

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 <https://jets.thejag.org.uk/Home>. 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.

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.

Diagnostic gastroscopy (OGD)

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

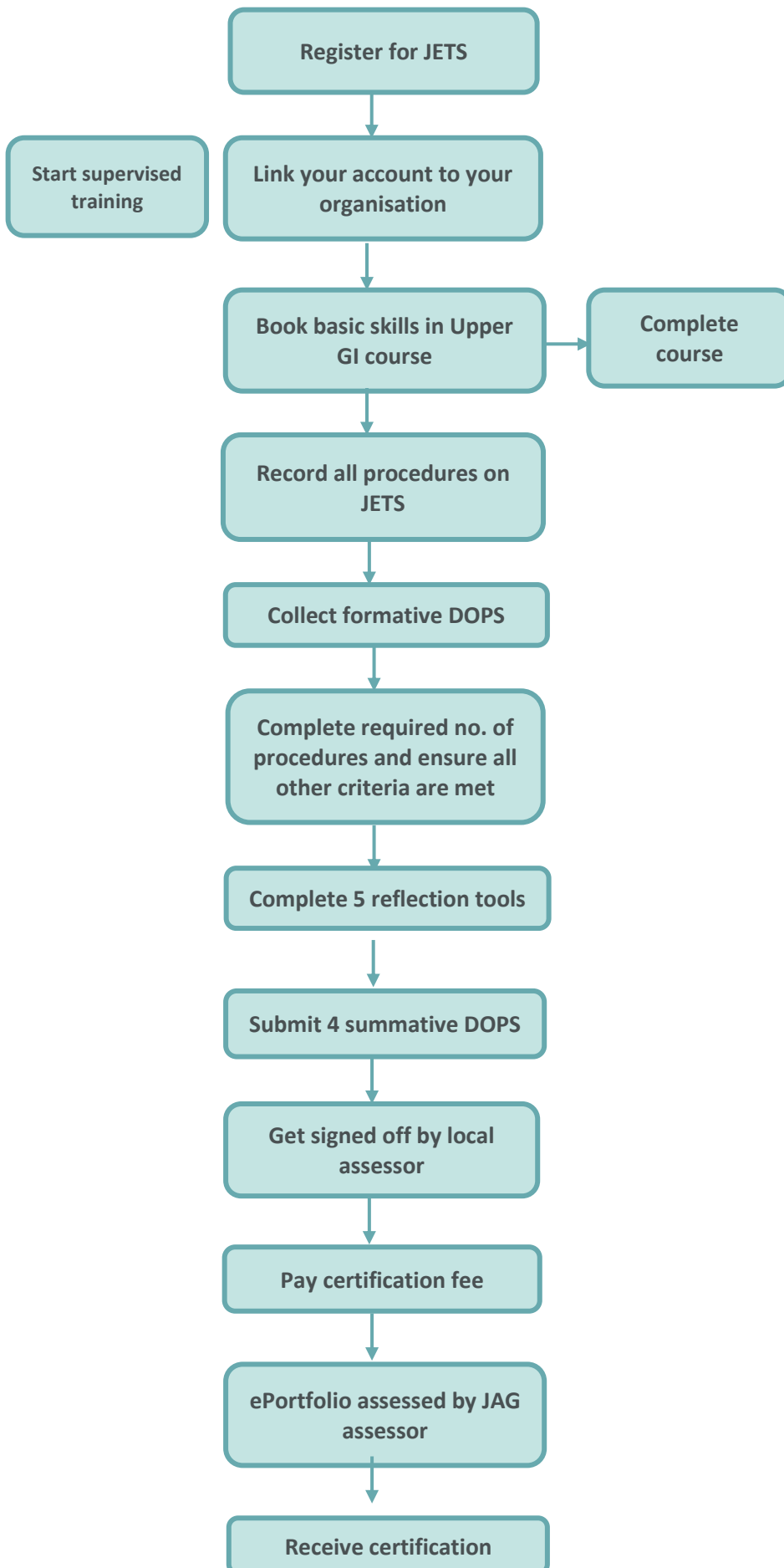
The certification criteria are shown in the tables below. The previous three months of data that are recorded on the JETS e-portfolio will be used to calculate the procedural data.

