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Summary

Panel discussion: Quality in endoscopic practice

Postgraduate Teaching Programme Barcelona 2026 | Presentation

Endoscopy

October 18, 2026

A panel discussion addressed quality assurance in endoscopy, focusing on managing underperforming endoscopists, transparency of quality metrics, and maintaining standards in resource-limited settings.

KEY POINTS

- The speaker stated that endoscopists repeatedly performing in the bottom 25% for adenoma detection rate despite training, mentorship, and coaching should not continue performing colonoscopy, with an audience poll showing minimal support for allowing such practice to continue.
- The panel recommended addressing underperformance through root cause analysis, coaching, and mentoring in a supportive environment before considering removal of endoscopy privileges.
- In the UK, JAG quality data is not made public, though one speaker stated they personally provide unit complication rates to patients during consent.
- The speaker recommended capsule endoscopy within 48 hours and double balloon enteroscopy within 72 hours when findings are present, though acknowledged this depends on infrastructure availability.
- For resource-constrained settings with limited nursing staff, the panel suggested cross-training emergency department or ICU nurses on endoscopy equipment and having them observe GI bleeding cases when dedicated endoscopy nurses are unavailable.

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