed the minimum required number of cases documented for training.
- If you are having difficulty meeting a particular requirement, please contact your specialty coordinator.

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<thead>
<tr>
<th>Curriculum Requirement</th>
<th>Required/Desirable</th>
<th>Minimum Requirement</th>
<th>Reporting Period</th>
<th>Form Name</th>
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<tr>
<td><strong>Section 1 - Training Plan</strong></td>
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<td>Personal Goals Plan</td>
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<td>Weekly Timetable (Sample Weekly Timetable for Post/Clinical Attachment)</td>
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<td>On Call Rota if applicable</td>
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<td><strong>Section 2 - Training Activities</strong></td>
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<td>Year of Training</td>
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<td>Outpatient Clinics</td>
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<tr>
<td>Ward Rounds/Consultations</td>
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<td>Training Programme</td>
<td>Form 003</td>
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<tr>
<td>Emergencies/Complicated Cases</td>
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<td>Training Programme</td>
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<td>Upper Gastrointestinal Therapeutic Endoscopy (OGD)</td>
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<td><strong>ERCP/EUS Component of Training</strong></td>
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<td>Interventional EUS</td>
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<td>Upper GI EUS (Observe)</td>
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<td>Upper GI EUS (under supervision)</td>
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