

JETS JAG Endoscopy
Training System

JETS Certification Pathways

Trainee Certification Process

Part of the JAG programme at the RCP

JAG Joint Advisory Group
on GI Endoscopy



Royal College
of Physicians

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Introduction

This document outlines the criteria and process for applying for JAG certification in OGD (adult and paediatric), colonoscopy (adult and paediatric) and flexible sigmoidoscopy (adult only).

The certification process is managed through and supported by the JETS e-portfolio via www.jets.nhs.uk. Trainees will be expected to log their endoscopic experience and have formative Direct Observation of Procedural Skills Assessment (DOPS) completed on their e-portfolio. When the trainee has fulfilled the eligibility criteria they will need to arrange a summative assessment which can be completed through the e-portfolio.

All applications will be for full JAG certification except colonoscopy which requires provisional certification before full certification can be granted.

Even after achieving certification, JAG recommends that all trainees should continue to seek further training on dedicated training lists as part of their ongoing personal development.

Please note – in response to the impact of COVID-19 on training, there will be minor alterations to the certification criteria. These will be shown on the relevant pages of www.jets.nhs.uk.

Diagnostic gastroscopy (OGD)

Certification

There is no provisional phase for OGD certification.

Note – even after achieving certification, JAG recommends that all endoscopists should continue to seek further training on dedicated training lists as part of their ongoing personal development.

Criteria for certification

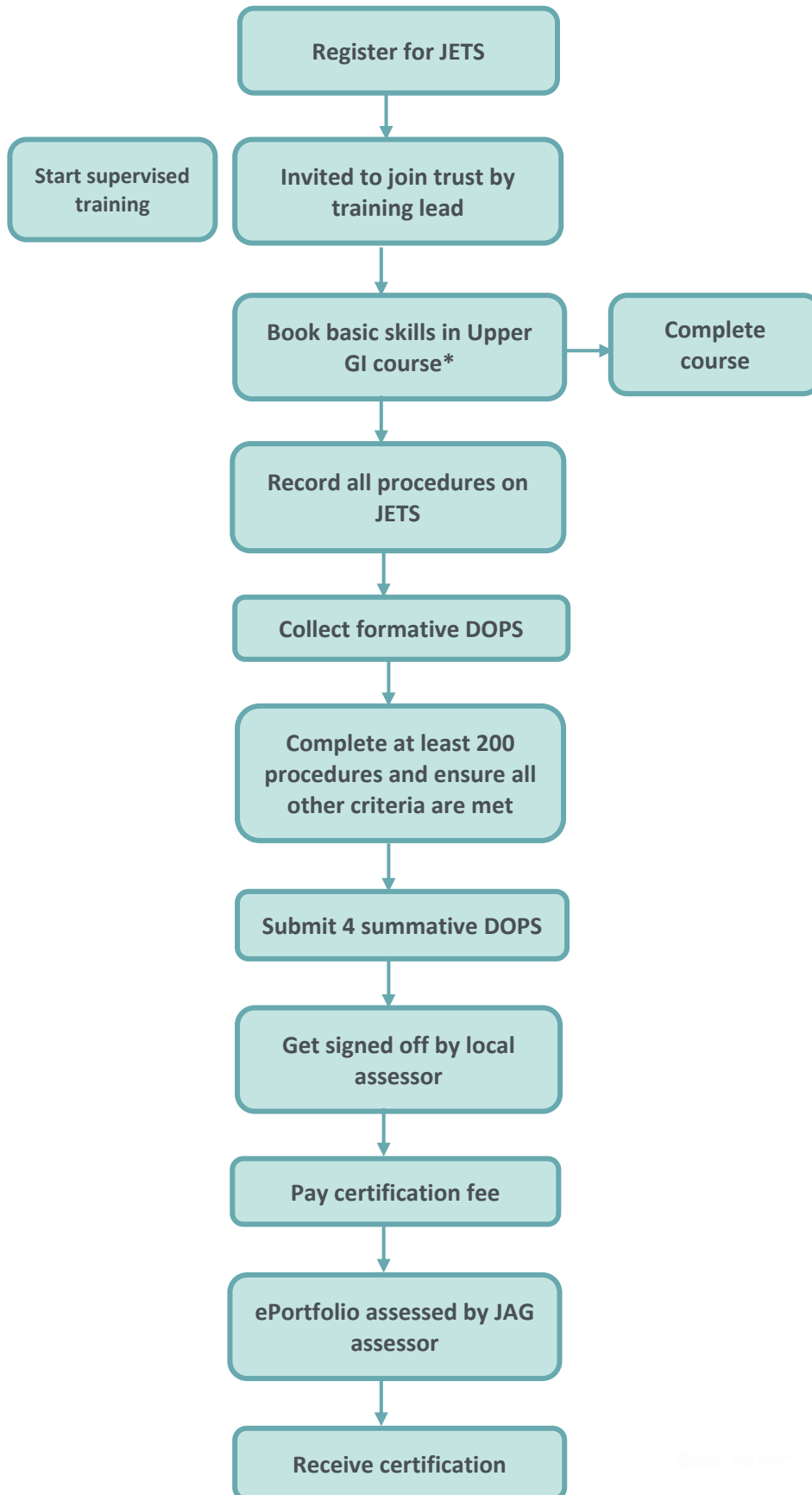
The certification criteria are shown in the tables below. The previous three months of data that are recorded on the JETS e-portfolio will be used to calculate the procedural data.

