Supplementary Table 1: Comparison of BSG/AUGIS Quality Standard to current upper gastrointestinal DOPS. *Green: compatible, Amber: to modify existing DOPS, Red: add new DOPS descriptor, Blank: not applicable*

Quality Standard	DOPS parameter(s)	Adequate mapping	Recommendations
Patients should be assessed for fitness to undergo a diagnostic OGD	Pre-Procedure - Indication • Assesses the appropriateness of the procedure and considers possible alternatives Pre-Procedure - Risk Assessment • Assesses co-morbidity including drug history • Assesses any procedure related risks relevant to patient • Takes appropriate action to minimise any risks	Y	No recommendation
Patients should receive appropriate information about the procedure before undergoing an OGD	Pre-Procedure - Confirms consent • Complete and full explanation of the procedure including proportionate risks and consequences without any significant omissions and individualised to the patient	Y	No recommendation
An appropriate time slot should be allocated dependent on procedure indications and patient characteristics	Procedure - Pace and Progress • Completes whole procedure in reasonable and appropriate time, without rushing and without unduly prolonging the procedure	Partial	Make explicit in Pre-procedure - Preparation • Ensure adequate time allocated for procedure
Informed consent should be obtained before performing an OGD	Pre-Procedure - Confirms Consent • Early in training the consent process should be witnessed by the trainer, once competent it is acceptable for the trainee to confirm that valid consent has been gained by another trained person. • During the summative DOPS the process of obtaining consent should witnessed and assessed • Complete and full explanation of the procedure including proportionate risks and consequences without any significant omissions and individualised to the patient • Avoids the use of jargon • Does not raise any concerns unduly • Gives an opportunity for patient to ask questions by adopting	Y	No recommendation

	appropriate verbal and non-verbal behaviours • Develops rapport with the patient • Respects the patient's own views, concerns and perceptions		
A safety checklist should be completed before starting an OGD	Pre-Procedure - Preparation • Ensures all appropriate pre-procedure checks are performed as per local policies	Y	No recommendation
A checklist should be undertaken after completing an OGD, before the patient leaves the room	ENTS - Leadership • Supports safety and quality by adhering to current protocols and codes of clinical practice	Partial	Add to Post-Procedure • Completes sign-out of Checklist
Only an endoscopist with appropriate training and the relevant competencies should independently perform OGD	ENTS - Leadership • Supports safety and quality by adhering to current protocols and codes of clinical practice BSG Quality and Safety Indicators -Staffing • Only staff assessed to be competent for that task are allowed to practice without supervision	Implicit in DOPS	No recommendation
We suggest that endoscopists should aim to perform a minimum of 100 OGDs a year, to maintain a high-quality examination standard	N/A	Post-Accreditation	No recommendation
UGI endoscopy should be performed with high-definition video endoscopy systems, with the ability to capture images and take biopsies	Pre-Procedure - Equipment Check • Ensures the available scope is appropriate for the current patient. • Ensures the endoscope is functioning normally before attempting insertion checking all channels and connections, light source and angulation locks are off.	Partial	No recommendation - beyond scope of DOPS
Intravenous sedation and local anaesthetic throat spray can be used in conjunction if required. Caution should be exercised in those at risk of aspiration	Pre-Procedure - Sedation • When indicated inserts and secures IV access and uses appropriate topical anaesthesia • Uses sedation and/or analgesic doses in keeping with current guidelines and in the context of the physiology of the patient • Drug doses checked and confirmed with the assisting staff	Y	No recommendation
A complete OGD should assess all relevant anatomical landmarks and high-risk stations	Visualisation	Y	No recommendation

Photodocumentation should be made of relevant anatomical landmarks and any detected lesions		N	Add in Procedure - Visualisation Photodocuments landmarks and lesions according to current guidelines
The quality of mucosal visualisation should be reported.	Post-Procedure - Report Writing • Records a full and accurate description of procedure and findings	Partial	Add in Report Writing • Includes quality of mucosal visualisation
Adequate mucosal visualisation should be achieved by a combination of adequate air insufflation, aspiration and the use of mucosal cleansing techniques	Insertion and Withdrawal - Suction/Air/lens cleaning • Well-judged and timely use of distension, suction and lens clearing.	Partial	Add in Insertion and Withdrawal • Uses mucosal cleaning techniques
It is suggested that the inspection time during a diagnostic OGD should be recorded for surveillance procedures, such as Barrett's oesophagus and gastric atrophy/intestinal metaplasia surveillance		N	Add in Report Writing • Reports inspection time for surveillance procedures
Where a lesion is identified, this should be described using the Paris classification and targeted biopsies taken	Post-Procedure - Report Writing • Uses appropriate endoscopy scoring systems	Y	No recommendation - DOPS parameters generic to cover multiple situations
Endoscopy units should adhere to safe sedation practice	N/A		
The length of a Barrett's segment should be classified according to the Prague classification	Post-Procedure - Report Writing • Uses appropriate endoscopy scoring systems	Y	No recommendation - DOPS parameters generic to cover multiple situations
Where a lesion is identified within a Barrett's segment, this should be described using the Paris classification and targeted biopsies taken	Post-Procedure - Report Writing • Uses appropriate endoscopy scoring systems	Y	No recommendation - DOPS parameters generic to cover multiple situations
When no lesions are detected within a Barrett's segment, biopsies should be taken in accordance with the Seattle protocol If squamous neoplasia is suspected, full assessment with enhanced imaging and/or Lugol's chromo-endoscopy is required	Management of Findings - Management • Takes appropriate specimens as indicated by the pathology and clinical context. Recognition • Appropriate use of mucosal enhancement techniques.	Y	No recommendation - DOPS parameters generic to cover multiple situations
Oesophageal ulcers and oesophagitis that is grade D or atypical in appearance, should be biopsied, with further evaluation in 6 weeks after PPI therapy	Management of Findings - Management • Takes appropriate specimens as indicated by the pathology and clinical context. Post-Procedure - Management • Records an appropriate	Y	No recommendation - DOPS parameters generic to cover multiple situations

