



# JAG trainee certification

## Statement of derogation of the basic skills course requirement

### Background

JAG certification in upper gastrointestinal endoscopy, flexible sigmoidoscopy and colonoscopy includes the requirement to complete a procedure specific basic skills course with pre-defined learning objectives.

These courses include a knowledge base, model work and patient facing procedures with an expert faculty. This is a formative process to guide future learning rather than a summative assessment; nonetheless supports the development of high-quality practice.

Delivery of the basic skills courses has been significantly impacted upon by the COVID-19 pandemic. This has led to a few cases where the inability to access a course is preventing certification.

### Derogation

The expectation is that learners will seek to complete a basic skills course where applicable. However, derogation can be used where a course is not available. **This derogation will remain in place through to the end of September 2021 and will be reviewed at that stage.**

It is applicable to:

- learners who are training in upper gastrointestinal endoscopy, flexible sigmoidoscopy or colonoscopy, and
- are within 30 procedures of the number required for JAG certification.

Learners who meet this requirement can certify without the need to attend a procedure specific basic skills course, if they can provide the following:

#### 1. Knowledge base

- Completion of the e-learning for healthcare modules as outlined in appendix A, with an accompanying statement from their lead trainer that they have acquired the knowledge base for certification **or**,
- completion of the HEE clinical endoscopist taught course for the procedure **or**,
- completion of the appropriate endoscopy specific M.Sc. course required to complete training as a clinical endoscopist.



## 2. Models and simulation

- Evidence of **either** completion of model or simulator work, supported by a statement from their trainer that this has been completed **or**,
- if they have completed a minimum of 100 procedures, a statement from their trainer that such experience is unlikely to significantly support the development of further skills.

## 3. Patient facing procedures

- In addition to completing the four summative DOPS which are required in order to complete the trainee certification application, trainees must complete an additional two summative DOPS (six summative DOPS in total).
- Of these six DOPS, two should be carried out with two observers who;
  - have not been significantly involved with the learner's training.
  - both of whom should have attended a train the trainers course.
  - one of whom must be an active member of faculty in the appropriate JAG approved basic skills course (defined as having been a faculty member in the last three years).

These additional DOPS can still take place with trainers internal to the employing organisation, **or** could take place as part of a planned training list either at the host employer, **or** at a regional training centre.

Where Regional Training Centre faculty are not available, the additional DOPS should be carried out with an assessor who has not been directly involved with the individual's training and agreed with the unit training lead, who will continue to have final authority to sign off an application for certification.

### Sign off

- The unit training lead, when approving an application for certification, must provide a statement that they concur with the statements made by the trainer. This is with respect to knowledge base and model work. In addition, the summative DOPS should have been carried out in accordance with this derogation.

## Appendix 1. Endoscopy e-learning sessions

These sessions can be accessed via [www.e-lfh.org.uk/programmes/endoscopy](http://www.e-lfh.org.uk/programmes/endoscopy). An 'x' below indicates the session is required in order to complete the basic skills course.

Session group and name	Colonoscopy	OGD	Flexible sigmoidoscopy
<b>Core endoscopy</b>			
Role of Endoscopy	X	X	X
Consent for Gastrointestinal Endoscopy	X	X	X
The Normal Upper Gastrointestinal Endoscopic Examination		X	
Patient Centred Care	X	X	X
Risk Assessment for Gastrointestinal Endoscopy	X	X	X
Complications of Gastrointestinal Endoscopy	X	X	X
Safe Sedation for Gastrointestinal Endoscopy	X	X	X
Safe Diathermy for Gastrointestinal Endoscopy	X	X	X
The Videoendoscope and Endoscopic Image	X	X	X
Enhanced Detection of Gastrointestinal Pathology	X		X
Endoscopic Examination of the Lower Gastrointestinal Tract	X		X
<b>Endoscopic non technical skills</b>			
Endoscopic Non-Technical Skills	X	X	X
Respiratory Depression: Communication, Teamwork & Leadership	X	X	X
Perforation in Endoscopy: Situational Awareness & Judgement and Decision Making	X	X	X
Upper GI Bleed: ENTS in Action	X	X	X