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

Contents

Introduction

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

The certification process is managed through and supported by the JETS ePortfolio via https://jets.thejag.org.uk/Home. Trainees will be expected to log their endoscopic experience and have a formative direct observation of procedural skills (DOPS) assessment completed on their ePortfolio. When the trainee has fulfilled the eligibility criteria, they will need to arrange a summative assessment, which can be completed through the ePortfolio.

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

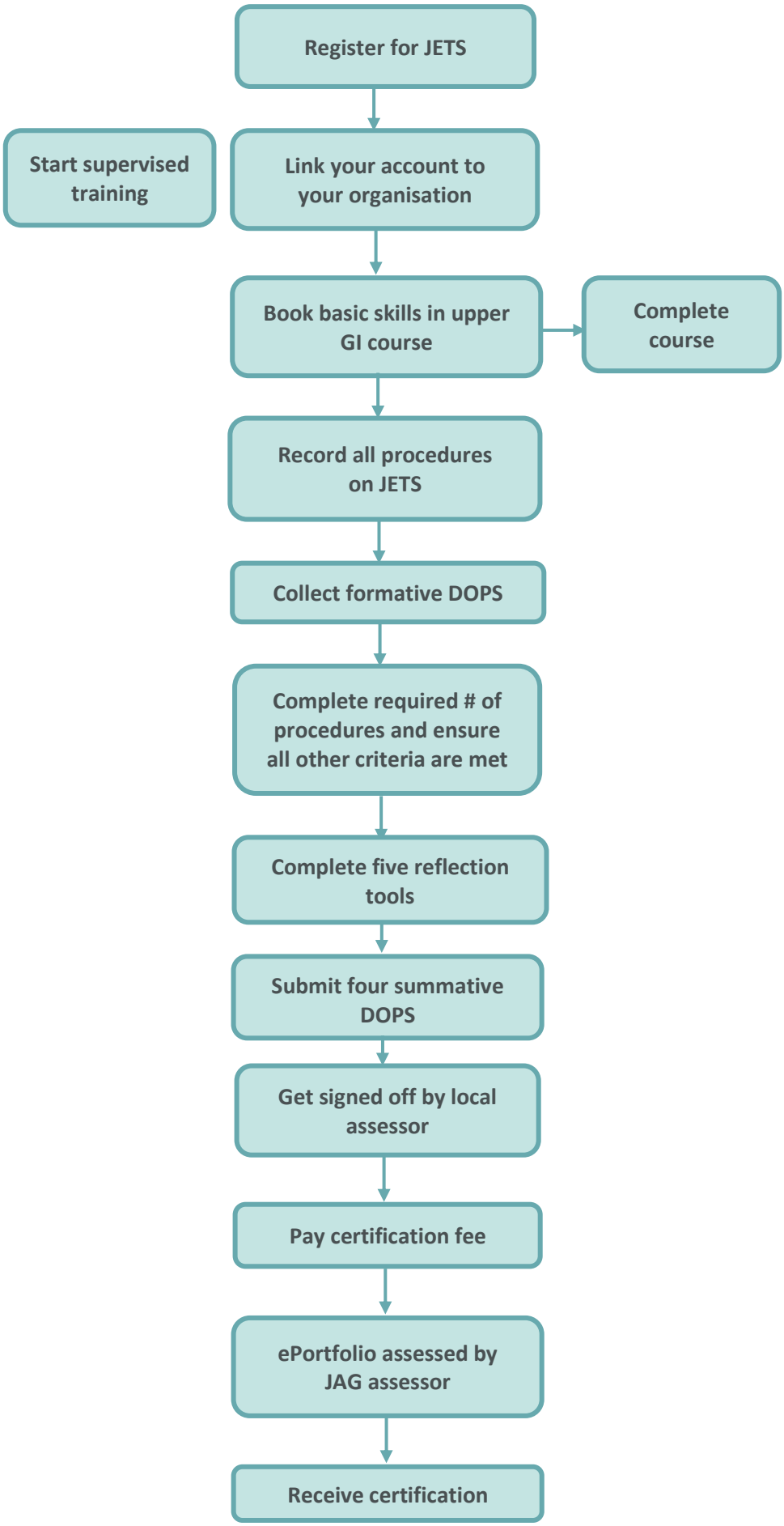
The certification criteria are shown in the tables below. The previous 3 months of data that are recorded on the JETS ePortfolio will be used to calculate the procedural data.