	management plan (including medication, further		
The presence of an inlet patch should be photo-documented. The presence of a hiatus hernia should be documented and measured	Management of Findings - Recognition • Rapid, accurate and thorough determination of normal and abnormal findings. Post-Procedure - Report Writing • Records a full and accurate description of procedure and findings • Uses appropriate endoscopy scoring systems	Partial	Add in Management of Findings - Recognition • Photodocuments abnormal findings
Biopsies from two different regions in the oesophagus should be taken to rule out eosinophilic oesophagitis in those presenting with dysphagia/food bolus obstruction, where an alternate cause is not found	Management of Findings - Management • Takes appropriate specimens as indicated by the pathology and clinical context.	Y	No recommendation - DOPS parameters generic to cover multiple situations
Varices should be described according to a standardised classification	Post-Procedure - Report Writing • Records a full and accurate description of procedure and findings • Uses appropriate endoscopy scoring systems	Y	No recommendation - DOPS parameters generic to cover multiple situations
Strictures should be biopsied to exclude malignancy before dilatation	Management of Findings - Management • Takes appropriate specimens as indicated by the pathology and clinical context. • Performs endoscopic therapy or interventions appropriately for the pathology and clinical context (includes taking no action)	Y	No recommendation - DOPS parameters generic to cover multiple situations
Gastric ulcers should be biopsied and re-evaluated after appropriate treatment, including *H. pylori* eradication where indicated, within 6–8 weeks	Management of Findings - Management • Takes appropriate specimens as indicated by the pathology and clinical context. Post-Procedure - Management • Records an appropriate management plan (including medication, further investigation and responsibility for follow-up).	Y	No recommendation - DOPS parameters generic to cover multiple situations
Where there are endoscopic features of gastric atrophy or IM separate biopsies from the gastric antrum and body should be taken	Management of Findings - Management • Takes appropriate specimens as indicated by the pathology and clinical context.	Y	No recommendation - DOPS parameters generic to cover multiple situations
Where iron deficiency anaemia is	Management of Findings - Management	Y	No recommendation - DOPS

being investigated, separate biopsies from the gastric antrum and body should be taken, as well as duodenal specimens if coeliac serology is positive or has not been previously measured	• Takes appropriate specimens as indicated by the pathology and clinical context.		parameters generic to cover multiple situations
Where gastric or duodenal ulcers are identified, *H. pylori* should be tested and eradicated if positive	Management of Findings - Management • Takes appropriate specimens as indicated by the pathology and clinical context.		
The presence of gastric polyps should be recorded, with the number, size, location and morphology described, and representative biopsies taken	Post-Procedure - Report Writing • Records a full and accurate description of procedure and findings • Uses appropriate endoscopy scoring systems Management of Findings - Management • Takes appropriate specimens as indicated by the pathology and clinical context.	Y	No recommendation - DOPS parameters generic to cover multiple situations
Where coeliac disease is suspected, a minimum of four biopsies should be taken, including representative specimens from the second part of the duodenum and at least one from the duodenal bulb	Management of Findings - Management • Takes appropriate specimens as indicated by the pathology and clinical context.	Y	No recommendation - DOPS parameters generic to cover multiple situations
A malignant looking lesion should be described, photo documented and a minimum of six biopsies taken	Post-Procedure - Report Writing • Records a full and accurate description of procedure and findings • Uses appropriate endoscopy scoring systems Management of Findings - Management • Takes appropriate specimens as indicated by the pathology and clinical context.	Partial	Add in Management of Findings - Recognition • Photodocuments abnormal findings
After OGD readmission, mortality and complications should be audited	N/A		
A report summarising the endoscopy findings and recommendations should be produced and the key information provided to the patient before discharge	Post-Procedure - Report Writing • Records a full and accurate description of procedure and findings ENTS – Communication & Teamwork • Clear communication of results and management plan with patient and/or carers	Y	No recommendation
A method for ensuring histological results are processed must be in	N/A		

place			
Endoscopy units should audit rates of failing to diagnose cancer at endoscopy up to 3 years before an oesophago-gastric cancer is diagnosed	N/A		