Canadian Association of General Surgeons statement on endoscopy

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The provision of diagnostic and therapeutic endoscopy and colonoscopy is essential to the health and well-being of the Canadian public. In continuing to address this health care need, the Canadian Association of General Surgeons (CAGS) supports and promotes access to endoscopic resources for general surgeons as well as the training of general surgery residents in endoscopy and colonoscopy. For the health care of Canadians, it is critical that endoscopic resources are securely accessible throughout training and into practice.

Preliminary investigation into endoscopic services provided by general surgeons in Canada was recently undertaken by the provincial and territorial representatives on the CAGS Provincial Affairs Committee. Owing to the variety of data-gathering methods in each province, the purest common measurable data available were colonoscopy billing data by specialty. All provincial representatives requested colonoscopy billing totals from their respective provincial medical services branches (Table 1).

Currently in Canada, general surgeons perform 50% or more of all colonoscopies. The remainder is provided by gastroenterologists or "other" health care providers (Table 1). In addition, general surgeons perform most endoscopic procedures in provinces that do not have large urban centres. This confirms that general surgeons are the primary providers of endoscopy services in rural areas.

The number of Canadians requiring endoscopies and colonoscopies is increasing with the advancing age of our population. In addition, owing to the nature of the patient health issues that general surgeons diagnose and treat, CAGS maintains that general surgeons are an essential component of any health care strategy — local, provincial or national — to provide safe and timely endoscopic services. A practising general surgeon requires a minimum of one-half to one full day of endoscopy time per week. The variation takes into account those general surgeons whose practices may have an increased focus on the gastrointestinal tract, such as colorectal surgeons and hepatobiliary pancreatic surgeons requiring endoscopic retrograde cholangiopancreatography resources.

Table 1. Colonoscopy procedures by province and specialist, 2010

Province*	Surgeon specialty; % performing colonoscopies		
	Gen surg	Gastro	Other†
British Columbia	63	32	5
Alberta	34	53	13
Saskatchewan	72	28	0
Manitoba	73	15	12
Ontario‡	49	23	28
Quebec‡	36	59	5
New Brunswick	66	34	0
Nova Scotia	56	10	34
Prince Edward Island	81	19	0
Newfoundland	48	52	0

Gastro = gastroenterology; Gen surg = general surgery.
*The representative from British Columbia also represented the Yukon Territory, the representative from Alberta also represented the Northwest Territories, and the representative from Quebec also represented Nunavut.
†Other specialists performing colonoscopies that have been recorded by some provinces and can include pediatric gastroenterologists, general internists and family physicians.
‡Data are from 2009.

It is the opinion of CAGS that quality endoscopy training for all Canadian general surgery residents is in the best interest of the Canadian public. The Royal College of Physicians and Surgeons of Canada objectives of training for general surgery include endoscopy and colonoscopy; general surgery training programs and their faculties must have access to endoscopy resources in all hospitals where residents train.

General surgeons in Canada have been and remain committed to providing safe and quality endoscopy services. Members of CAGS are encouraged to participate in quality-assurance programs and continuing medical education to provide the best possible care for patients. The ongoing endoscopy training of surgical residents is absolutely essential, as is the continued involvement of general surgeons in the provision of endoscopic services. We at CAGS firmly believe that any attempts to exclude surgical residents from training in endoscopy or any attempts to hamper a trained surgeon's provision of endoscopic services can only lead to inadequate care for the Canadian public.

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