Criteria	Requirement
Total lifetime procedure count	≥250
Procedures uploaded in past 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, one DOPS form for every 10 procedures	≥25
Five 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 past five 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	≥ Five
Summative assessment	
Four summative DOPS scoring 'competent for independent practice' across all items	Four

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 four summative DOPS forms. The summative DOPS must be completed within 1 month. The applicant must score 'competent for independent practice' for all four 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.


Register for JETS
Start supervised training
Link your account to your organisation
Book basic skills in upper GI course
Complete course
Record all procedures on JETS
Collect formative DOPS
Complete required # of procedures and ensure all other criteria are met
Complete five reflection tools
Submit four summative DOPS
Get signed off by local assessor
Pay certification fee
ePortfolio assessed by JAG assessor
Receive certification

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 are shown in the table below. The previous 3 months of data that are recorded on the JETS ePortfolio will be used to calculate the procedural data.

Please note – DOPyS (level 1) and DOPyS (level 2) refer 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, eg anaemia and chronic diarrhoea)	≥60%
Formative lower GI DOPS	≥25
Five most recent DOPS	≥90% rated as competent
Polypectomy techniques assessed by DOPyS (SMSA level 1) – cold snare polypectomy	≥ Two rated as competent
Polypectomy techniques assessed by DOPyS (SMSA level 1) – diathermy-assisted resection of stalked polyps	≥ Two rated as competent
Polypectomy techniques assessed by DOPyS (SMSA level 2) – cold snare polypectomy	≥ Two rated as competent
Polypectomy techniques assessed by DOPyS (SMA level 2) – diathermy-assisted resection of stalked polyps	≥ Two rated as competent
Polypectomy techniques assessed by DOPyS (SMSA level 2) – diathermy-assisted EMR	≥ Two rated as competent
Four most recent DOPyS scoring 100% on all items	100% rated as competent
Basic skills in lower GI	Attended
Reflections completed	≥ Five
Summative assessment	
Four summative DOPS scoring 100% on all items	Four

*>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 four summative DOPS forms. The summative DOPS must be completed within 1 month. The applicant must score 'competent for independent practice' for all four 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 ePortfolio. DOPyS can be completed during either flexible sigmoidoscopies or colonoscopies.

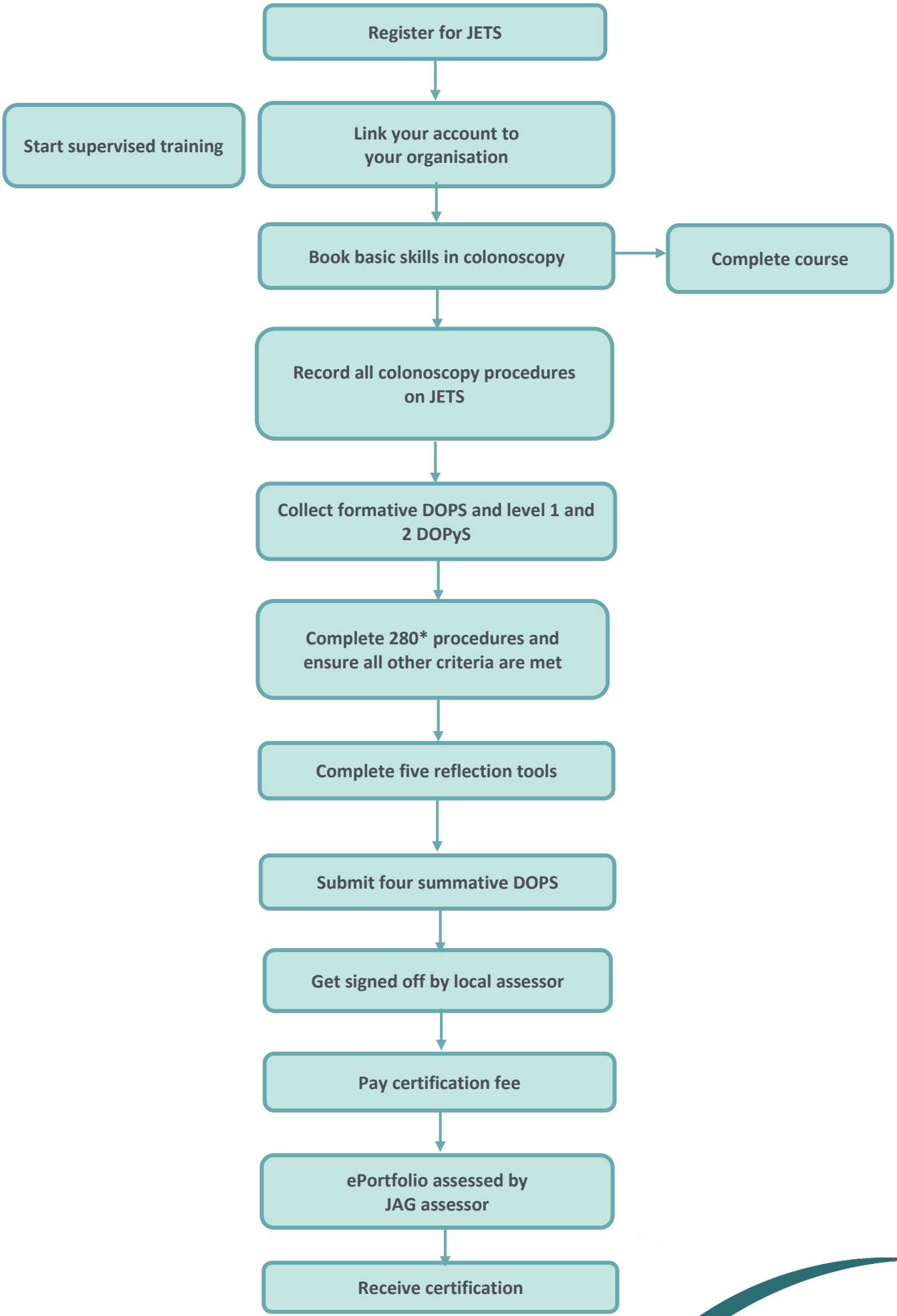
Polypectomy level 1 and level 2 refer to the SMSA scoring system.