Criteria	Requirement
D2 intubation	≥95%
J manoeuvre	≥95%
Unassisted physically (the trainer does not take the scope)	≥95%
Basic skills course	Attended
Recommend lifetime procedures	≥200
Procedures in previous 3 months	≥15
Lifetime formative upper GI DOPS Trainees are recommended to complete DOPS throughout training, 1 DOPS form for every 10 cases	≥20
5 most recent formative upper GI DOPS scoring 'competent for independent practice'. DOPS forms must be completed within 12 months of application for certification. Up to 10% can score 'minimal supervision'. No item in the last 5 DOPS can be scored 'maximum supervision' or 'significant supervision'.	≥90%

Once a trainee has met the criteria above, they are required to complete 4 summative DOPS forms. The summative DOPS must be completed within 1 month. The applicant must score 'competent for independent practice' for all 4 summative DOPS.

Once completed, the portfolio needs to be reviewed and signed off by the trainees training lead and then, if approved locally, to the JETS national assessors.

Certification process



Colonoscopy (provisional and full)

Colonoscopy certification is taken in two parts.

The first application is for provisional JAG certification. If a trainee is successful in their application for provisional colonoscopy certification then they can perform colonoscopy independently as long as there is a trainer immediately available in the department. The trainee will need to apply separately for full certification which judges competency to perform colonoscopy fully independently.

Provisional certification does not expire and there is no time limit between provisional and full certification. Applicants must however complete a minimum of 100 procedures after being provisionally certified in order to reach full certification. When a trainee successfully applies for provisional certification in colonoscopy, they will obtain a waiver for flexible sigmoidoscopy certification with no extra fee.

Note – even after achieving full certification, JAG recommends that all endoscopists should continue to seek further training on dedicated training lists as part of their ongoing personal development.

Certification application criteria

The certification criteria are shown in the tables below. The previous three months of data that are recorded on the JETS e-portfolio will be used to calculate the procedural data.

Please note - DOPyS (level 1) denotes all polyps less than 1cm in size, DOPyS (level 2) denotes all polyps 1cm or greater in size.

Criteria (provisional)	Requirement
Caecal intubation rate	≥ 90%
Unassisted physically (the trainer does not take the scope)	≥ 90%
Basic skills lower GI course	Attended
Total lifetime procedure count	≥200
Procedures in last 3 months	≥15
Lifetime formative lower GI DOPS Trainees are recommended to complete DOPS throughout training, 1 DOPS form for every 10 cases.	≥20
5 most recent formative lower GI DOPS scoring 'competent for independent practice'. -DOPS forms must be completed within 12 months of application for certification. -Up to 10% can score 'minimal supervision'. -No item in the last 5 DOPS can be scored 'maximum supervision' or 'significant supervision'.	≥90%
Formative DOPyS (level 1)	≥4
4 most recent formative lower GI DOPyS (level 1) all items scoring 'Competent for independent practice'	100%

Once a trainee has met the criteria above, they are required to complete 4 summative DOPS forms. The summative DOPS must be completed within 1 month. The applicant must score 'competent for independent practice' for all 4 summative DOPS.