Criteria	Requirement
Total Lifetime procedure count	≥250
Procedures uploaded in last 3 months	≥15
D2 intubation rate	≥95%
J-manoeuvre	≥95%
Unassisted physically	≥95%
Lifetime formative upper GI DOPS Trainees are recommended to complete DOPS throughout training, 1 DOPS form for every 10 procedures	≥25
5 most recent formative upper GI DOPS individually scoring a minimum of 90% 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%
Basic Skills in Upper GI	Attended
Reflections completed Trainees must complete a reflection tool for every 50 procedures performed	≥5
Summative assessment	
4 Summative DOPS scoring 'competent for independent practice' across all items	4

JETS will generate a reflection tool following every 50 procedures that are performed. An action to complete will appear on the user's dashboard when a reflection tool has been generated. For further information about reflection tools, refer to the separate reflection tool guidance on the JAG website.

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 trainee's training lead. Once approved locally, it will need to be approved by the JETS national assessors.



Colonoscopy

Colonoscopy was historically a dual certification pathway process, but following an evidence review in 2022, JAG colonoscopy certification is now awarded following a **single pathway process**.

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.

Criteria for certification

The certification criteria is 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.

Please note - DOPyS (level 1) and DOPyS (level 2) refers to the SMSA scoring system.

Criteria	Requirement
Total Lifetime procedure count	280*
Procedures in previous 3 months	≥15
Unassisted Caecal Intubation Rate	≥90%
Rectal retroversion	≥90%
Polyp detection rate**	≥15%
Polyp Retrieval Rate	≥90%
Patient comfort	≤10% (moderate-severe discomfort)
Unassisted terminal ileal intubation rate (in patients with suspected IBD, e.g. anaemia and chronic diarrhoea)	≥60%
Formative lower GI DOPS	≥25
5 Most recent DOPS	≥90% rated as competent
Polypectomy techniques assessed by DOPyS (SMSA level 1) – Cold Snare polypectomy	≥2 rated as competent
Polypectomy techniques assessed by DOPyS (SMSA level 1) – diathermy assisted resection of stalked polyps	≥2 rated as competent
Polypectomy techniques assessed by DOPyS (SMSA level 1) – diathermy-assisted EMR for SMA level 1 polyps	≥2 rated as competent
Polypectomy techniques assessed by DOPyS (SMSA level 2) – Cold Snare polypectomy	≥2 rated as competent
Polypectomy techniques assessed by DOPyS (SMA level 2) – diathermy assisted resection of stalked polyps	≥2 rated as competent
Polypectomy techniques assessed by DOPyS (SMSA level 2) – diathermy-assisted EMR	≥2 rated as competent
4 most recent DOPyS scoring 100% on all items	100% rated as competent
Basic Skills in Lower GI	Attended
Reflections completed	≥5
Summative assessment	
4 Summative DOPS scoring 100% on all items	4

*>200 if certified in flexible sigmoidoscopy

**Excludes rectal/rectosigmoid hyperplastic polyps

JETS will generate a reflection tool following every 50 procedures that are performed. An action to complete will appear on the user's dashboard when a reflection tool has been generated. For further information about reflection tools, refer to the separate reflection tool guidance on the JAG website.

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 trainee's training lead. Once approved locally, it will need to be approved by the JETS national assessors.

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.