In order to be fully certified, a candidate must demonstrate that 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 that 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 fewer 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.


Register for JETS
Start supervised training
Link your account to your organisation
Book basic skills in colonoscopy
Complete course
Record all colonoscopy procedures on JETS
Collect formative DOPS and level 1 and 2 DOPyS
Complete 280* procedures and ensure all other criteria are met
Complete five reflection tools
Submit four summative DOPS
Get signed off by local assessor
Pay certification fee
ePortfolio assessed by JAG assessor
Receive certification

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 3 months of data that are recorded on the JETS ePortfolio will be used to calculate the procedural data.

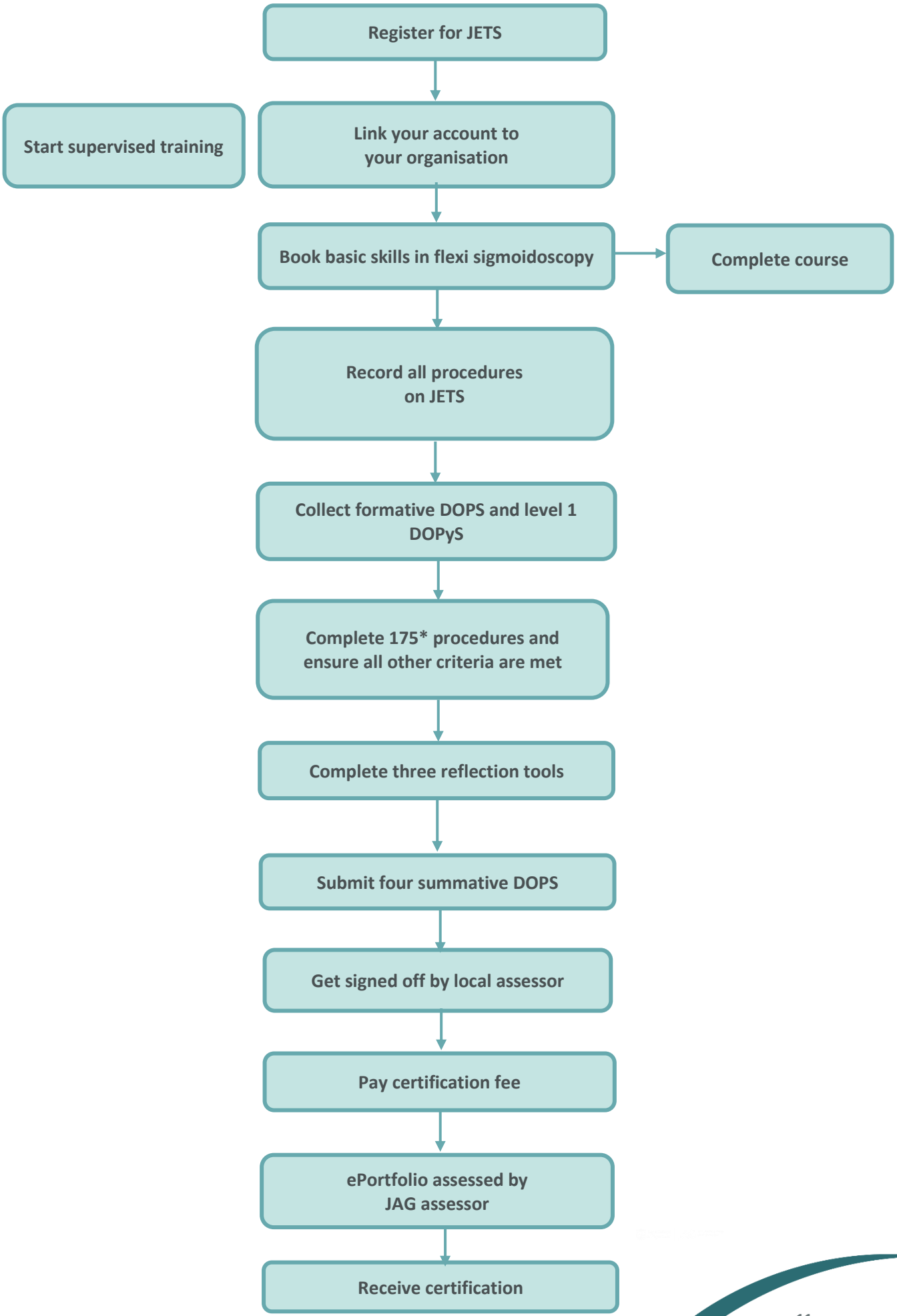
Criteria	Requirement
Total lifetime procedure count (max 75 colonoscopy)	≥175
Procedures uploaded in past 3 months	≥15
Unassisted physically	≥90%
Rectal retroversion	≥90%
Polyp retrieval rate	≥90%
Patient comfort	≤10% (moderate–severe discomfort)
Lifetime formative DOPS	>17
Five most recent formative DOPS individually scoring a minimum of 90%	≥90%
DOPyS (SMSA level 1) – cold snare polypectomy	≥ Two rated as competent
DOPyS (SMSA level 1) – diathermy-assisted resection of stalked polyps	≥ Two rated as competent
Four most recent DOPyS rated 100% competent	100%
Basic skills course in lower GI endoscopy	Attended
Reflections completed	≥ Three
Summative assessment	
Four summative DOPS scoring 100% on all items	Four

