

JAG Paediatric Endoscopy Certification

Background

The Joint Advisory Group on GI Endoscopy (JAG) has been given a mandate by the Royal College of Paediatrics and Child Health and the College Specialist Advisory Committee (CSAC) to oversee paediatric endoscopy training. This document outlines proposals to ensure that paediatric trainees undertake a similar training and certification process to adult endoscopists. It is however recognised that paediatric endoscopy practice is essentially diagnostic, with a focus also on upper endoscopy and ileocolonoscopy. It is accepted that there are a smaller number of therapeutic endoscopic manoeuvres in paediatric clinical practice.

Overall process

The JAG Paediatric Trainee Certification process will be supported and streamlined by the JAG Electronic Training System (JETS) e-Portfolio.

Trainees will be expected to log their endoscopic experience on the JETS e-Portfolio 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 below) for an endoscopic procedure they will need to arrange a summative assessment. It will be possible to complete this through the e-Portfolio.

The e-Portfolio can replace the forms described below:

1. Log book
2. Lifelong summary of endoscopic training
3. Quantitative summary per Unit (following current e-Portfolio update)
4. Formative DOPS (from when the trainee started using the e-Portfolio)

Initially, the e-Portfolio will not replace the forms described below. These will need to be submitted via the “combined” application route. All of these forms can be scanned and sent electronically to the JAG Office.

1. Qualitative summary (trainer appraisal) per Unit
2. Formative DOPS before the trainee started using the e-Portfolio
3. Course certificates
4. Declaration signed by supervisor

It is expected that all trainees entering paediatric endoscopy training from September 2012 will exclusively use their e-portfolio for logging, monitoring and assessment of training.

It is accepted that 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 lead during the review process and prior to the award of JAG certificate.

Summative Assessment

The rules for summative assessments have recently been amended. The requirements for a summative assessment will be:

- Minimum of two 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.

If the trainee successfully passes the summative assessment, then the information will be sent through to the JAG Office who will then verify the e-Portfolio with the JAG Quality Assurance (QA) of Training Working Group Chair, and award JAG Trainee Certification.

Once the trainee has been signed off as JAG Certified, it is up to the governance structures of the individual Units to monitor the performance of the trainee. Performance indicators for independent endoscopists should be used for this purpose, not the eligibility criteria for trainees. The Training Lead for the individual Unit can do this through the JETS e-Portfolio.

Changes to the eligibility criteria

The paragraphs that follow describe the changes:

Formative DOPS

The changes proposed to the eligibility criteria for JAG Certification represent a move away from some key performance indicators and towards formative DOPS assessments defining when a trainee is ready for JAG Certification. The overriding aim of the JAG Certification process is to sign a trainee off as fully competent when they have been assessed to have reached that proficiency. The old performance indicators were less effective at defining that stage for reasons listed below. As trainees' competencies at an endoscopic procedure are continually being assessed formatively, it seemed logical to use these scores to define when a trainee is ready for a summative DOPS assessment and JAG Certification.

Some of the old criteria were based around performance indicators for independently practicing endoscopists. Some of these are not ideal for judging trainee's competency levels because they often either reflect the trainer's practice (eg. sedation) or occur so infrequently that the trainee is unlikely to have performed sufficient endoscopies to make the indicator meaningful (eg. complication rate <0.5%).

The formative DOPS forms provide an assessment of the trainee's competence at performing a given procedure on a given day. A score of "3" represents a competent and safe performance; a score of "4" represents a highly skilled performance. Therefore, if the trainee is consistently scoring "3"s and "4"s on each DOPS then they should be ready for a summative DOPS assessment. The JETS e-Portfolio provides graphical illustrations of the progression of scores. Therefore, the proposed eligibility criteria for a summative assessment include formative DOPS scores of "3" or "4" for 90% of the time over the preceding three months.

"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.

Number of DOPS

A minimum of 10 formative DOPS for each JAG Certification will be required over a three month period for diagnostic procedures.