Once completed, the portfolio needs to be reviewed and signed off by the trainees training lead and then, if approved locally, to the JETS national assessors.

Criteria (full)	Requirement
Colon provisional certification	Granted
Caecal intubation rate	≥90%
Unassisted (physically)	≥90%
Polyp detection and removal	≥10%
Sedation rate for patients aged under 70 years old.	≤5mgs midazolam
Sedation rate for patients aged 70 or over	≤2.5mgs midazolam
Analgesia rate for patients aged under 70 years old.	≤50mg Pethidine ≤100µg Fentanyl
Analgesia rate for patients aged 70 or older	≤25mg Pethidine ≤50µg Fentanyl
Serious complication rate	≤0.5%**
Number of procedures completed since award of provisional certification	≥100
Recommended lifetime procedure count	≥300
Procedures in previous 3 months	≥15
Formative DOPyS (level 2)	
A level 2 DOPyS records a polyp which is greater than or equal to 10mm in size.	≥4
4 most recent formative lower GI DOPyS (level 2) all items scoring 'Competent for independent practice'	100%
Polypectomy techniques assessed by DOPyS (level 2) – Stalked polyps	≥1
Polypectomy techniques assessed by DOPyS (level 2) – Small sessile lesions/ EMR	≥1

Further information

Polypectomy

Trainees will be expected to have been assessed in their polypectomy skills. When a polyp is identified, the trainer should join the trainee, observe/train on polypectomy followed by the completion of a DOPyS. A DOPyS is a DOPS form created specifically to assess polypectomy. It can be found in the DOPS sections of the JETS e-portfolio. DOPyS can be completed during either flexible sigmoidoscopies or colonoscopies.

Polypectomy level 1 denotes all polyps less than 1cm in size, level 2 denotes all polyps 1cm or greater in size.

In order to be fully certified, a candidate must demonstrate they can satisfactorily remove a minimum of one stalked polyp and also one small sessile lesion/ EMR.