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 four summative DOPS forms. The summative DOPS must be completed within 1 month. The applicant must score 'competent for independent practice' for all four 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.


Register for JETS
Start supervised training
Link your account to your organisation
Book basic skills in flexi sigmoidoscopy
Complete course
Record all procedures on JETS
Collect formative DOPS and level 1 DOPyS
Complete 175* procedures and ensure all other criteria are met
Complete three reflection tools
Submit four summative DOPS
Get signed off by local assessor
Pay certification fee
ePortfolio assessed by JAG assessor
Receive certification

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 3 months of procedural data on the ePortfolio 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, one per 10 cases)	≥10
Five 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 five DOPS can be scored 'maximum supervision' or 'significant supervision'.	≥90%
Attended basic skills course	Attended
Completed reflection tools	≥ Two
Summative assessment	
Four summative DOPS scoring 100% on all items	Four

Paediatric colonoscopy criteria

Certification standard	Evidence required
Paediatric colonoscopy lifetime procedure count	≥150*
Procedures in last 12 months	≥50
Unassisted caecal intubation rate	≥90%
Unassisted terminal ileal intubation rate	≥85%
Stage 1: competency to pass splenic flexure • Scopes • DOPS • Reflection	 ≥50* 5** 1
Stage 2: competency to pass hepatic flexure • Scopes • Formative DOPS • Reflection	 ≥50 5*** 1
Stage 3: competency testing to become an independent paediatric colonoscopist • Scopes • Ileal intubation rate • Caecal intubation	 ≥30**** ≥85% ≥90%
Final assessment • Formative DOPS • Summative DOPS • Reflection	 6 4 1
Photo documentation	90%
E-learning for health modules	Completed
Paediatric colonoscopy basic skills course	Attended
Summative assessment	
Four summative DOPS scoring 100% on all items	4

*30 of which can be 'flexible sigmoidoscopy' procedures – note that no DOPS can be for flexible sigmoidoscopy

**100% successfully passing the splenic flexure and entering the transverse colon

***100% successfully passing the hepatic flexure and entering the descending colon, preferably intubating the caecum

****The trainee should achieve ileoscopy in 26 and caecal intubation in 27 in the last 30 consecutive colonoscopic procedures at this stage in order to be eligible for final assessment

DOPS cannot be on procedures where physically assisted.

