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**Gastroenterology/Hepatology Societies Release Report Evaluating  
Fellowship Training Curriculum**

*Recommendations Made That Will Lead to Even Better Patient Care*

**Bethesda, MD (Nov. 4, 2009)** – Due to the increasing complexities of treating digestive diseases, allowing gastroenterological (GI) trainee physicians the opportunity to develop enhanced abilities and experiences in specific disease areas or procedures will be a great benefit to patients, according to a “Report of the Multisociety Task Force on GI Training.” Additionally, GI training programs need to measure the achievements of trainees based on specific defined competencies rather than the duration of training alone.

“The treatment of patients with digestive diseases is becoming increasingly complex,” said Lawrence S. Friedman, MD, chair of the task force. “The four major GI and hepatology societies are taking the initiative to ensure the current medical school curriculum best meets the needs of gastroenterological/hepatologic trainees. There are a number of trainees who want to pursue specialized areas of practice – such as transplant hepatology, advanced therapeutic endoscopy, inflammatory bowel disease and gastrointestinal oncology – therefore, we need to consider ways the curriculum can better suit the needs of gastroenterology/hepatology fellows and their patients.”

The task force, which was comprised of representatives from the four major gastroenterology and hepatology societies – the American Association for the Study of Liver Diseases (AASLD), the American College of Gastroenterology (ACG), the American Gastroenterological Association (AGA) Institute and the American Society for Gastrointestinal Endoscopy (ASGE) – was convened to evaluate the current GI training model and to make recommendations on how it may be changed to better accommodate trainees’ interests in GI and hepatology. The report is being published in the November issues of *Hepatology*, the *American Journal of Gastroenterology*, *Gastroenterology* and *GIE: Gastrointestinal Endoscopy*.

The task force made a number of recommendations regarding the future of gastroenterology training:

1. **Retain pairing of GI/hepatology training.** The training and certification of hepatology and GI should not be separate since many hepatologists are required to manage digestive problems for their patients. Additionally, the task force recommends that the term “gastroenterology and hepatology” (gastroenterology/hepatology) be used when referring to the broad specialty of GI.
2. **Create competency-based curriculum.** The GI and hepatology societies should revise the Gastroenterology Core Curriculum into a competency-based document, with the recognition that procedural training will still necessitate technical and cognitive milestones. Any changes to the training programs must be consistent with what is best for patients and improve patient care. If the proposed, redesigned curriculum develops and demonstrates improved trainee outcomes against a set of defined core competencies, it will be received favorably by the American Board of Internal Medicine, which certifies internal medicine subspecialists.
3. **Condense training process for transplant hepatologists.** There is a shortage of trained transplant hepatologists, perhaps as a result, in part, to the length of time for training. The task force believes the Maintenance of Certification process can be used to enhance the requirements for transplant hepatology training and experience while allowing the standard GI/hepatology fellowship to be used as the starting point for training in transplant hepatology.
4. **Enhance disease-specific training.** In determining what GI/hepatology training programs should look like more generally, the task force agreed that while many trainees will want broad-based training on the full spectrum of digestive diseases, enhanced training in specific disease areas, such as motility and functional disorders, nutrition and obesity, irritable bowel disease, gastrointestinal/hepatobiliary oncology, or advanced endoscopy, should be available.
5. **Include endoscopy as clinical focus.** Advanced training in endoscopy can be included as a clinical focus either during the final 18 months of training or during a fourth year of training. The same technical and cognitive milestones and criteria for competency should be applied for training during both time periods.
6. **Maintain current research training program.** Although research training is an important component of the GI/hepatology training program, training competent GI/hepatology scientists is complicated by funding issues and differs from the training of clinical subspecialties. Fellows must currently devote six months of their training to research, and the task force made no specific recommendation for changing this research training program.

Digestive diseases affect individuals of any age, race or ethnicity, gender, or socioeconomic status. These diseases are associated with significant mortality, morbidity and loss of quality of life, and they frequently impact patients’ ability to work or engage in everyday activities. According to the National Commission on Digestive Diseases, more than 70 million Americans

are affected each year by digestive diseases at a cost that exceeds \$100 billion in direct medical expenses. Annually, about 10 percent of hospitalizations and 15 percent of in-patient hospital procedures are attributed to the treatment of digestive diseases. An additional 105 million visits to doctors' offices related to digestive diseases occur each year.

### **About the AGA Institute**

The American Gastroenterological Association is the trusted voice of the GI community. Founded in 1897, the AGA has grown to include 17,000 members from around the globe who are involved in all aspects of the science, practice and advancement of gastroenterology. The AGA Institute administers the practice, research and educational programs of the organization. [www.gastro.org](http://www.gastro.org).

### **About the American Association for the Study of Liver Diseases**

AASLD is the leading medical society focused solely on advancing the science and practice of hepatology and represents more than 3,300 practitioners, researchers, and allied health professionals worldwide. Founded by physicians in 1950, AASLD has upheld the standards of the profession and fostered research that generates treatment options for the millions of patients with liver diseases. [www.aasld.org](http://www.aasld.org).

### **About the American College of Gastroenterology**

Founded in 1932, the American College of Gastroenterology (ACG) is an organization with an international membership of more than 11,000 individuals from 80 countries. The College is committed to serving the clinically oriented digestive disease specialist through its emphasis on scholarly practice, teaching and research. The mission of the College is to serve the evolving needs of physicians in the delivery of high quality, scientifically sound, humanistic, ethical, and cost-effective health care to gastroenterology patients. For more information, visit [www.acg.gi.org](http://www.acg.gi.org).

### **About the American Society for Gastrointestinal Endoscopy**

Since its founding in 1941, the American Society for Gastrointestinal Endoscopy (ASGE) has been dedicated to advancing patient care and digestive health by promoting excellence in gastrointestinal endoscopy. ASGE, with nearly 11,000 members worldwide, promotes the highest standards for endoscopic training and practice, fosters endoscopic research, recognizes distinguished contributions to endoscopy, and is the foremost resource for endoscopic education. Visit [www.asge.org](http://www.asge.org) and [www.screen4coloncancer.org](http://www.screen4coloncancer.org) for more information and to find a qualified doctor in your area.

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