Numbers

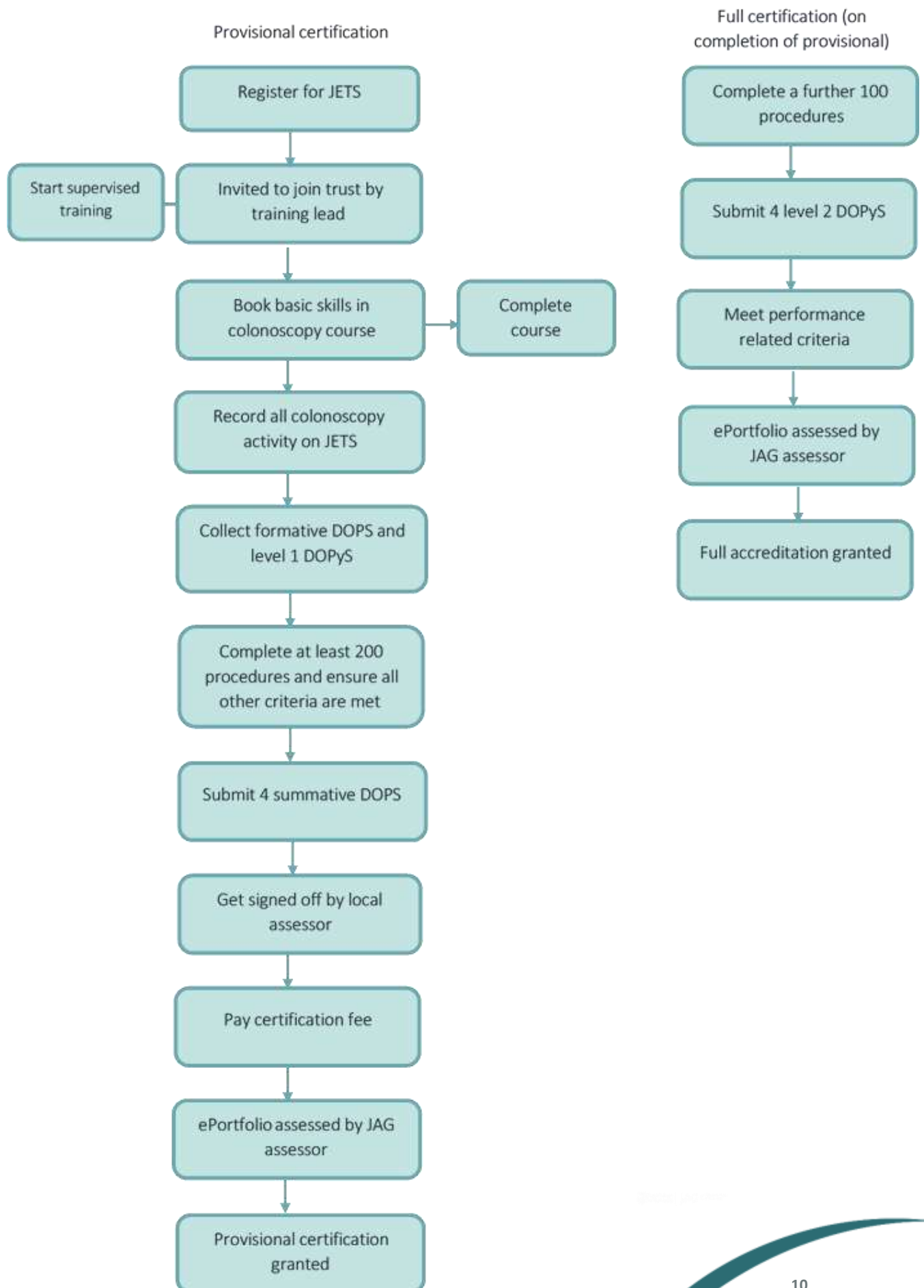
The minimum number of procedures for each trainee applying for provisional certification is 200. For full colonoscopy certification, it is 300 (with at least 100 cases having been performed since provisional certification was awarded, the majority of these should be completed whilst working independently).

Only under exceptional circumstances will trainees be granted provisional or full certification if they have performed fewer than the recommended number of procedures. All common pathology and unusual anatomy may not be encountered with lower procedural experience. If an application is to be submitted with less than the stipulated minimum number of procedures, the applicant is required to contact the JAG office (askjets@rcplondon.ac.uk) providing a reason for the lower number. This must be submitted by both the trainee and a trainer. The JETS assessors may then seek additional evidence of competence and evidence.

Complications

Trainees with just two serious complications may find that they have complication rates of >0.5%. If a serious complication occurs, the JETS e-portfolio will automatically ask the trainee to provide details of the event, what the trainee did and what the trainee learnt from that event. These boxes will have to be signed off by one of their trainers. These boxes will be assessed by the JAG reviewer on application to ensure that sufficient learning was gained from each episode. It will be at the discretion of the JETS assessor whether or not to allow certification based on the information provided.

Certification process



Flexible Sigmoidoscopy

There is no provisional phase for flexible sigmoidoscopy. Trainees who are awarded certification in provisional colonoscopy will be given a waiver for flexible sigmoidoscopy certification. No fee is charged for this. Applicants who are certified in provisional colonoscopy certification do not need to complete flexible sigmoidoscopy certification separately.

Note – even after achieving full certification, JAG recommends that all endoscopists should continue to seek further training on dedicated training lists as part of their ongoing personal development.