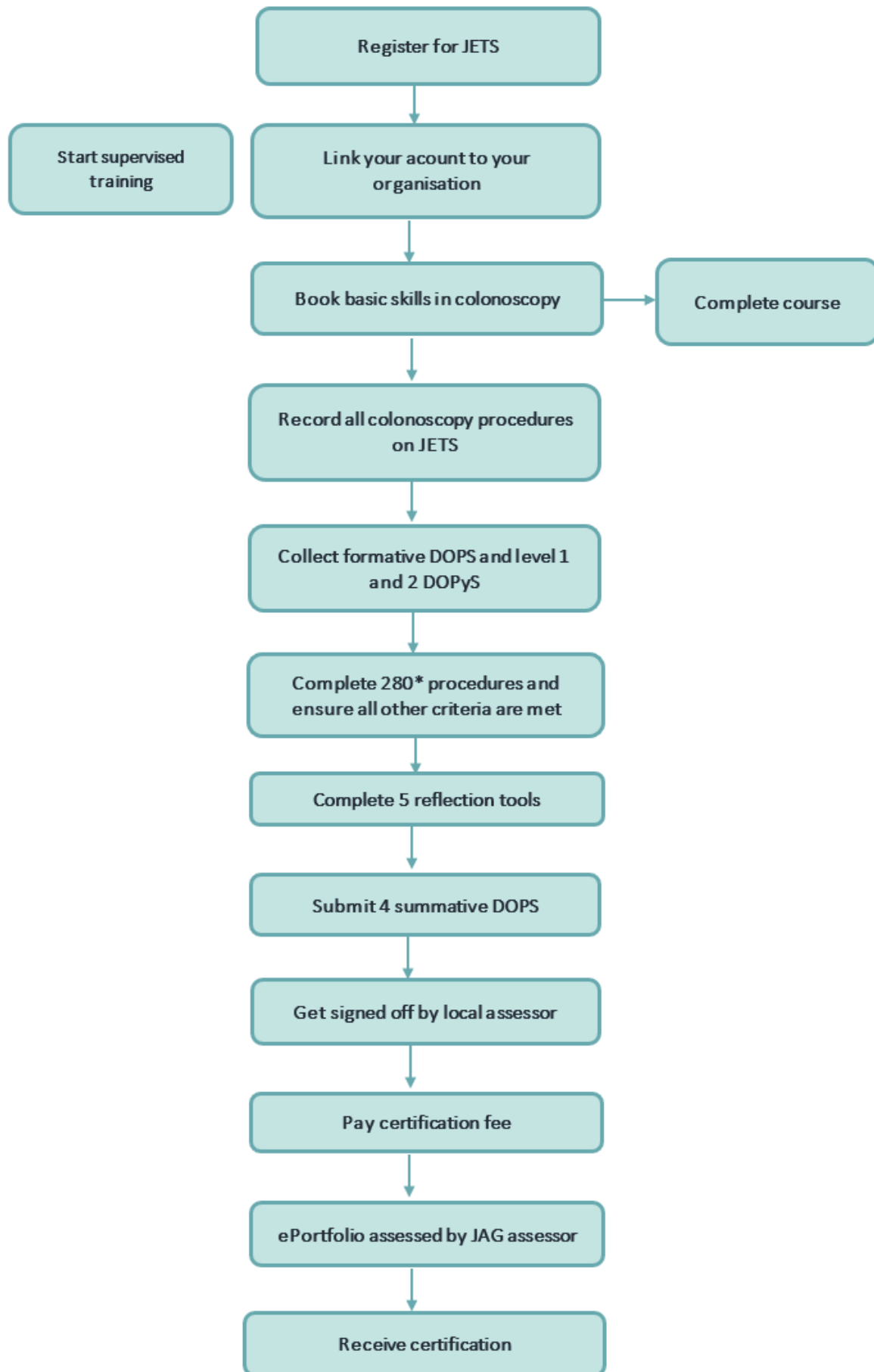
Polypectomy level 1 and level 2 refer to the SMSA scoring system.

In order to be fully certified, a candidate must demonstrate they can satisfactorily remove a minimum of two stalked polyp, two cold snare, and two small sessile lesion/EMR all of level 1. They must also demonstrate they can satisfactorily remove a minimum of two stalked polyp, two cold snare, and two small sessile lesion/EMR all of level 2.

Numbers

The minimum number of procedures for each trainee applying for colonoscopy certification is 280. If a trainee is already certified in flexible sigmoidoscopy, then the required number of colonoscopy procedures is 200.

