

Table 2 – Guidelines for Endoscopic Training in Routine Procedures: Threshold for Assessing Competence

Procedure	Required number ^a
Esophagogastroduodenoscopy	130
Including treatment of nonvariceal hemorrhage (10 actively bleeding)	25
Including treatment of variceal hemorrhage (5 actively bleeding)	20
Esophageal dilation (guidewire and through the scope)	20
Colonoscopy	140
Including snare polypectomy and hemostasis	30
Percutaneous endoscopic gastrostomy placement ^b	15
Capsule endoscopy (small bowel)	25

NOTE. The information in this table represents the current recommendations of the ASGE. Because ASGE guidelines are living documents, they undergo frequent revision. Please check the ASGE web site (www.asge.org) to obtain the most current information.

^a Required number represents the threshold number of procedures that must be performed before competence can be assessed. The number represents a minimum, and it is understood that most trainees will require more (never less) than the stated number to meet the competency standards based on existing data.

^b Refers to the gastric component of the PEG tube placement.

Table 3 – Guidelines for Endoscopic Training in Advanced Procedures: Minimum Threshold for Assessing Competence

Procedure	Required number ^a
Endoscopic retrograde cholangiopancreatography	200
Endoscopic ultrasound	150

^aThe required number of procedures represents the threshold number of procedures that must be performed before competency can be assessed. The number represents a minimum, and it is understood that most trainees will require more (never less) than the stated number.

Table 5 – Guidelines for Level 2 Training in Motility: Threshold Number of Proctored Studies Required Before Assessing Competence

Studies	Required number
Standard esophageal motility	50
Gastric and small bowel motility studies (either perfused catheter or solid-state transducers, or impedance catheters)	25
Indications, interpretation, and significance of scintigraphic measurement of gastric emptying	25
Colonic motility studies (either perfused catheter or solid-state transducers)	20
Anorectal motility studies/anal sphincter manometric studies	30
Anal sphincter biofeedback training	10
Colonic transit with radiopaque markers or scintigraphy	20