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

Additional information on paediatrics eligibility criteria

Age of patients

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 scrutinised 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 an individual to be signed off as fully independent in paediatric diagnostic colonoscopy 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 competence while concurrently undertaking independent practice, in a similar fashion to that undertaken with therapeutic upper GI endoscopy procedures.

'Scopes' at each stage

The number of colonoscopies at each stage are not dependent on extent. This is solely based on the number of colonoscopies performed at that stage in training. The DOPS, however, are extent specific and must be marked as competent overall, with no single item marked as '**maximal supervision**' nor '**significant supervision**' to count favourably for that criterion.

Reflections

A reflection will automatically generate when all other criteria are met. This must be completed and signed off before a candidate can progress to the next stage.

JAG-approved basic skills course

Trainees applying for certification must complete the paediatric version of the course for the procedure they are applying for:

- JAG_GDP3(P) Basic skills in upper GI (paediatric)
- JAG_CDP3(P) Basic skills in lower GI (paediatric)

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 are shown in the table below. The previous 6 months of data that are recorded on the JETS ePortfolio will be used to calculate the procedural data.

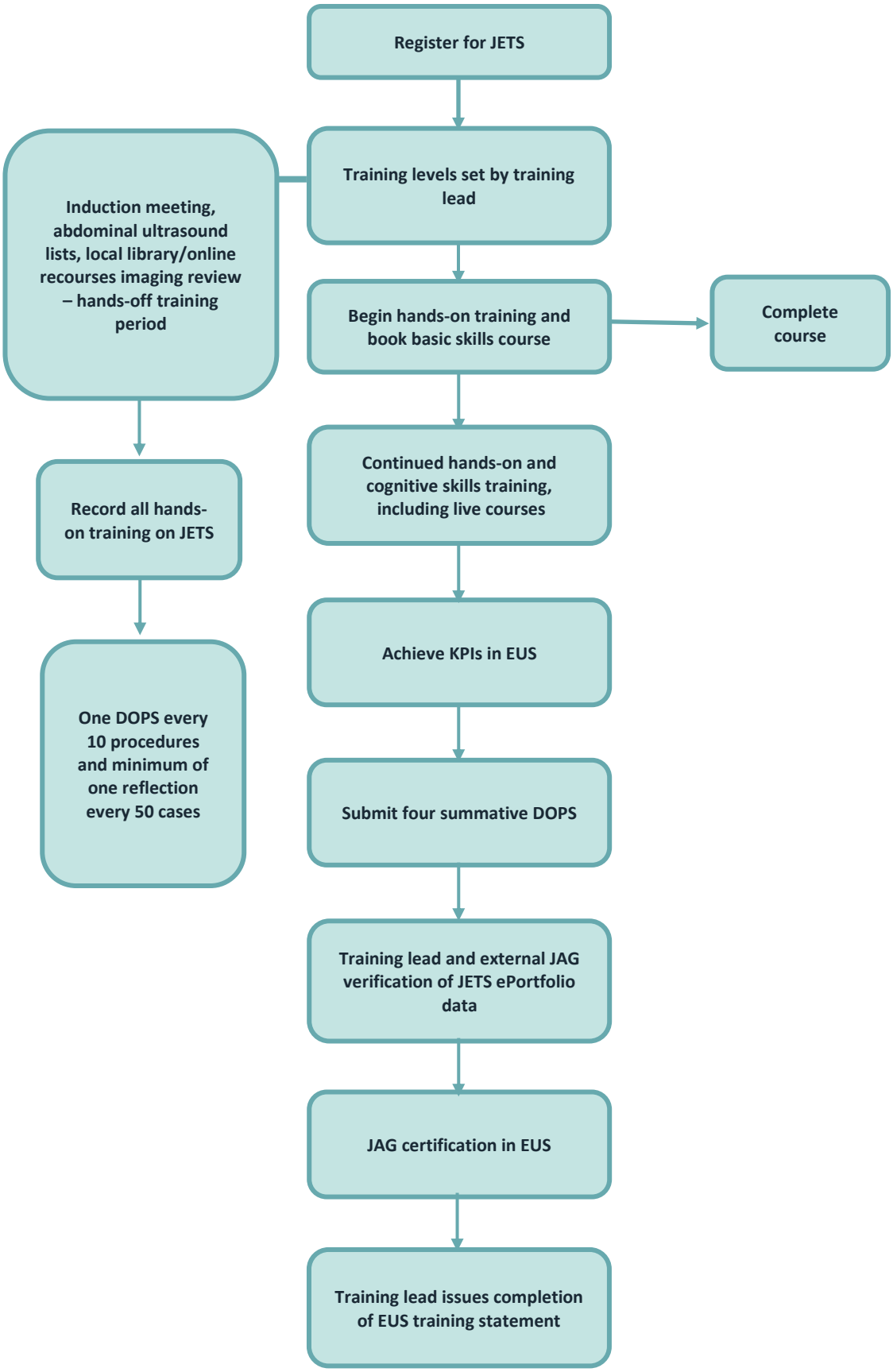
Criteria	Requirement
EUS lifetime procedure count	≥250
Lifetime pancreatic cases*	≥125 cases
75 cases involving EUS FNA(B)	>85% competent for independent practice
50 of the EUS FNA(B) cases are pancreatic/solid lesion**	≥85% competent for independent practice
Cases in past 6 months	≥30
Photo documentation 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	
Four 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 (minimum 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 criterion.
A minimum of 10 DOPS must be added to procedures fulfilling the above criteria, with 85% competence or above.
***Photo documentation needs to be confirmed by trainer listed in procedure on JETS to count toward this criterion – 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 predefined 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 four summative DOPS forms. The summative DOPS must be completed within 1 month. The applicant must score 'competent for independent practice' for all four 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.


