

## Portfolio of Endoscopic Training

### Assessment and Declaration of Competence

#### Trainee Details

Name of Trainee

Title (Dr/Mr/Mrs/Miss)

Profession/Speciality  
(Gastroenterologist, Surgeon,  
Nurse Practitioner etc)

Contact Email

GMC/NMC Number

NTN/VTN Number  
(applies to SpRs only)

Name of Current Training Unit  
(complete this section only  
prior to submission of  
application)

JAG Unit Registration Number

Dates covered by this Portfolio From  To

#### Contents

1. Using the portfolio
2. Lifelong Summary of Endoscopic Training
3. Qualitative end-of-attachment summary in each training unit
4. Quantitative end-of-attachment summary in each training unit for each discipline
5. Declaration

# USING THE PORTFOLIO

---

The portfolio is designed for use by all those training in endoscopic techniques.

## Cover page

Please complete as comprehensively as possible.

## Formative assessment of endoscopic performance

Endoscopy trainee assessment forms:

- Diagnostic Upper GI Endoscopy (new DOPS form)
- Therapeutic Upper GI Endoscopy (new DOPS form)
- Colonoscopy / Flexible Sigmoidoscopy (new DOPS form)
- ERCP (new DOPS form)

This suite of forms should be copied, or downloaded, as often as required. The forms provide supervisors with a quick and easy system for assessing and recording skills during supervised procedures. Whilst trainees should be supervised for all procedures until assessed and certified as competent, it is not necessary to complete a separate form for every individual case. It may be helpful to do this from time to time. However, it may be more pragmatic to complete the relevant form at the end of a training list, summarising the skills observed and the areas for development.

Only those areas assessed at each training session should be graded.

Trainees must keep all forms for scrutiny by supervisors at relevant times. The accumulated forms will enable judgments to be made as to the overall competence of the trainee. The entries must be capable of independent verification should the JAG so request it. Trainees will be asked to submit a portfolio in support of certification of completion of training for each portfolio.

## Summary sheet

(QUANTITATIVE END-OF-ATTACHMENT SUMMARY in each training unit). The summary grid should reflect the total number of procedures undertaken in each procedure type for that training period, and additionally a cumulative lifetime number.

## Certification

The JAG will issue certificates to trainees if they have met the agreed criteria for each endoscopic procedure. The criteria for each procedure are specified in individual documents ("Certification for Upper GI Endoscopy"; "Certification for ..." etc). They comprise a combination of performance data, DOPS assessments, and a declaration (**the last page in this document**), designed to allow supervisors to summarise the training attainment of trainees by listing those modalities in which the trainee has demonstrated competence and by signing the form. The JAG will endorse certificates but retains the right to seek validated supporting evidence before it does so.

**Certification allows endoscopists to scope independently, but they should still seek focussed endoscopic development.**

For each individual procedure you will need to apply for certification, ensuring that you have met the necessary JAG criteria. To apply for certification please [click here](#) to view the Certification requirements and ensure you have collated all the necessary information.

For further information please contact the JAG Central Office via the details below.

# LIFELONG SUMMARY OF ENDOSCOPIC TRAINING

Training Unit			Dates	Endoscopy Appraisal meeting dates				End of attachment certification of data: Supervisor's name and signature
No.	Name of Unit	JAG Unit reg. number						
1st								
2nd								
3rd								
4th								
5th								
6th								
7th								
8th								
9th								
10th								

Training Unit	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	Date of certification	
Procedure no.s											Provisional	Full
Diagnostic Upper GI endoscopy												
Therapeutic Upper Endoscopy												
Flexible Sigmoidoscopy												
Colonoscopy												
ERCP												
Enteroscopy												
EUS												

# QUALITATIVE END-OF-ATTACHMENT SUMMARY IN EACH TRAINING UNIT

---

Trainer

Trainee

Signature

Signature

Date

Date

**Please comment on strengths and areas for improvement or development for the next attachment in each modality of practice:**

Diagnostic Upper GI Endoscopy

Therapeutic Gastroscopy

Colonoscopy / FS

ERCP

Small Bowel Enteroscopy

Endoscopic Ultrasound

## QUANTITATIVE END-OF-ATTACHMENT SUMMARY IN EACH TRAINING UNIT

### Colonoscopy and Flexible Sigmoidoscopy

Period of training covered by this summary From:  To:  [Months]

