

**Supplementary Materials**

**Supplementary Table 1.** Expert panel composition

**Supplementary Table 2.** Preliminary practice recommendations and results of the first round of voting. Twenty-nine panelists voted on the preliminary practice recommendations

**Supplementary Table 3.** Level of agreement for the final practice recommendations.

**Supplementary Table 1.** Multidisciplinary Panel Composition

<b>Specialty</b>	<b>Attendee</b>	<b>Affiliation</b>
<b>Anesthesia</b>	Eric Goldszmidt	Assistant Professor, Dept. of Anesthesia, University of Toronto Deputy Anesthesiologist-in-Chief, Mount Sinai Hospital
	Matt Kurrek	Associate Professor, Department of Anesthesia, University of Toronto
	Sue Belo	Chair, Medical Advisory Committee Anesthesiologist-in-Chief, Sunnybrook Health Sciences Centre
	Fred Baxter	Associate Clinical Professor, Division of Clinical Care, Department of Anesthesia, McMaster University
	Brent Kennedy	Chair of Anesthesia, Northern Ontario School of Medicine, Health Sciences North
<b>Endoscopists</b>	Roland Valori	Clinical Advisor, Healthcare Quality Improvement Partnership London Clinical Lead for CRC, Public Health England
	Jason A. Dominitz	National Program Director for Gastroenterology, Department of Veteran's Affairs Gastroenterology Section Chief, VA Puget Sound Health System Professor of Medicine, Gastroenterology Division, University of Washington School of Medicine
	Chris Vinden	Associate Professor, Department of Surgery, University of Western Ontario
	David Armstrong	Gastroenterologist, Hamilton Health Sciences, McMaster University
	Stan Feinberg	Medical Director, Ambulatory and Cancer Care Program, North York General Hospital

	Iain Murray	President, Ontario Association of Gastroenterology
	Clarence Wong	Medical Lead, Alberta Colorectal Cancer Screening Program
	Andrew Bellini	Regional Lead, Colorectal/GI Endoscopy, Mississauga Halton Central West Regional Cancer Program
	Robert J. Hilsden	Associate Professor, Cumming School of Medicine, University of Calgary Director of Research, Alberta Health Services Colon Cancer Screening Program
<b>Cancer Care Ontario</b>	Nancy Baxter	GI Endoscopy Provincial Lead, Cancer Care Ontario Professor of Surgery, University of Toronto
	Catherine Dubé	Clinical Lead, ColonCancerCheck Program Associate Professor, Department of Medicine, Division of Gastroenterology, University of Ottawa
	Jill Tinmouth	Scientific Lead, ColonCancerCheck Staff Physician, Sunnybrook Health Sciences Centre
	David Morgan	Provincial Lead, Colonoscopy Quality Management Program Associate Professor, Division of Gastroenterology, Department of Medicine, McMaster University
<b>Public Representatives</b>	Roslyn Doctorow	Volunteer Patient and Family Advisor Cancer Care Ontario
	Anne Newman	Volunteer Patient and Family Advisor Cancer Care Ontario
	Steve Payne	Volunteer Patient and Family Advisor Cancer Care Ontario
<b>Administrators/Funders</b>	Michael Klar	Medical Consultant, Negotiations Branch, Ministry of Health and Long Term Care

	Tim Rice	Director, Medicine and Family Medicine Services, London Health Sciences Centre – Victoria Hospital
	Farah Khan	Regional Director, Mississauga Halton Central West Regional Cancer Program
<b>Health Economics Experts</b>	Nicole Mittman	Chief Research Officer, Analytics & Informatics, Cancer Care Ontario
	Beate Sander	Director of Population Health Economics, Toronto Health Economics and Technology Assessment (THETA) Collaborative, Toronto General Hospital
<b>Endoscopy Nursing</b>	Claudette Booth	Manager, Clinical Programs, Humber River Regional Hospital
	Jacque Ho	Interim Director of Surgery, Orthopedics, MDRD & Rehabilitation, Scarborough and Rouge Valley Hospitals
	Mae Burke	Clinical Leader Manager, Therapeutic Endoscopy, St. Michael's Hospital
<b>Hospital Endoscopy Program Managers</b>	Adam Lamoureux	Corporate Program Manager, Endoscopy Program, The Ottawa Hospital
	Dianne Pletz	Program Manager, Endoscopy, St. Mary's General Hospital
<b>Regulators</b>	Shandelle Johnson	Manager, Practice Assessment & Enhancement Department, College of Physicians and Surgeons of Ontario

**Supplementary Table 2.** Preliminary practice recommendations and results of the first round of voting. Twenty-nine panelists voted on the preliminary practice recommendations

<b>Preliminary Practice Recommendations</b>	<b>Number of respondents</b>	<b>Strongly agree/agree</b>	<b>Unsure</b>	<b>Disagree/Strongly Disagree</b>	<b>No opinion/lack of expertise</b>
All endoscopists should be able to perform routine colonoscopy safely and effectively on most patients using moderate sedation	29	90%	3%	7%	0%
Endoscopists unable to perform colonoscopy safely and effectively with moderate sedation should undergo additional training	27	81%	11%	4%	4%
For routine colonoscopy, endoscopists can safely administer moderate sedation	27	78%	7%	11%	4%
For routine in-hospital colonoscopy under moderate sedation, a single RN can monitor the patient and perform brief interruptible tasks	27	74%	11%	15%	0%
Select patients undergoing routine colonoscopy may benefit from deep sedation	27	89%	7%	0%	4%
For routine colonoscopy, deep sedation should not be institutionally mandated	27	85%	7%	4%	4%
Deep sedation for colonoscopy should only be administered by an anesthesia provider	27	82%	11%	7%	0%
For colonoscopy under deep sedation, an anesthesia provider should be responsible for monitoring the patient and should not be responsible for any additional tasks	27	85%	11%	4%	0%
Select patients undergoing colonoscopy benefit from having sedation administered and monitored by an anesthesia provider, irrespective of level of sedation	27	67%	18%	11%	4%

**Supplementary Table 3.** Level of agreement for the final practice recommendations.

<b>Final Practice Recommendations</b>	<b>Number of respondents</b>	<b>Strongly agree/agree</b>	<b>Unsure</b>	<b>Disagree/Strongly Disagree</b>	<b>No opinion/lack of expertise</b>
All endoscopists performing colonoscopy should be able to complete colonoscopy safely and effectively (per accepted benchmarks) using moderate sedation or less	28	93%	0%	3.5%	3.5%
Endoscopists unable to complete colonoscopy safely and effectively (per accepted benchmarks) using moderate sedation should undergo additional training	28	89%	7%	4%	0%
For patients undergoing routine colonoscopy, endoscopists can safely administer moderate sedation with the assistance of a trained nurse	28	89%	7%	4%	0%
For routine in-hospital colonoscopy under moderate sedation, a single RN* can both monitor the patient and perform brief interruptible tasks	28	86%	3%	11%	0%
Select patients undergoing routine colonoscopy may benefit from deep sedation	28	93%	3.5%	0%	3.5%
Institutions will not mandate the use of deep sedation for routine colonoscopy	28	93%	0%	3.5%	3.5%
Deep sedation for colonoscopy should only be administered by an anesthesia provider	28	82%	11%	7%	0%
For routine colonoscopy under deep sedation, an anesthesia provider will be responsible for monitoring the patient and should not be responsible for additional tasks	27	93%	3.5%	3.5%	0%
Select patients undergoing colonoscopy, such as those with severe comorbidities, may benefit from having sedation administered and monitored by an anesthesia provider, irrespective of level of sedation	27	96%	0%	4%	0%