

## JAG Certification

### Revised DOPS Assessment Strategy for recommending Certification for Trainees

#### Introduction

The generic framework for the DOPS assessment of colonoscopy has been thoroughly trialled, and shown to be reliable and valid <sup>1,2</sup>.

Whilst there are ongoing efforts to evaluate the Upper GI DOPS in a similar fashion, there is no reason to suppose that the value of the DOPS will be significantly different – the DOPS forms are substantially the same, and the process is identical.

Feedback suggests that a significant pragmatic limitation of assessing trainee endoscopists for recommendation of accreditation to the SACs by DOPS is the requirement to have two assessors present at the same time for the same two cases. The data were considered by the JAG Committee at the meeting in October 2009. At the January 2010 meeting, the JAG has agreed to widen the process of certification as follows:

#### DOPS process for Upper GI Endoscopy, Flexible Sigmoidoscopy, and Colonoscopy

When a trainee is considered by the trainer to be ready to sit the DOPS assessments, those assessments (four observed case judgments) can be carried out in any combination of ways that fulfil the following criteria

1. Minimum of two assessors
2. Minimum of two cases
3. Minimum of four DOPS (observations and judgments)
4. Within a month
5. No assessor is the current primary endoscopic trainer

All DOPS must meet the criteria, if one does not, then the DOPS process (four observed case judgements) must start again.

So this could result in the four DOPS being completed as below (or a variation of the below):

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| ▪ as a 2 x 2 process simultaneously<br>= 2 assessors over 2 cases | ▪ as a 2 x 1 x 1 process<br>= 3 assessors over 4 cases     |
| ▪ as a 2 x 2 process sequentially<br>= 2 assessors over 4 cases   | ▪ as a 1 x 1 x 1 x 1 process<br>= 4 assessors over 4 cases |

#### DOPS process for advanced therapeutics, emergencies, or low-volume specialist procedures

The relative infrequency of some of these procedures, or the urgent nature of them, or the rarity of trainers (eg. in EUS) may mean that it is impractical to exclude the trainee's primary endoscopic trainer as an eventual assessor, criterion five above. This is therefore not a criteria for these procedures currently. The JAG will issue further guidance on assessment of these modalities in the near future. In the meantime, we strongly advise trainees to have a DOPS completed on all therapeutic procedures.

#### References

1. Accrediting Competence in Colonoscopy: Validity and Reliability of the UK Joint Advisory Group/NHS Bowel Cancer Screening Programme Accreditation Assessment, Gastrointestinal Endoscopy, Volume 67, Issue 5, Pages AB77-AB77, R. Barton
2. Validity and reliability of an Accreditation assessment for Colonoscopy, Gut 2008;57 R Barton (Suppl 1):A1-A172