The exceptions being for therapeutic upper GI endoscopy and for polypectomy removal. In these instances the DOPS time limit is removed (ie. it is simply the last 10 assessments).

JAG certified courses

Trainees applying for JAG Certification must have completed a JAG Certified Basic Skills or Foundation Course in the procedure that they are applying for. The current mandated courses are:

1. Basic Skills Course in Upper GI endoscopy
2. Basic Skills Course in Lower GI endoscopy

Eligibility criteria according to procedure

Listed below are the new eligibility criteria for each procedure. Each item reflects the preceding three months of data. DOPS scores of "3"s and "4"s should be observed > 90% of the time over the preceding three months for diagnostic procedures, no time limit for therapeutics (minimum of 10 DOPS).

Diagnostic gastroscopy (JAG Paediatric Certification)

- D2 intubation > 95%
- Retroflexion > 95%
- Unassisted physically > 95%
- Formative DOPS > 90% 3's + 4's

Colonoscopy (JAG Paediatric Certification)

- Terminal ileal intubation > 60%
- Caecal intubation > 90%
- Formative DOPs > 90% 3's + 4's
- Serious complications** < 0.5%***

Therapeutic endoscopy (JAG Paediatric Certification)

- Diagnostic gastroscopy JAG Certification
- Successful application of therapy > 90%
- Unassisted physically > 90%
- Formative DOPS[†] > 90% 3s + 4s

** Serious complications defined as death, perforation, significant bleeding requiring a two or more unit 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.

*** Trainees with just two serious complications may find that they have complication rates of more than 0.5%. If this is the case then within the summative assessment section of the JETS e-Portfolio, text boxes will ask them for 1. Details of the event, 2. What the trainee did? 3. What the trainee learnt from that event? These boxes will be assessed by the JAG reviewer to ensure that sufficient learning was gained from each episode. It will be at the discretion of the JAG reviewer whether or not to allow JAG Certification based on the information provided.

[†]There is a validated DOPS for assessment of Polypectomy competency.

Therapeutic Upper GI Endoscopy DOPS are currently being developed for variceal banding, Acute GI bleeding management and placement of percutaneous gastrostomy tubes. It is expected that in paediatric endoscopy training, therapeutic competencies, may need to be achieved in either a pre, peri or post CCT period.

Similar to adult colleagues, individuals can be assessed and signed off for individual therapeutic procedures with formative DOPS (similar to polypectomy sign off).

- 10 Formative DOPys with 3's and 4's
- No time limit
- No further summative assessment

Recommended numbers of procedures:

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.

Independent procedural numbers suggested before considering of summative assessment (not all trainees will require this number).

Diagnostic Gastroscopy	100
Colonoscopy	100
Therapeutic Endoscopy	150 (Diagnostic) and 30 (Therapeutic)

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, at the time of writing, 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-

- 10 Formative DOPys with 3's and 4's
- No time limit
- No further summative assessment

The summative assessment process

The new summative assessment process will be 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 current status on the defined eligibility criteria. Only when all criteria are met will a summative assessment DOPS screen be accessible.

Once the trainee has successfully passed a summative assessment, the trainers sign off the summative DOPS forms. A checklist will then be shown to inform the trainee of any outstanding documentation/payment that needs to be sent to the JAG Office. When the checklist is complete, an automatic email is forwarded to the Trust's Training Lead. The Training Lead will then review the trainee's e-Portfolio before submitting the JAG Certification request to the JAG Office (by a click of the "submit" button.)

The JAG Office will wait for the trainee's cheque to arrive before notifying the JAG's representative for JAG Trainee Certification who will review the trainee's e-Portfolio and judge whether or not they have fulfilled the necessary criteria. They will click the "certify" or "not certify" button. If the "not certify button" button is clicked a text box will be pop up so that an explanation for the reason for rejection can be forwarded to the Training Lead and trainee. If the "certify" button is clicked, the JAG Office will be notified and will issue a JAG Certificate. The Training Lead and trainee will also be automatically notified and the Training Lead will update the trainee's certification levels.

PAEDIATRIC CERTIFICATION

