



SAGES

SOCIETY OF AMERICAN GASTROINTESTINAL AND ENDOSCOPIC SURGEONS

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May 18, 2023

Dear Colleagues:

We read with grave concern the communication published on the SFED website (Société Française d'Endoscopie Digestive) on March 23, 2023 condemning the practice of endoscopy by the large majority of practicing GI surgeons in France. Cited as justification for this position is the perceived lack of competency and adequate training in endoscopic procedures among GI surgeons. In this communication, the SFED and CNP-HGE (Conseil National Professionnel-Hépatogastroentérologie) endorse two pathways for credentialing in GI endoscopy, the DES-GI and Hepatology (Diplôme d'Etudes spécialisées hépatogastroentérologie), a 5-year training pathway, and the surgical endoscopy optional track within the DES-Surgery (Diplôme d'Etudes spécialisées en chirurgie). The latter consists of an optional one-year internship completed by surgical trainees during their residency training at an accredited center, which was implemented in 2019 as part of a 2017 reform in surgical residency training. The leadership of the SFED and CNP-HGE stated that no training outside of these two pathways would be recognized as the basis for credentialing in endoscopy, which invalidates the endoscopic skills and experience of practicing and Board-certified GI surgeons who are currently privileged at their own institutions. It also invalidates other types of accredited training in surgical endoscopy received by over 600 gastrointestinal surgeons and gastroenterologists, both French and International, at the University of Strasbourg since 2014. Lastly, and most concerning in the communication, is the SFED and CNP-HGE leadership urging gastroenterologists to report surgeons practicing endoscopy for possible legal action.

The controversy and animosity generated by the content and tone of this communication threatens the collegiality and professional relationships between colleagues, which will erode public trust and may impact patient care. Most concerning is that this strong posture threatens hundreds of board-certified practicing GI surgeons performing life-saving diagnostic and interventional endoscopic procedures across various communities throughout France, including underserved and under-resourced areas with unequal access to advanced GI care.

As the 2nd largest surgical society in the United States, SAGES was founded by surgeons who were pioneers in flexible endoscopy and dedicated to train, promote and support the use of endoscopy in surgical practice. Through the development of training curricula, practice guidelines, and hands-on courses, SAGES has remained dedicated to the safe

adoption and implementation of endoscopic skills to improve the care of patients. Despite initial concerns and pushback by our gastroenterology colleagues, GI and Surgical societies were able to amicably resolve controversy related to training and credentialing in endoscopy. Each specialty has developed and validated their own metrics for endoscopic training, skill acquisition and assessment of competency. The impetus to resolve conflicts between societies was always centered around optimizing patient care, with the ultimate goal being to enhance the quality and safety of surgical interventions, increase access to high-quality endoscopic alternatives, and increase the pool of GI endoscopists able to deliver innovative endoluminal therapies as complements or alternatives to traditional surgical procedures. This push towards innovation has led to cross-pollination between gastroenterologists and surgeons and fostered cross-specialty and inter-society innovations with SAGES currently including many gastroenterology members. These interactions have also led to the creation of NOSCAR (Natural Orifice Surgery Consortium for Research) and the AFS (American Foregut Society) with formal collaborations between both GI and surgical societies.

In our long experience, efforts to restrain the practice of other specialties is damaging, both for the specialties and for the patients we serve. As a lesson of history repeating itself, in 2011, a position paper issued jointly by four American GI societies echoed similar concerns voiced by the SFED and CNP-HGE, alleging that the numbers used as standards for resident training in endoscopy by the American Board of Surgery (ABS), the governing body of surgery in the US, were inadequate to achieve competency. This engendered a strong response from the ABS, endorsed by 13 US and Canadian professional organizations. In its response, the ABS emphasized that hospital privileging in endoscopy should not be based on arbitrary numbers, but rather on specialty certification, prior training and experience, and clinical performance. The ABS also emphasized that surgeons, who are intimately familiar with the anatomy of the GI tract, and trained to manage complications of endoscopic procedures, are best suited to ensure continuity of high-quality care to our patients. Lastly, the ABS highlighted the development of standardized skill assessment during residency training, with subsequent implementation of flexible endoscopy curriculum (FEC) and requirement for passing the Fundamentals of Endoscopic Surgery (FES) test as a requirement for eligibility for board certification in general surgery. Ultimately, the letter from the GI societies was retracted a few days later.

We are hopeful that as a first step towards reaching an agreement in this debate regarding training and credentialing requirements in flexible endoscopy in France, the SFED and CNP-HGE will reach out to French surgical societies and initiate discussions centered around evidence-based review of current GI endoscopic practices and outcomes, as a starting point to develop strategies to optimize the care of patients across both specialties.

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