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A national survey of flexible sigmoidoscopy training in primary care graduate and postgraduate education programs.

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OBJECTIVES: Expanding the pool of primary care endoscopists to perform flexible sigmoidoscopy (FS) has been advocated as a strategy for building colorectal cancer screening capacity. The principal aim of this study was to evaluate the availability and structure of FS training among internal medicine (IM), family practice (FP), physician assistant (PA), and nurse practitioner (NP) training programs. **METHODS:** A postal survey of all accredited IM (n = 445), FP (n = 471), PA (n = 118), and NP (n = 149) training programs nationwide was conducted. The primary outcome was the proportion of programs offering or mandating FS training; and secondary outcomes, if applicable, were the number of participating trainees, the number of required procedures, the availability of instruction in endoscopic biopsy technique, mentors, and barriers. **RESULTS:** The overall response rate was 63%. Most IM (89%) and FP (99%) programs offered FS training versus only 12% of PA and 0% of NP programs. Family practice programs were more likely to offer training ($p < 0.0001$), require training ($p < 0.0001$), and teach biopsy techniques ($p < 0.0001$); Internal medicine programs were more likely to have minimum requirements ($p < 0.0001$) and required ≥ 25 procedures per trainee ($p < 0.0001$). Physician assistant programs were less structured and often lacked minimum requirements. **CONCLUSIONS:** Flexible sigmoidoscopy training is widely available among FP and IM programs but more restricted or nonexistent among PA and NP programs. The lack of minimum standards for ensuring competency highlights the need for a standardized credentialing process.