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 (askjag@rcp.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.



Flexible Sigmoidoscopy

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.

Criteria for certification

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.

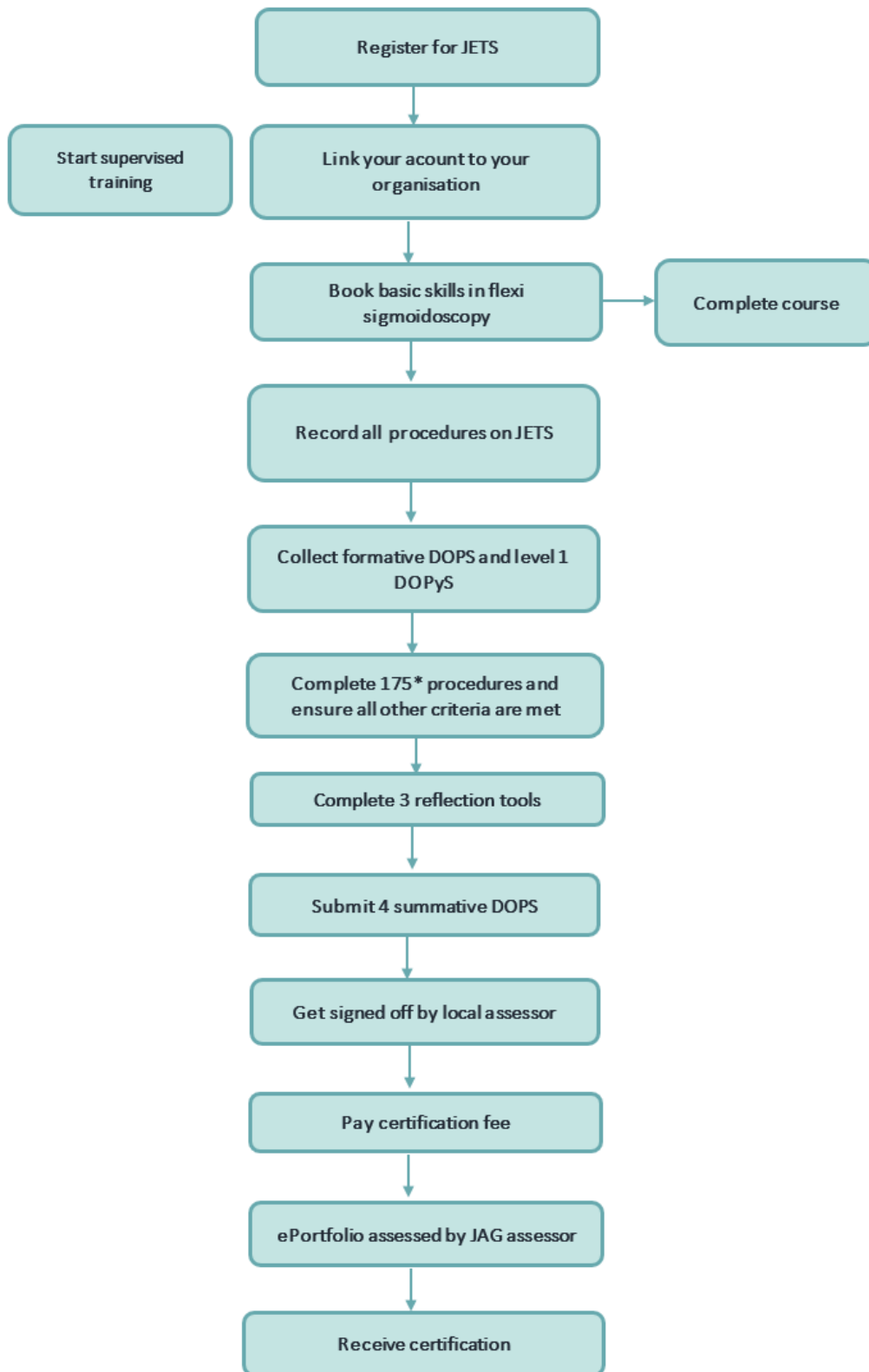
Criteria	Requirement
Total Lifetime procedure count (Max 75 colonoscopy)	≥175
Procedures uploaded in last 3 months	≥15
Unassisted physically	≥90%
Rectal retroversion	≥90%
Polyp Retrieval Rate	≥90%
Patient comfort	≤10% (moderate-severe discomfort)
Lifetime formative DOPS	>17
5 most recent formative DOPS individually scoring a minimum of 90%	≥90%
DOPyS (SMSA level 1) – cold snare polypectomy	≥2 rated as competent
DOPyS (SMSA level 1) – diathermy assisted resection of stalked polyps	≥2 rated as competent
DOPyS (SMSA level 1) – diathermy-assisted EMR	≥2 rated as competent
4 most recent DOPyS rated 100% competent	100%
Basic Skills Course in Lower GI Endoscopy	Attended
Reflections completed	≥3
Summative assessment	
4 Summative DOPS scoring 100% on all items	4

