JAG trainee certification process
Colonoscopy (provisional and full)

Colonoscopy certification is taken in two parts. The first application is for provisional JAG certification. If a trainee is successful in their application for provisional colonoscopy certification then they can perform colonoscopy independently as long as there is a trainer *immediately available* in the department. The trainee will need to apply separately for full certification which judges competency to perform colonoscopy fully independently.

Provisional certification does not expire and there is no time limit between provisional and full certification. Applicants must however complete a minimum of 100 procedures after being provisionally certified in order to reach full certification. When a trainee successfully applies for provisional certification in colonoscopy, they will obtain a waiver for flexible sigmoidoscopy certification with no extra fee. 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.

Certification application criteria

The certification criteria are shown in the tables below. The previous three months of data as recorded on the JETS e-portfolio will be used to calculate the procedural data. Please note - DOPyS (level 1) denotes all polyps less than 1cm in size, DOPyS (level 2) denotes all polyps 1cm or greater in size.

Criteria for provisional certification	Requirement
Caecal intubation rate	≥ 90%
Unassisted physically (the trainer does not take the scope)	≥ 90%
Basic skills lower GI course	Attended
Total lifetime procedure count	≥200
Procedures in last 3 months	≥15
Lifetime formative lower GI DOPS Trainees are recommended to complete DOPS throughout training, 1 DOPS form for every 10 cases	≥20

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%

Formative DOPyS (level 1)	≥4
4 most recent formative lower GI DOPyS (level 1) all items scoring 'Competent for independent practice'	100%

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 trainees training lead and then, if approved locally, to the JETS national assessors.

Criteria for full criteria	Requirement
Colon provisional certification	Granted
Caecal intubation rate	≥90%
Unassisted (physically)	≥90%
Polyp detection and removal	≥10%
Sedation rate for patients aged under 70 years old.	≤5mgs midazolam
Sedation rate for patients aged 70 or over	≤2.5mgs midazolam
Analgesia rate for patients aged under 70 years old.	≤50mg Pethidine ≤100µg Fentanyl
Analgesia rate for patients aged 70 or older	≤25mg Pethidine ≤50µg Fentanyl
Serious complication rate	≤0.5%**
Number of procedures completed since award of provisional certification	≥100
Recommended lifetime procedure count	≥300
Procedures in previous 3 months	≥15
Formative DOPyS (level 2) A level 2 DOPyS records a polyp which is greater than or equal to 10mm in size.	≥4
4 most recent formative lower GI DOPyS (level 2) all items scoring 'Competent for independent practice'	100%
Polypectomy techniques assessed by DOPyS (level 2) – Stalked polyps	≥1
Polypectomy techniques assessed by DOPyS (level 2) - Small sessile lesions/ EMR	≥1

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 denotes all polyps less than 1cm in size, level 2 denotes all polyps 1cm or greater in size.

In order to be fully certified, a candidate must demonstrate they can satisfactorily remove a minimum of one stalked polyp and also one small sessile lesion/ EMR.

Numbers
The minimum number of procedures for each trainee applying for provisional certification is 200. For full colonoscopy certification, it is 300 (with at least 100 cases having been performed since provisional certification was awarded, the majority of these should be completed whilst working independently).

Only under exceptional circumstances will trainees by granted provisional or full certification if they have performed fewer than the recommended number of procedures. 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 (askjets@rcplondon.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 and evidence.

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Complications

Trainees with just two serious complications may find that they have complication rates of >0.5%. If a serious complication occurs, the JETS e-portfolio will automatically ask the trainee to provide details of the event, what the trainee did and what the trainee learnt from that event. These boxes will have to be signed off by one of their trainers. These boxes will be assessed by the JAG reviewer on application to ensure that sufficient learning was gained from each episode. It will be at the discretion of the JETS assessor whether or not to allow certification based on the information provided.

Certification process flowchart

Provisional certification

On completion trainees can apply for full certification

Start supervised training

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Register for JETS
      ↓
Invited to join trust by training lead
      ↓
Book basic skills in colonoscopy course*  →  Complete course
      ↓
Record all colonoscopy activity on JETS
      ↓
Collect formative DOPS and DOPyS level 1
      ↓
After at least 200 procedures and when all criteria have been met
      ↓
Submit 4 summative DOPS
      ↓
Get signed off by local assessor
      ↓
Pay certification fee
      ↓
E-portfolio assessed by JAG assessor
      ↓
Receive Provisional certification
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Collect performance data for 100 cases
      ↓
Submit 4 DOPyS level 2
      ↓
Meet performance related criteria
      ↓
E-portfolio accessed
      ↓
Full accreditation granted
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