

JAG provisional colonoscopy certification: does this sufficiently equip trainees with competencies in diagnostic colonoscopy?

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Aims

Quality assurance of UK endoscopy training is overseen by the Joint Advisory Group on gastrointestinal endoscopy (JAG). Since 2011, provisional colonoscopy certification (PCC) has been awarded centrally by JAG when trainees fulfil JAG competencies for diagnostic colonoscopy. PCC often marks the transition from full-time colonoscopy training to newly independent practice.

Worldwide, robust, real-world performance data of newly independent colonoscopists are lacking. We aimed to assess the progress of key performance indicators (KPIs) before and after PCC, specifically the unassisted caecal intubation rate (CIR; national standard $\geq 90\%$), rate of moderate/severe patient discomfort (defined as $>3/5$ on a Likert scale; national standard $<10\%$), rate of sedation use at doses exceeding JAG recommendations, and the polyp detection rate (PDR).

Methods

A UK-wide observational study of JAG Endoscopy Training System (JETS) e-Portfolio colonoscopy entries ($n=257,800$) from trainees awarded PCC between July 2011 and July 2016 was undertaken. KPIs were studied over 10 procedures using the moving average method. Trends in the 200 procedures leading up to PCC, and in the 100 procedures after PCC, were assessed using linear regression.

Results

See Fig 1, 733 trainees from 180 UK training centres were awarded PCC after a median of 265 procedures and 3.1 years. At the point of PCC, the cohort as a whole had a CIR of 93.6%. This fell slightly, to a nadir of 90.9% during the early post-PCC period, where 78% of procedures were performed independently, before recovering after around 100 procedures post-PCC. Rates of moderate/severe discomfort and high sedation at the point of PCC were low, at

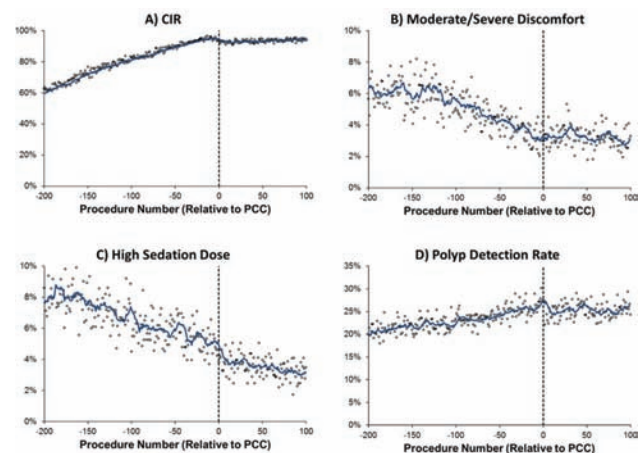


Fig 1. Trainee performance relative to provisional colonoscopy certification (PCC). A: caecal intubation rate; B: rates of moderate or severe discomfort; C: rates of sedation use exceeding national recommendations; D: polyp detection rate.

3.0% and 3.8%, both of which improved significantly in the 100 subsequent procedures ($p=0.003$, <0.001 , respectively). The overall PDR was 27.6% at the point of PCC, and remained stable subsequently ($p=0.183$).

Conclusions

Rates of trainee KPIs are meeting JAG standards in the lead-up to PCC, and generally remained stable or improved subsequently during the post-PCC period of newly independent practice. This demonstrates that JAG certification is a robust marker of competence in diagnostic colonoscopy, and supports the role of credentialing for the quality assurance of endoscopy training. ■

Conflict of interest statement

None declared.

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