****

**UK and Ireland Joint Advisory Group (JAG) consensus statements for training and certification in diagnostic endoscopic ultrasound (EUS)**

*Menabawey T, McCrudden R, Shetty D, et al.*[*UK and Ireland Joint Advisory Group (JAG) consensus statements for training and certification in diagnostic endoscopic ultrasound (EUS).*](https://gut.bmj.com/content/73/1/118)*Gut 2024; 73: 118–130. doi: 10.1136/gutjnl-2023-329800*

Endoscopic ultrasound (EUS) combines endoscopy with acquisition/interpretation of radiological images, with or without tissue procurement. This paper by Menabawey et al., builds on the 2011 consensus on EUS service provision and training, and published curricula from other organisations, to develop recommendations for EUS training and certification in the UK and Ireland.

A modified Delphi process was conducted in order to make recommendations in four areas: Definition, acquisition and assessment of competence, and post-certification mentorship. Nineteen participants formed a panel representing UK and Ireland training bodies, trainees and key stakeholders. Recommendations were voted upon anonymously. Those that did not meet an 80% agreement threshold were either discarded or amended for repeat vote.

Thirty-three statements were generated along with keep performance indicators (KPIs) for independent practice, including 250+ hands-on procedures (physically unassisted in >85%) with >75 involving tissue acquisition. These together form the EUS certification pathway. Given the lack of evidence, procedure-based outcomes were favoured over patient-based, and statements were allowed to receive discordant recommendations if deemed integral to training/certification. A syllabus is proposed divided into “early novice”, “intermediate” and “advanced”.

Menabawey et al., highlight those varied remits of EUS and a paucity of evidence has limited defining competency in comparison to other procedures. Limitations include a risk of bias from the small size group and from making strong recommendations with weak evidence. It is hoped that high-quality research can stem from this work.

They conclude with a reminder that attaining competence goes beyond procedure numbers, and that competency-based certification pathways produce trainees who continue to meet quality indicators into independent practice.