



# JAG trainee certification application criteria and process - Paediatric diagnostic colonoscopy

## 1. Introduction

This document outlines the application criteria and process for applying for JAG Paediatric diagnostic colonoscopy certification.

The certification process is managed through and supported by the JAG Electronic Training System (JETS) e-Portfolio – [www.jets.nhs.uk](http://www.jets.nhs.uk). 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 updated eligibility criteria (see section 3. below) they will need to arrange a summative assessment. It will be possible to complete this through the e-Portfolio.

All applications will be for full JAG certification. There is no provisional phase for paediatric colonoscopy.

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.

## 2. Using the website

Until further notice paediatric certification will be available through the JETS website. However the paediatric specific pathway has not yet been developed online. As a result, paediatric trainees should select the appropriate adult certification, **but must meet the criteria listed below and not those given on [www.jets.nhs.uk](http://www.jets.nhs.uk)** (which relate to adult endoscopy).

The green ticks and red crosses shown on the certification page indicating performance against the criteria are not relevant. Once the criteria given in this document have been met, the trainee will need to contact the JAG office ([askjets@rcplondon.ac.uk](mailto:askjets@rcplondon.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.

## 3. 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.



Colonoscopy Criteria	Requirement
Terminal ileal intubation	≥60%
Caecal intubation	≥90%
Unassisted (physically)	≥90%
Attend Basic Skills Course	Attended
Serious complications rate	≤0.5%
Recommended lifetime procedure count	100
Lifetime formative paediatric lower GI DOPS -trainees are recommended to complete DOPS throughout training, 1 per 10 cases	≥10
5 most recent formative lower 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 the last 5 DOPS can be scored 'maximum supervision' or 'significant supervision'.	≥90%

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'.

## 4. Additional information on 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 10 Kg. This aspect will be scrutinized by the Regional Endoscopy Lead during the review process and prior to the award of JAG certificate.

### Polypectomy in Paediatric Practice

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 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\_001 Basic Skills in Colonoscopy
- JAG\_CDP3 (M) Basic skills in colonoscopy

For trainees applying for certification after 01 January 2015 they must complete the paediatric version of the course;

- JAG\_CDP3(P) Basic Skills in Lower GI (Paediatric) Course

#### **Serious complications**

< 0.5%. Serious complications are defined as death, perforation, significant bleeding requiring transfusion, unplanned post-procedure hospital stay of over 24 hours (related to the procedure) or admission to hospital due to a complication of the procedure following discharge from the endoscopy Unit. However, given the relatively small numbers of procedures undertaken, trainees with just one serious complication may find that they have complication rates of more than 0.5%. If this is the case then after the summative assessments have taken place the following should be addressed:

- a. Details of the event?*
- b. What the trainee did?*
- c. What the trainee learnt from that event?*