Certification application criteria

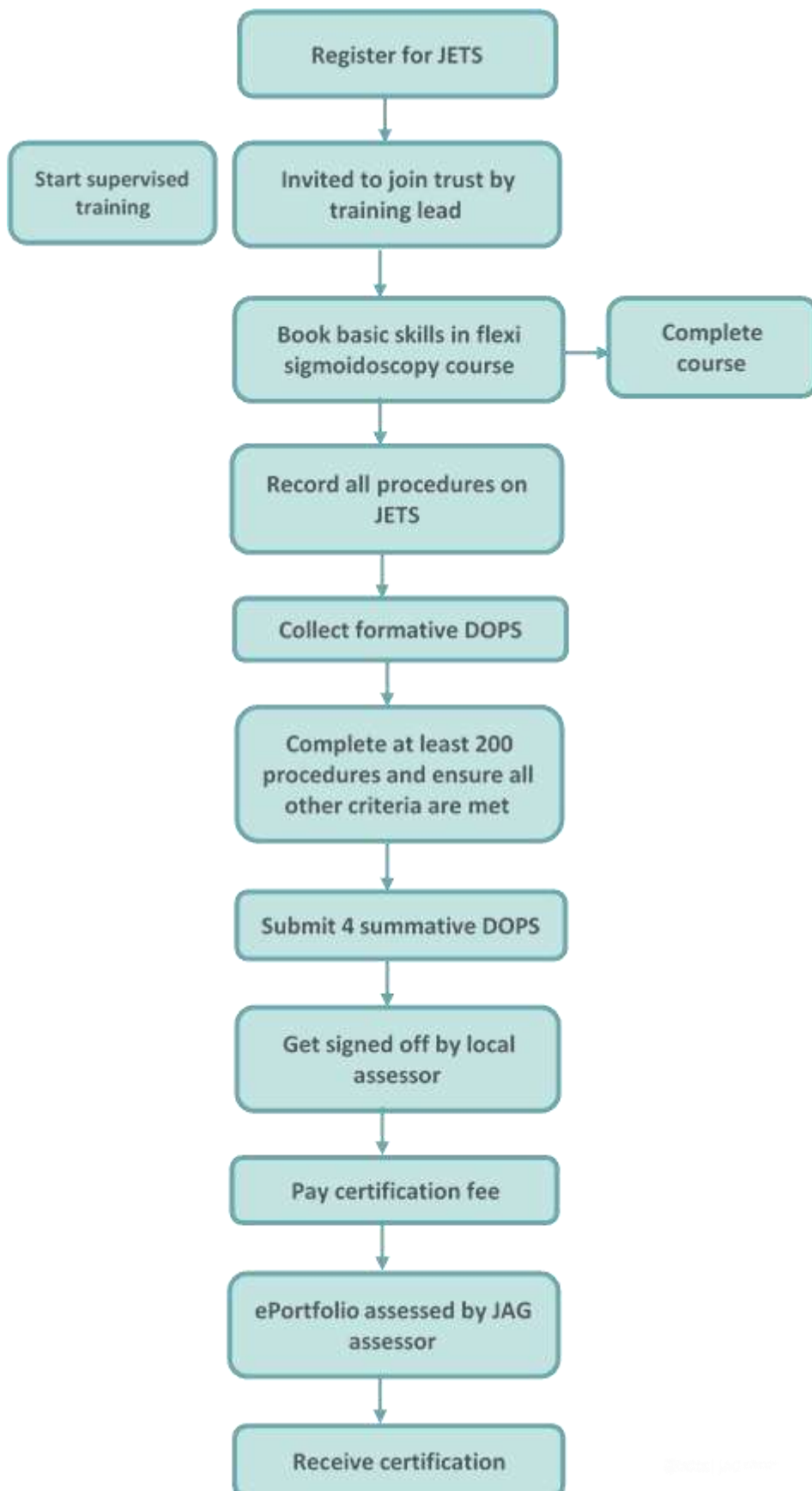
The certification criteria are shown in the table below. The previous three months of data that are recorded on the JETS e-portfolio will be used to calculate the procedural data.

Criteria	Requirement
Unassisted physically (the trainer does not take the scope)	≥90%
Completion of Basic skills lower GI course	Attended
Recommended lifetime procedure count (both colonoscopies and flexible sigmoidoscopies will be counted towards the lifetime procedure count)	≥200
Number of flexible sigmoidoscopies	≥100
Procedures in previous 3 months	≥15
Lifetime formative lower GI DOPS Trainees are recommended to complete DOPS throughout training, 1 DOPS form for every 10 cases	≥20
5 most recent formative lower GI DOPS scoring 'competent for independent practice' -DOPS forms must be completed within 12 months of application for certification -Up to 10% can score 'minimal supervision' -No item in the last 5 DOPS can be scored 'maximum supervision' or 'significant supervision'	≥90%
Formative DOPyS (level 1) A level 1 DOPyS records a polyp which is less than 10mm in size.	≥4
4 most recent formative lower GI DOPyS (level 1) all items scoring 'Competent for independent practice'	100%

Once a trainee has met the criteria above, they are required to complete 4 summative DOPS forms. The summative DOPS must be completed within 1 month. The applicant must score 'competent for independent practice' for all 4 summative DOPS.

