



Guidance for services assessing competency of overseas endoscopists

This document sets out the recommendations on how to assess the competency of overseas doctors who wish to independently practice endoscopy in the UK. The guidance covers overseas doctors who are progressing through the portfolio pathway.

Introduction

Responsibility for the assessment of the competence of doctors who have trained and independently practice endoscopy overseas lies with the employing trust/unit. To date, there has been no recommended approach to assessing these individuals. An assessment of competence also applies to doctors who have trained and practice independent endoscopy overseas who are progressing the portfolio (previously CESR) pathway route. In response to feedback from trusts and the need to formally assess doctors training through the portfolio route, the JAG training group agreed the following guidance.

Overview

This guidance sets out the criteria which units or supervisors can use to assess the competence of an overseas trained endoscopist. It remains the responsibility and the discretion of the employing trust to decide when an endoscopist has the competence to perform endoscopy independently in their trust.

Meeting the criteria listed does not result in JAG certification. JAG certification can only be awarded if a trainee goes through a full training programme in the UK and meets all of the required [certification criteria](#). Endoscopists going through JAG certification training who have received training overseas can apply for their experience to be counted in their baseline procedural numbers through the process outlined in the [JAG guidance on endoscopy training experience acquired outside the UK \(Including Republic of Ireland\) document](#).



Modality guidance

OGD

Eligibility criteria:

- 250+ OGD historic procedures – these should be verified by their endoscopy/training lead
- Evidence of independent practice in gastroscopy
- D2 intubation $\geq 95\%$ (over at least the last 3 months)
- J manoeuvre $\geq 95\%$ (over at least the last 3 months)

To assess competence the below should be completed/achieved and evidenced. Assessment of competence should be performed by one of the trust's regular trainers and one who has previously attended a training the trainers course:

- A minimum of 15 supervised procedures*
- D2 intubation $\geq 95\%^{**}$
- J manoeuvre $\geq 95\%^{**}$
- 4 Summative DOPS – all items rated as competent for independent practice***

*These procedures are not time-bound

**This data should preferably be the individual's most recent overseas data, though where this cannot be evidenced, these must be achieved in the supervised procedures

*** The summative DOPS cannot be completed through JETS, except where a non-independent endoscopist is applying for JAG certification as usual. The summative DOPS can be completed at any point during the minimum 15 observed procedures, though standard rules should apply.

Additional recommendations:

- Completion of all Basic skills upper GI course pre-learning



Colonoscopy

Eligibility criteria:

- 280+ historic colonoscopic procedures – these should be verified by their endoscopy/training lead
 - Unassisted caecal intubation rate $\geq 90\%$
 - Rectal retroversion $\geq 90\%$
 - Polyp detection rate $\geq 15\%$
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- To assess competence the below should be completed/achieved and evidenced. Assessment of competence should be performed by one of the trust's regular trainers and one who has previously attended a training the trainers course:
 - A minimum of 15 supervised procedures*
 - Unassisted caecal intubation rate $\geq 90\%$ **
 - Rectal retroversion $\geq 90\%$ **
 - Polyp detection rate $\geq 15\%$ ***^
 - Polypectomy techniques assessed by DOPyS (SMSA level 2) – diathermy-assisted resection of stalked polyps ≥ 2 – all items rated as competent for independent practice
 - Polypectomy techniques assessed by DOPyS (SMSA level 2) – diathermy-assisted EMR ≥ 2 - all rated as competent for independent practice
 - 4 Summative DOPS – all items rated as competent for independent practice ***
 - Basic skills lower GI pre-learning
- *These procedures are not time-bound
- **This data should preferably be the individual's most recent overseas data, though where this cannot be evidenced, these must be achieved in the supervised procedures
- *** The summative DOPS cannot be completed through JETS, except where a non-independent endoscopist is applying for JAG certification as usual. The summative DOPS can be completed at any point during the minimum 15 observed procedures, though standard rules should apply.
- ^ Excludes rectal/rectosigmoid hyperplastic polyps

Additional recommendations:

- Completion of all Basic skills colonoscopy course pre-learning



If concerns are raised

The above guidance has been created to support endoscopy leads and endoscopy training leads and help structure an assessment of an overseas trained endoscopist. It remains the responsibility and discretion of the local endoscopy leads whether an endoscopist can practice independently in their unit. If isolated concerns are raised through this process or the criteria aren't met, then the local team may feel that some targeted upskilling is required before independent practice commences. Dependent on the training requirement, upskilling could include:

- Local training by the trust's trainers
- Attendance at an Upskilling course
- Immersion training (would require the agreement of the Endoscopy Training Academy Director and may not be available in all regions)
- Study of online resources to improve knowledge and understanding of optimal techniques
- HiFIVE courses for human factors training

It is at the discretion of the local team whether they feel a further evaluation is required after targeted upskilling.

For portfolio pathway doctors, it is advised that they achieve all the recommended criteria. If any are not met, it is advised that they go through full JAG certification.