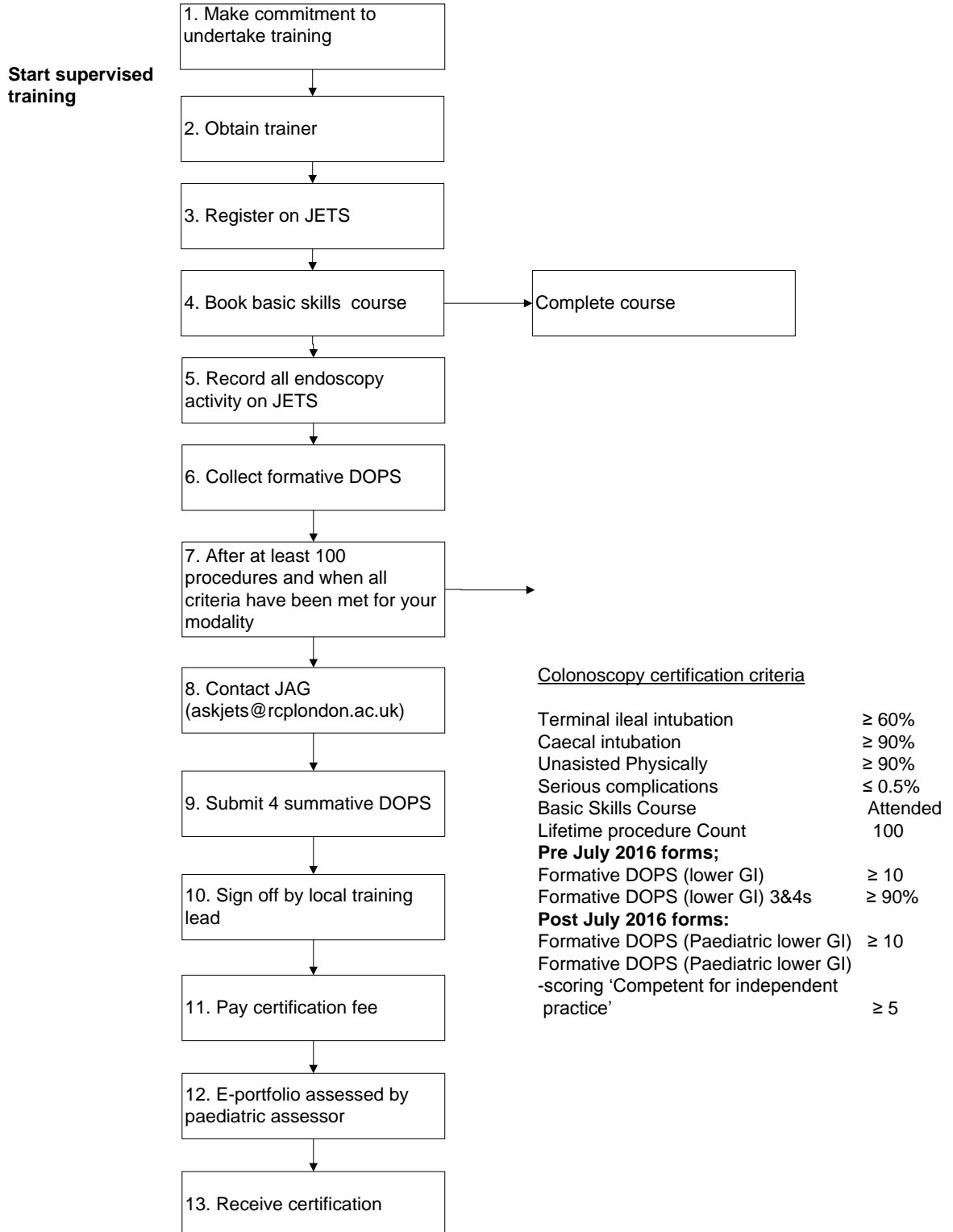
This information will be assessed by the Regional Endoscopy Lead to ensure that sufficient learning was gained from each episode. It will be at the discretion of the Regional Endoscopy Lead / JAG reviewer whether or not to allow JAG Certification based on the information provided.

#### **Lifetime procedure count**

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



## 5. Certification process flowchart





## 6. Certification process – additional information

Where applicable the numbers below refer to the number given in the process diagram above.

After at least 100 procedures and when all criteria have been met for your modality  
The summative assessment process is supported by the JETS e-Portfolio. The 'JAG Certification Application' tab on the trainee's front page will open a summary screen that displays the trainee's status.  
As noted earlier, trainees should use the criteria given in this document, not those presented online.

### Submit 4 summative DOPS

Once the trainee has successfully met the criteria, they will need to contact the JAG office ([askjets@rcplondon.ac.uk](mailto:askjets@rcplondon.ac.uk)) in order to complete their summative assessment. Once set up, trainers can sign off the summative DOPS forms. 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. As a result, please ensure your email is kept up to date.

### Portfolio is assessed by JAG paediatric assessor



The JAG office will send your portfolio to an appropriate paediatric assessor to judge whether or not the criteria have been fulfilled.

- If they approve your application, JAG will be informed and a certificate will be issued
- If they reject your application, JAG and the trainee will be informed. The assessor will provide a reason as to the grounds on which the portfolio has not been approved.
- If they request further info, JAG will be informed and you will receive an email asking you to provide further info. Most likely this will be additional procedure or DOPS via JETS.