Register for JETS
Training levels set by training lead
Induction meeting, abdominal ultrasound lists, local library/online recourses imaging review – hands-off training period
Begin hands-on training and book basic skills course
Complete course
Record all hands-on training on JETS
Continued hands-on and cognitive skills training, including live courses
One DOPS every 10 procedures and minimum of one reflection every 50 cases
Achieve KPIs in EUS
Submit four summative DOPS
Training lead and external JAG verification of JETS ePortfolio data
JAG certification in EUS
Training lead issues completion of EUS training statement

ERCP

Endoscopic retrograde cholangiopancreatography (ERCP) is a complex and technically demanding procedure. Over the past 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 are shown in the table below. The previous 6 months of data that are recorded on the JETS ePortfolio will be used to calculate the procedural data.

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

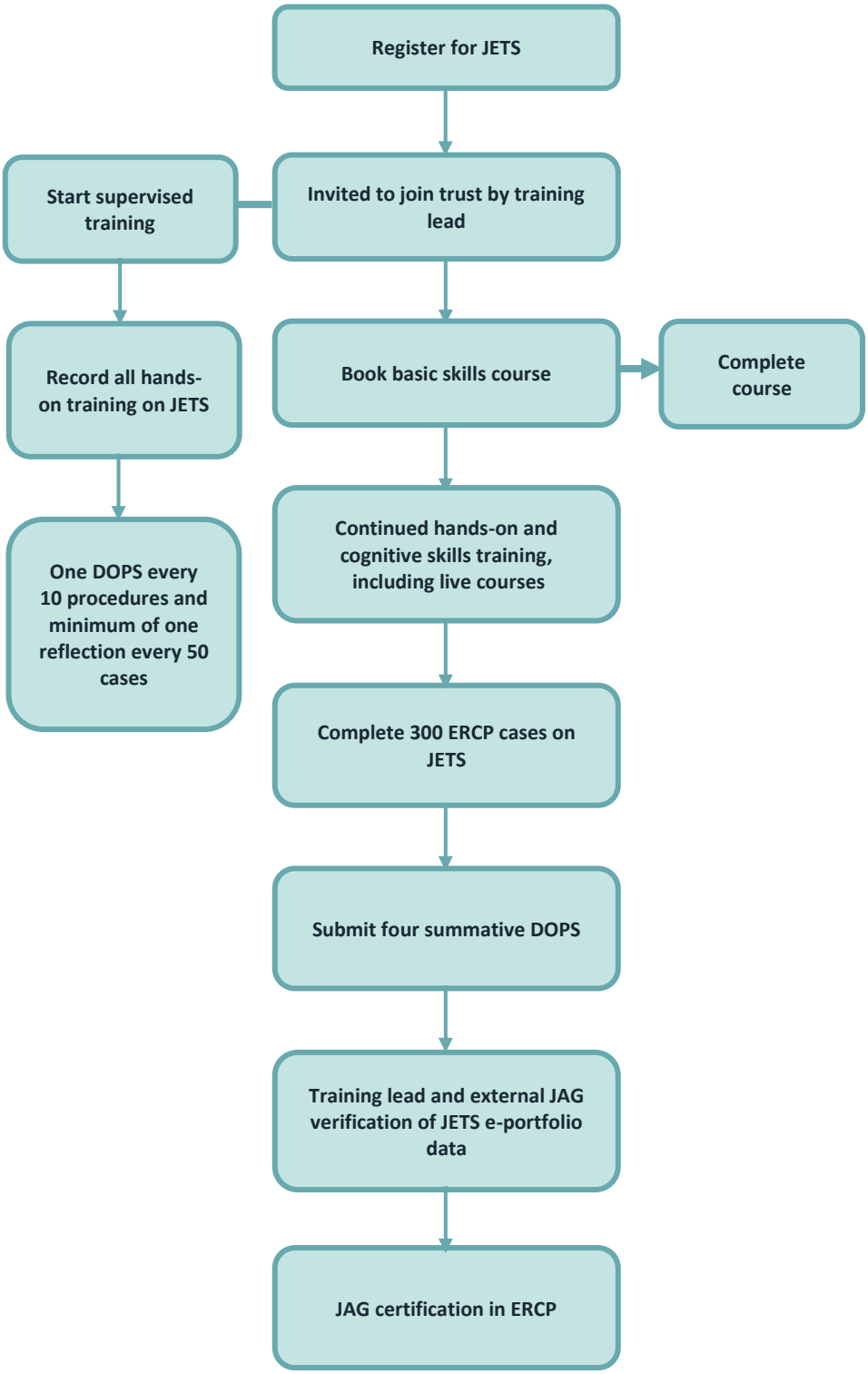
*For successful completion of the summative DOPS assessment, the trainee should be rated as ready for independent practice; in all items within two DOPS on predefined cases, by two different assessors, one of whom is not based at their current endoscopy unit.