A maximum of 75 colonoscopy procedures can be included towards your total flexible sigmoidoscopy procedure count.

JETS will generate a reflection tool following every 50 procedures that are performed. An action to complete will appear on the user’s dashboard when a reflection tool has been generated. For further information about reflection tools, refer to the separate reflection tool guidance on the JAG website.

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 trainee’s training lead. Once approved locally, it will need to be approved by the JETS national assessors.



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 the JETS certification dashboard** (which relate to adult endoscopy).

All applications will be for full JAG certification. 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@rcp.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
Total Lifetime procedure count	100
D2 intubation	≥95%
J manoeuvre	≥95%
Unassisted (physically)	≥95%
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 last 5 DOPS can be scored 'maximum supervision' or 'significant supervision'.	≥90%
Attended Basic Skills Course	Attended
Completed reflection tools	≥2
Summative assessment	
4 Summative DOPS scoring 100% on all items	4

Paediatric colonoscopy criteria

Criteria	Requirement
Total Lifetime procedure count	100
Terminal ileal intubation	≥60%
Caecal intubation	≥90%
Unassisted (physically)	≥90%
Lifetime formative paediatric lower 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'	≥90%
DOPS forms must be completed within 12 months of application for certification. Up to 10% can score 'minimal supervision'. No item in last 5 DOPS can be scored 'maximum supervision' or 'significant supervision'.	
Attended Basic Skills Course	Attended
Completed reflection tools	≥2
Summative assessment	
4 Summative DOPS scoring 100% on all items	4

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 10kg. 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.

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
- JAG_UDP3 Basic Skills in GI endoscopic ultrasound (EUS)
- JAG_RDA1 ERCP skills training

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

EUS

An evidence-based certification pathway was commissioned by JAG to support and quality assure endoscopic ultrasound (EUS) training. This will form the basis to improve quality of training and safety standards in EUS in the UK.

Criteria for certification

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

Criteria	Requirement
EUS lifetime procedure count	≥250
Lifetime pancreatic cases*	≥125 cases
75 cases involving EUS FNA(B)	>85% competent for independent practice
50 of the EUS FNA(B) cases are pancreatic/solid lesion**	≥85% competent for independent practice
Cases in last 6 months	≥30
Photo documentation of anatomical ultrasound landmarks***	>90%
Physically unassisted	>85%
Rated competent in last five formative DOPS (none requiring maximum supervision)	>80%
DOPS – three cases of pancreas, bile ducts, ampulla of Vater	Three cases
DOPS – one case of oesophagogastric and posterior mediastinal/lymph node assessment	One case
Basic skills course	Attended
Reflections	Five
Summative assessment	
4 Summative DOPS scoring 100% on all items****	Four

*Number of lifetime cases with 'pancreas' listed as the 'planned extent'

**50 of the EUS FNA(B) cases are pancreatic/solid lesion (Min 10 DOPS). Minimum of 50 pancreatic EUS cases added to JETS. FNA/B – solid lesion, or FNA/B – cystic lesion must be selected with one of the following indications to count toward these cases:

Liver malignancy – primary

Liver malignancy – metastasis

Pancreatic solid lesion

Mediastinal lesion

Renal mass

Retroperitoneal tumour

Adrenal mass

When 'Lymph node' is selected as the biopsy site, this is not counted towards this KPI.