Once completed, the portfolio needs to be reviewed and signed off by the trainees training lead and then, if approved locally, to the JETS national assessors.

Certification process



Paediatric OGD/Colonoscopy

When beginning the certification process, paediatric trainees should select the appropriate adult certification, **but must meet the criteria listed below and not those given on www.jets.nhs.uk** (which relate to adult endoscopy).

All applications will be for full JAG certification. There is no provisional phase for paediatric OGD or colonoscopy.

The green ticks and red crosses shown on the certification page indicating performance against the criteria are not relevant to paediatrics.

Once the criteria are met, the trainee will need to contact the JAG office (askJAG@rcplondon.ac.uk) to be able to add summative DOPS.

Specific paediatric DOPS forms have now been developed and added to the JETS website for use by paediatric trainees during their training.

Eligibility criteria

Eligibility criteria are shown in the tables below. The previous three months of procedural data on the e-portfolio should be used. Formative DOPS are not time restricted, the last 10 added to JETS should be used. However assessors may wish to see evidence of recent DOPS.

Paediatric OGD Criteria

Criteria	Requirement
D2 Intubation	≥95%
J manoeuvre	≥95%
Unassisted (physically)	≥95%
Serious complications rate	≤0.5%
Attend Basic Skills course	Attended
Recommended lifetime procedure count	100
Lifetime formative paediatric upper GI DOPS (trainees are recommended to complete DOPS throughout training; 1 per 10 cases)	≥10
5 most recent formative paediatric upper GI DOPS scoring 'competent for independent practice'.	
DOPS forms must be completed within 12 months of application for certification. Up to 10% can score 'minimal supervision'. No item in the last 5 DOPS can be scored 'maximum supervision' or 'significant supervision'.	≥90%

Paediatric colonoscopy criteria

Criteria	Requirement
Terminal ileal intubation	≥60%
Caecal intubation	≥90%
Unassisted (physically)	≥90%
Attend Basic Skills Course	Attended
Serious complications rate	≤0.5%
Recommended lifetime procedure count	100
Lifetime formative paediatric lower GI DOPS - trainees are recommended to complete DOPS throughout training, 1 per 10 cases	≥10
5 most recent formative lower GI DOPS scoring 'competent for independent practice' - DOPS forms must be completed within 12 months of application for certification. - Up to 10% can score 'minimal supervision'. - No item in the last 5 DOPS can be scored 'maximum supervision' or 'significant supervision'.	≥90%

Once these criteria have been met, you will then be required to submit 4 summative DOPS. All items in the summative DOPS must be scored as 'competent for independent practice'.

Additional information on paediatrics eligibility criteria

Age of patients

Some endoscopy training and experience can be in the adult setting. However, it is the responsibility of the trainee and their primary endoscopic trainer to ensure that they have suitable experience of an age appropriate case mix and this must include some infants and children below 10 Kg. This aspect will be scrutinized by the Regional Endoscopy Lead during the review process and prior to the award of the JAG certificate.

Polypectomy in Paediatric Practice

Trainees should be aware that the Paediatric JAG Trainee Certification in Colonoscopy allows for an individual to be signed off as fully independent at Ileocolonoscopy without an assessment of their polypectomy skills. Unlike adult practice, polypectomies are rarely undertaken in children. Trainees may have gained sufficient expertise to perform diagnostic colonoscopy proficiently but had little exposure to polypectomy.