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.

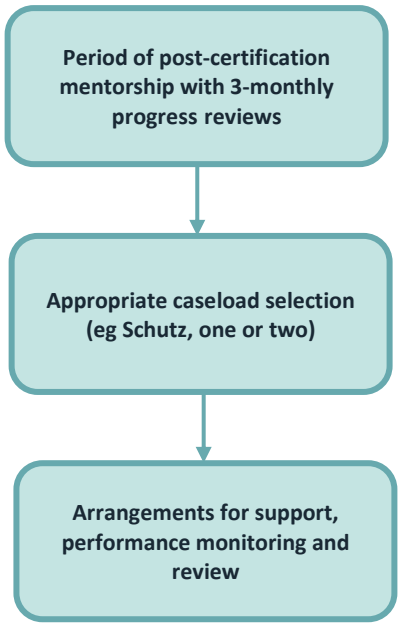
Once a trainee has met the criteria above, they are required to complete four summative DOPS forms. The summative DOPS must be completed within 1 month. The applicant must score 'competent for independent practice' for all four summative DOPS.

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



DAE

Device-assisted enteroscopy (DAE) has been adopted in the UK since 2006 as a therapeutic arm to capsule endoscopy. The main indication for DAE is to treat lesions bleeding in the small bowel, to obtain histology on lesions in suspected inflammatory bowel disease and lesions deemed suspicious of cancer seen on radiology or prior capsule endoscopy.

A DAE pathway for JAG certification is now live on the JETS system, with a capsule pathway to be added in the future.

Certification application criteria

The certification criteria are shown in the table below. The previous 3 months of data that are recorded on the JETS ePortfolio will be used to calculate the procedural data.

Criteria	Requirement
Certification in OGD and colonoscopy*	Achieved
Certificates of completion of CE eLearning module (eLearning for Health)**	Achieved and uploaded to JETS
Minimum lifetime procedural numbers	75 (level 1 with specification of route, minimum 35 retrograde)
Formative DOPS	≥20 DAE formative DOPS completed on JETS
Physically unassisted (3 months)	>90%
Summative assessment	
Four summative DOPS scoring 100% on all items	Four