A minimum of 10 DOPS must be added to procedures fulfilling the above criteria, with 85% competency or above.

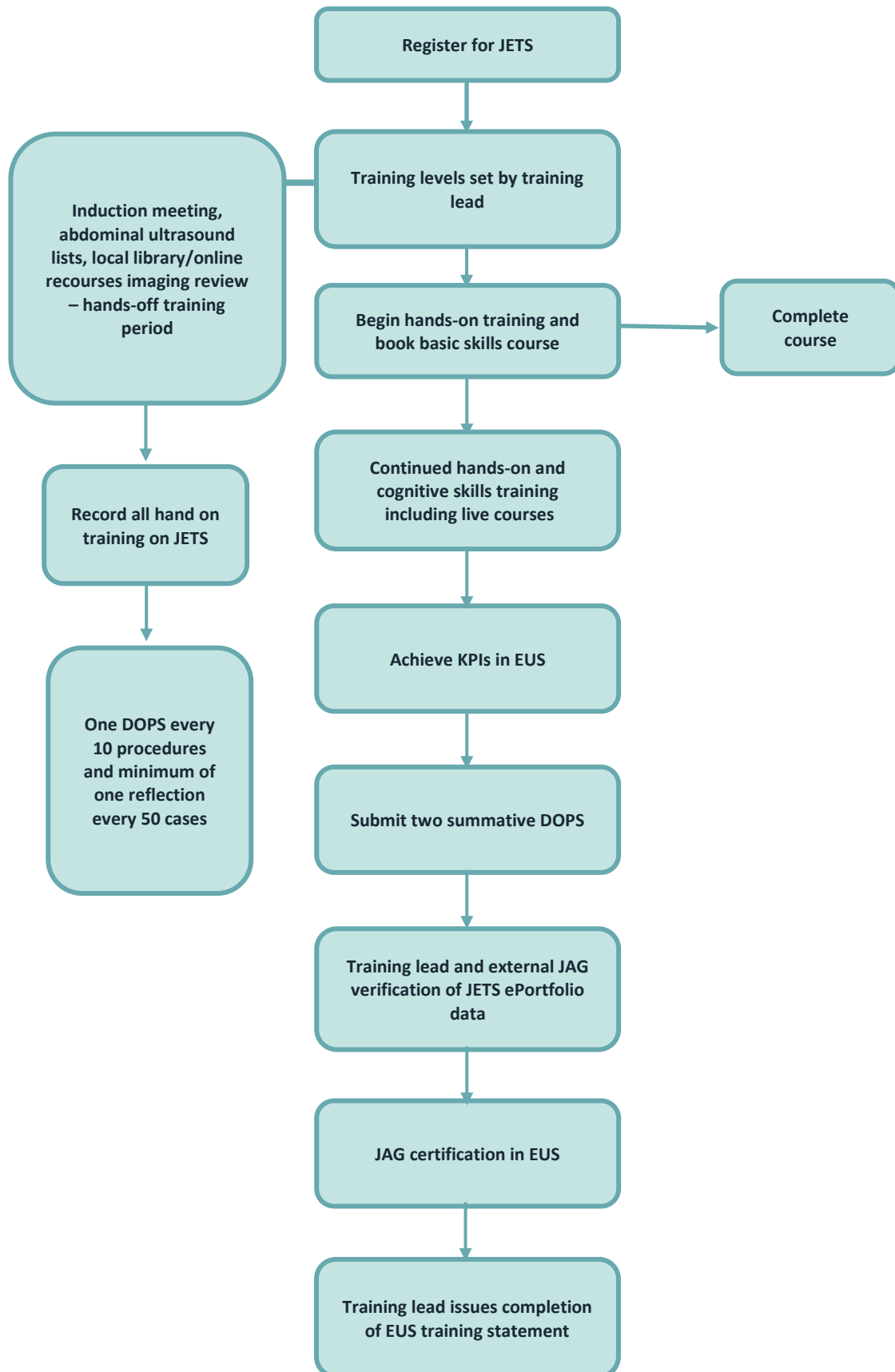
***Photo documentation needs to be confirmed by trainer listed in procedure on JETS to count toward this KPI – trainer sign off required