A polypectomy DOPS (the DOPyS) has been developed and is being validated for this purpose. We propose that all endoscopists can be assessed for polypectomy competency whilst concurrently undertaking independent practice, in a similar fashion as is undertaken with therapeutic upper GI Endoscopy procedures-

“Unassisted Physically”

The additional DOPS criteria of “unassisted physically” has been included to ensure that when a trainee is assisted by a trainer for a part of the procedure, but the trainee completes the procedure, the trainee does not add that as an independently completed procedure. The “unassisted physically” criteria reflect the previous three month’s endoscopic practice.

Serious complications

< 0.5%. Serious complications are defined as death, perforation, significant bleeding requiring transfusion, unplanned post-procedure hospital stay of over 24 hours (related to the procedure) or admission to hospital due to a complication of the procedure following discharge from the endoscopy Unit. However, given the relatively small numbers of procedures undertaken, trainees with just one serious complication may find that they have complication rates of more than 0.5%. If this is the case then after the summative assessments have taken place the following should be addressed:

Details of the event?

What the trainee did?

What the trainee learnt from that event?

This information will be assessed by the Regional Endoscopy Lead to ensure that sufficient learning was gained from each episode. It will be at the discretion of the Regional Endoscopy Lead / JAG reviewer whether or not to allow JAG Certification based on the information provided.

JAG approved Basic Skills course

Trainees applying for paediatric JAG Certification must have completed a JAG Approved Basic Skills Course in the procedure that they are applying for. Trainees who apply for certification prior to 31 December 2014 are able to have completed either;

- JAG_003 Basic skills in Upper GI endoscopy
- JAG_GDP3 (M) Basic skills in Upper GI endoscopy
- JAG_001 Basic skills in colonoscopy
- JAG_CDP3 (M) Basic skills in colonoscopy

For trainees applying for certification after 01 January 2015 they must complete the paediatric version of the course for the procedure they are applying for;

- JAG_GDP3(P) Basic Skills Upper GI (Paediatric)
- JAG_CDP3(P) Basic Skills in Lower GI (Paediatric) Course

Certification process – additional information

Where applicable the numbers below refer to the number given in the process diagram above.

The summative assessment process is supported by the JETS e-Portfolio. The 'JAG Certification Application' tab on the trainee's front page will open a summary screen that displays the trainee's status.

As noted earlier, paediatric trainees should use the criteria given in this document, not those presented online.

Submit 4 summative DOPS

The arrangements for a summative assessment are:

- Minimum of two different assessors
- Minimum of two cases
- Minimum of four DOPS (observations and judgments)
- No assessor is the primary endoscopic trainer
- Within a month

So this could result in the four DOPS being completed as:

- 2 x 2 process simultaneously = 2 assessors over 2 cases
- 2 x 2 process sequentially = 2 assessors over 4 cases
- 2 x 1 x 1 process = 3 assessors over 4 cases
- 1 x 1 x 1 x 1 process = 4 assessors over 4 cases

or a variation on the above.

Sign off by local training lead

The Trust's Training Lead will review the trainee's e-Portfolio. If approved it will then be sent via JETS to the JAG office.

Pay certification fee to JAG

The current certification fee is £70 per modality.

Your e-portfolio will be updated to show you when payment has been received. We estimate it will take two weeks from receipt of payment to a certificate being issued. A PDF version of the certificate will be emailed to you so please ensure your email is kept up to date.

Portfolio is assessed by assessor

The JAG office will send your portfolio to the appropriate regional lead to judge whether or not the criteria have been fulfilled.


If they approve your application, JAG will be informed and a certificate will be issued

If they reject your application, JAG and the trainee will be informed. The assessor will provide a reason as to the grounds on which the portfolio has not been approved.

If they request further info, JAG will be informed and you will receive an email asking you to provide further info. Most likely this will be an additional procedure or DOPS via JETS.

Lifetime procedure count

These numbers are not to be used as a barrier to application for JAG Certification. The numbers outlined below are to be used as a guide to trainees, trainers and the JAG Office as the approximate numbers of procedures that most trainees will have achieved by the time they apply for JAG Certification, and at which stage the trainee should have gained sufficient experience to be able to independently make appropriate decisions about patient care and follow up after endoscopy. It is recognised that individual trainees, through many different factors, learn practical skills at different rates. It is therefore the eligibility criteria as stated above, not numbers of procedures that define when a trainee is ready or not for application.



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