Please enter the **number** of procedures performed in the training period:

Procedure type	B. Directly supervised: with or without assistance	C. After provisional certification, with supervisor available (next 100 cases)	D. Fully independent	Total procedures this period – sum of columns B, C and D	Key Quality criteria	
					Information provided below must be supported by the evidence provided in the procedural log	
Colonoscopy					Caecal Intubation %	
					Polyp Detection %	
					Serious Complications %	
					Mean Sedation Rates	
					Over 70's	Midazolam (mg)
						Pethidine (mg)
					Under 70's	Midazolam (mg)
Pethidine (mg)						
Flexible sigmoidoscopy					Descending Colon %	
					Polyp Detection %	
					Serious Complications %	

(Serious Complications Include: Death, Perforation, Significant bleeding requiring > 2 unit transfusion, Post-procedure hospital stay of > 24 hours (related to procedure) or admission to hospital following discharge from endoscopy unit)

I certify that the information given above is correct and may be verified independently if required.

Name of Trainee  Signature of Trainee  Date

## QUANTITATIVE END-OF-ATTACHMENT SUMMARY IN EACH TRAINING UNIT

### Diagnostic and Therapeutic Upper GI

Period of training covered by this summary From:  To:  [Months]

Please enter the **number** of procedures performed in the training period:

Procedure type	B. Directly supervised: with or without assistance	C. After provisional certification, with supervisor available (next 100 cases)	D. Fully independent	Total procedures this period – sum of columns B, C and D	Key Quality criteria		
					Information provided below must be supported by the evidence provided in the procedural log		
Diagnostic OGD					D2 Intubation %		
					'J' Manoeuvre %		
					Serious Complications %		
					Mean Sedation Rates		
					Over 70's	Midazolam (mg)	
						Pethidine (mg)	
Under 70's	Midazolam (mg)						
	Pethidine (mg)						
Therapeutic OGD					Serious Complications %		
Dilation					Successful Therapy %		
Variceal Therapy					Successful Therapy %		
Bleeding Therapy					Successful Therapy %		
Stent Insertion					Successful Therapy %		
PEG Insertion					Successful Therapy %		

I certify that the information given above is correct and may be verified independently if required.

Name of Trainee  Signature of Trainee  Date

## QUANTITATIVE END-OF-ATTACHMENT SUMMARY IN EACH TRAINING UNIT

### ERCP

Period of training covered by this summary From:  To:  [Months]

Please enter the **number** of procedures performed in the training period:

Procedure type	B. Directly supervised: with or without assistance	C. After provisional certification, with supervisor available (next 100 cases)	D. Fully independent	Total procedures this period – sum of columns B, C and D	Key Quality criteria		
					Information provided below must be supported by the evidence provided in the procedural log		
ERCP					Success (at Grade 1) %		
					Serious Complications %		
					Mean Sedation Rates		
					Over 70's	Midazolam (mg)	
						Pethidine (mg)	
					Under 70's	Midazolam (mg)	
Pethidine (mg)							

(Serious Complications Include: Death, Perforation, Significant bleeding requiring > 2 unit transfusion, Post-procedure hospital stay of > 24 hours (related to procedure) or admission to hospital following discharge from endoscopy unit)

I certify that the information given above is correct and may be verified independently if required.

Name of Trainee  Signature of Trainee  Date

# DECLARATION

---

## Verification of portfolio, performance data and Summative DOPS Assessments

Endoscopic Educational Supervisor / Trainer

I declare that \_\_\_\_\_ [Trainee's Name] has been trained in accordance with the current guidelines for training in endoscopy published by the JAG on GI Endoscopy.

I believe that the portfolio as presented is an accurate reflection of their training.

I declare that I have been offered inspection of the portfolio and formative DOPS forms. I believe that the summative DOPS assessment was carried out in accordance with the principles outlined in the JAG documentation.

### Endoscopic Procedure

(Please tick the appropriate box)

Diagnostic Upper GI  Colonoscopy  Flexible Sigmoidoscopy  ERCP

Name of Training Supervisor

Date

Signature of Training Supervisor

Training Unit Name

JAG Unit Registration Number

Signature of JAG Verification

Date

JAG Stamp