**** For successful completion of the summative DOPS assessment, the trainee should be rated as ready for independent practice; in all items within two DOPS on pre-defined cases, by two different assessors, one of whom is not based at their current endoscopy unit.

JETS will generate a reflection tool following every 50 procedures that are performed. An action to complete will appear on the user's dashboard when a reflection tool has been generated. For further information about reflection tools, refer to the separate reflection tool guidance on the JAG website.

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 trainee's training lead. Once approved locally, it will need to be approved by the JETS national assessors.



ERCP

Endoscopic retrograde cholangiopancreatography (ERCP) is a complex and technically demanding procedure. Over the last three decades, ERCP has become almost exclusively therapeutic. This ERCP pathway has been created with the intention of quality assuring training and to improve UK ERCP standards.

Criteria for certification

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

Criteria	Requirement
ERCP lifetime procedure count	≥300
Procedures (for Schutz 1- 2 procedures) in preceding 6 months	≥30 cases
Cannulation (native papilla)	≥80%
Complete stone clearance	≥70%
Rated competent in last 5 formative DOPS	≥85%
Successful biliary stenting	≥75%
Physically unassisted	>80%
Basic skills course	Attended
Reflections	Six
Summative assessment	
4 Summative DOPS scoring 100% on all items*	Four

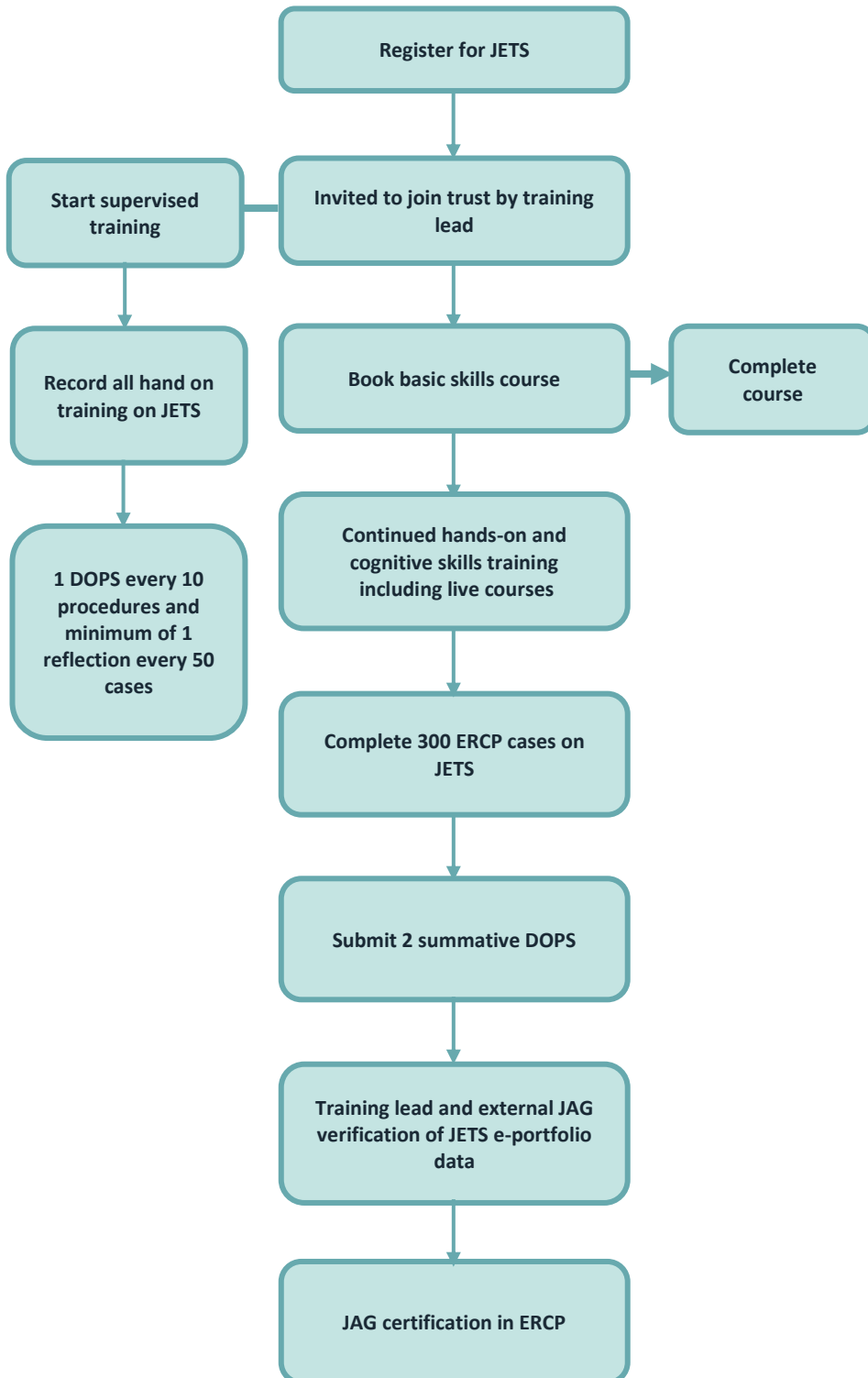
*** For successful completion of the summative DOPS assessment, the trainee should be rated as ready for independent practice; in all items within two DOPS on pre-defined cases, by two different assessors, one of whom is not based at their current endoscopy unit.**