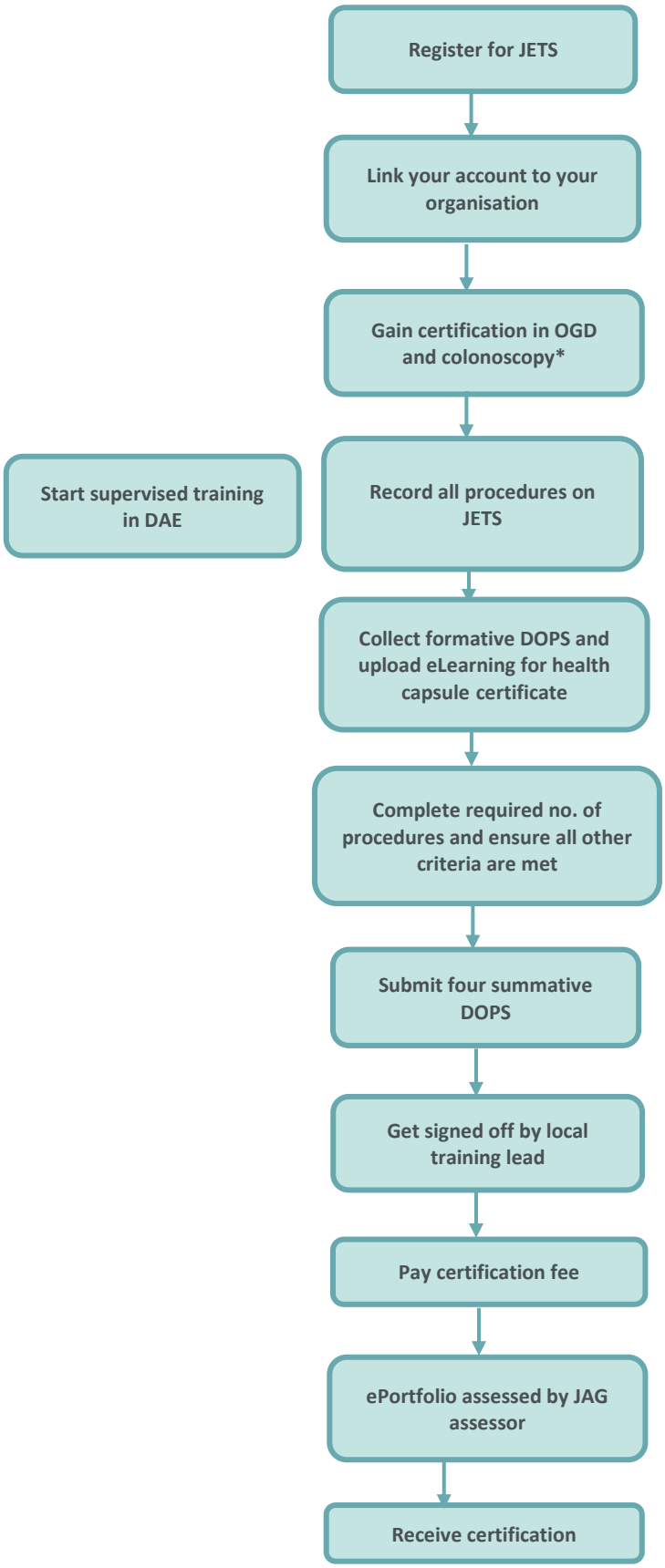
*JAG certification is not mandatory to undertake endoscopy; the trainee should be rated as 'full certification' in their organisation admin page to indicate independence of practice
**Evidence of completion to be uploaded onto the JETS certification dashboard

Once a trainee has met the criteria above, they are required to complete four summative DOPS forms. The summative DOPS must be completed within 8 weeks. The applicant must score 'competent for independent practice' for all four summative DOPS.

Summative process:

- total of four summative DOPS
- summative DOPS reviewed by one assessor (who is JAG approved)
- must be competent in all items.

Once completed, the portfolio needs to be reviewed and signed off by the trainee's training lead. The training lead must also agree to a statement of mentorship supervision at this stage. Once approved locally, it will need to be approved by the JETS national assessors.



*If the DAE trainee has achieved colonoscopy and OGD prior to JETS registration (eg overseas or before JETS was available), this must be evidenced through the 'organisation admin' certification levels. These are set by a training lead or organisation administrator.

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 ePortfolio. 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 four 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 processed simultaneously = two assessors over two cases
- 2 x 2 processed sequentially = two assessors over four cases
- 2 x 1 x 1 process = three assessors over four cases
- 1 x 1 x1 x 1 process = four assessors over four cases

or a variation on the above.

The only exception to the above is DAE, which requires the four summative DOPS, but these can be completed by one trainer. This cannot be the primary endoscopic trainer of the trainee, and must be signed off by the training lead, who must be a different individual from the summative DOPS assessor.

Sign-off by local training lead

The trust's training lead will review the trainee's ePortfolio. 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.

The trainee's ePortfolio will be updated to show you when payment has been received. We estimate that it will take 2 weeks from the date your application is sent to an assessor to a certificate being issued. A PDF version of the certificate will be available in your JETS account.

Portfolio is assessed by assessor

The JAG office will send each applicant's portfolio to the appropriate regional lead to judge whether the criteria have been fulfilled. In cases where an application cannot be processed by the JAG Office/further information is required, the candidate will be contacted directly.

If the assessor approves a trainee's 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 information, you will receive an email asking you to provide further information. 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 make appropriate decisions independently 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 for application.