Gastroenterology and Hepatology

I) OBJECTIVES

1. To provide a broad training and in-depth experience in Gastroenterology and Hepatology, including inter-relationship with other specialties such as Gastrointestinal Surgery, Histopathology, Microbiology and Radiology, at a level sufficient for trainees to acquire competence and professionalism required of a specialist in Gastroenterology and Hepatology.

2. To develop clinical skills, knowledge and competence in basic Gastrointestinal (GI) Endoscopy including upper gastrointestinal endoscopy, sigmoidoscopy, and colonoscopy as well as in other procedures such as abdominal ultrasound and liver biopsy.

3. To develop commitment in continuing medical education and to cultivate enthusiasm in research related to patient management.

4. To acquire professional competence in training future trainees in Gastroenterology and Hepatology.

II) STRUCTURE

1. This period consists of three years of supervised and accredited training in Gastroenterology and Hepatology. The three-year training programme comprises two years of core training in Gastroenterology and Hepatology as described below (with a minimum of 12 months of core training to be undertaken in training units that have been formally accredited by the College), plus one year of training in any of the following:

   1.1 The same specialty which may be accredited for a maximum of 12 months, AND/OR

   1.2 A broad-based specialty, defined as either Advanced Internal Medicine (AIM) or Geriatric Medicine, which may be accredited for a maximum of 12 months, AND/OR

   1.3 Overseas training in Gastroenterology and Hepatology, which may be accredited for a maximum of six months, with prior approval by the specialty board, AND/OR

   1.4 Research in Gastroenterology and Hepatology, which may be accredited for a maximum of six months, with prior approval by the specialty board.

2. To ensure the acquisition of a broad-based physician training for all Higher Physician Trainees undergoing Gastroenterology and Hepatology training, the College requires that
all registered Higher Physician Trainees undergo dual training in a broad-based specialty, defined as either Advanced Internal Medicine (AIM) or Geriatric Medicine, together with training in Gastroenterology and Hepatology. Fellows who have been trained in Gastroenterology and Hepatology without a broad-based specialty will not be accepted as Trainer in any specialty.

3. The structures of dual training programmes approved by the College include the following and Trainees must clearly indicate the programme chosen at the time of application to be registered as Higher Physician Trainee of the College:

3.1 Concurrent training: A minimum of four years of supervised training is required. The training programme comprises 24 months (cumulative) of core training in a broad-based specialty and 24 months (cumulative) of core training in Gastroenterology and Hepatology.

3.2 Sequential training: A minimum of five years of supervised training is required. The training programme comprises 36 months training in either Gastroenterology and Hepatology or the broad-based specialty followed by 24 months of core training in remaining specialty.

III) CONTENTS

1 CORE

(A) Scientific basis and clinical knowledge

Trainees will be expected to have broad knowledge-based education in the normal structure and function of the gastrointestinal tract and the aetiology, pathophysiology, natural history, clinical manifestation, investigation and management of the entire spectrum of diseases of the gastrointestinal system.

(B) Clinical care and expertise

Trainees should have supervised practical experience in the clinical care of inpatients and outpatients with gastrointestinal disorders. Clinical experience must be gained in recognized posts linked with appropriate clinical responsibilities.

(C) Skills

(i) Basic diagnostic endoscopy techniques

Trainees will be expected to be competent in upper gastrointestinal endoscopy (including push enteroscopy), sigmoidoscopy and colonoscopy as well as recognition of early neoplastic lesions. Trainees should understand the principles of GI endoscopy which includes indications, contraindications,
informed consent, procedural risk, procedural sedation, intraprocedural monitoring, radiation protection, endoscope reprocessing, safety and sedation in endoscopic procedure. Although skill training in endoscopic retrograde cholangio-pancreatography (ERCP) and endoscopic ultrasound (EUS) are regarded as post-fellowship Advanced Gastrointestinal Endoscopy training, understanding in the principles and role of these procedures in management is required.

(ii) Basic therapeutic endoscopy techniques

These should include stricture dilatation, injection or banding of varices, haemostatic techniques for peptic ulcer bleeding, snare polypectomy, feeding tube insertion and percutaneous endoscopic gastrostomy. The indications, contraindications, and complications of these procedures should be understood.

(iii) Non-endoscopic techniques

At completion of the Training Programme, Trainees are expected to be competent in abdominal paracentesis and have acquired considerable experience in liver biopsy and abdominal ultrasound. Knowledge in other investigative techniques such as capsule endoscopy, manometry, pH monitoring, gastrointestinal breath tests, gastric and intestinal function tests, pancreatic and biliary secretory tests, non-invasive liver stiffness measurement, radiological examinations such as CT colonography, MR enteroclysis, nuclear medicine procedures, percutaneous cholangiogram, biliary drainage procedures is also required.

2 PROCEDURE REQUIREMENT

Upper gastrointestinal endoscopy

During the training period, trainees are required to perform no fewer than 100 diagnostic examinations independently under supervision and no fewer than 50 successful therapeutic procedures for bleeding upper gastrointestinal lesions, nasogastric tube insertion and snare polypectomies.

Colonoscopy

During the training period, trainees are required to perform no fewer than 100 complete colonoscopies / ileo-colonoscopies independently under supervision with at least 50 successful therapeutic procedures such as snare polypectomies and control of bleeding lesions.

Liver biopsy

During the training period, trainees are required to perform no fewer than 5 successful liver biopsies with or without imaging guidance independently but under supervision.

3 OPTION MODULES
Trainees may undertake a variety of OPTION modules in designated centres during the two years of core training after discussion with their trainers. These options can be run on full-time or part-time basis for a period no more than three months for each module.

The OPTION modules are

a. Gastrointestinal (GI) Oncology.
b. Liver transplantation.
c. Physiological measurement, e.g. manometry, gastric and pancreatic function testing.
d. GI Imaging, e.g. CT, MRI, nuclear medicine.
e. GI Infection and Immunology, e.g. AIDS, tropical diseases, H. pylori infection.
f. GI Histopathology.
g. Nutrition.
h. Paediatric and adolescent gastroenterology.

IV) INSTITUTIONAL REQUIREMENTS

1 Staffing in the training unit should include at least one fully trained gastroenterologists with trainer status, and one surgeon with special interest in gastrointestinal surgery but there is no stipulation for 24-hour service for emergency surgery. The trainer to trainee ratio should not be less than 1:2. The unit should receive gastroenterological consultations from other clinical services in the hospital and operate gastroenterology clinics.

2 Modern endoscopic equipment should be available in the training unit. Fluoroscopy, not necessarily in an endoscopy unit, should be available for selected cases such as ERCP and endoscopic intubation. At least one video endoscopy system should be available.

3 The training unit should undertake sufficient volume of diagnostic and therapeutic upper gastrointestinal endoscopies and colonoscopies to enable trainees to acquire basic endoscopic skills.

4 Where endoscopy is taught, it should be part of an overall gastroenterology service with co-operation among gastroenterologists, surgeons, radiologists and pathologists.

5 The training unit should have a structured educational programme including regular GI ward rounds and joint gastrointestinal conferences attended by other specialists such as surgeons, radiologists and pathologists.

6 The hospital of the training unit should have all the facilities needed for physician training in general medicine, such as access to medical library and computerised literature search systems.

7 Opportunities for gastroenterology research should be available.