JETS will generate a reflection tool following every 50 procedures that are performed. An action to complete will appear on the user's dashboard when a reflection tool has been generated. For further information about reflection tools, refer to the separate reflection tool guidance on the JAG website.

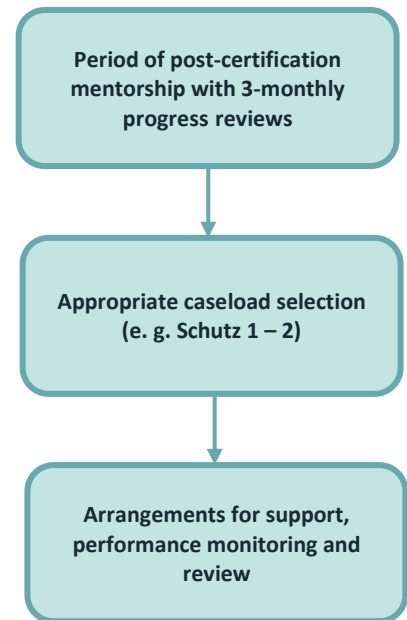
Once a trainee has met the criteria above, they are required to complete 4 summative DOPS forms. The summative DOPS must be completed within 1 month. The applicant must score 'competent for independent practice' for all 4 summative DOPS.

Once completed, the portfolio needs to be reviewed and signed off by the trainee's training lead. Once approved locally, it will need to be approved by the JETS national assessors.

ERCP certification



Post certification



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 'certification' tab on the trainee's dashboard 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 a certificate will be issued.

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

If they request further info, you will receive an email asking you to provide further info. Most likely this will be additional procedures or DOPS via JETS. Contact askjag@rcp.ac.uk if you would like to submit further evidence that cannot be added through your JETS account.

Lifetime procedure count

These numbers are not to be used as a barrier to application for JAG Certification. The numbers outlined above 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.

The background is a solid teal color. A light teal, curved graphic element, resembling a thick brushstroke or a wave, starts from the left side and curves upwards and then downwards towards the right side, creating a layered effect.

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