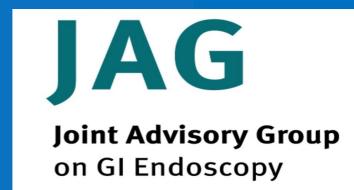
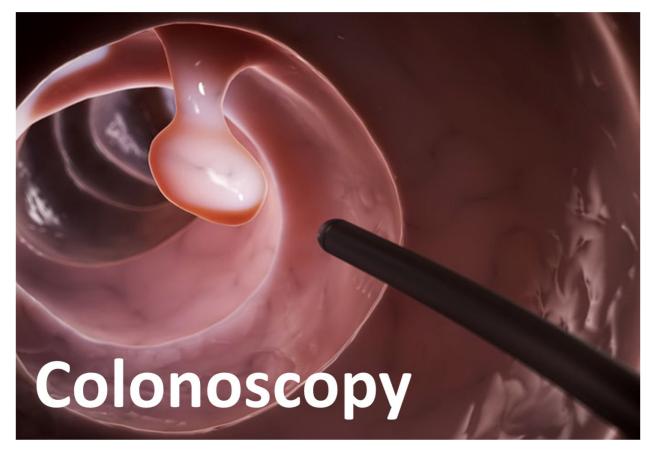
Gloucestershire Hospitals **NHS NHS Foundation Trust**



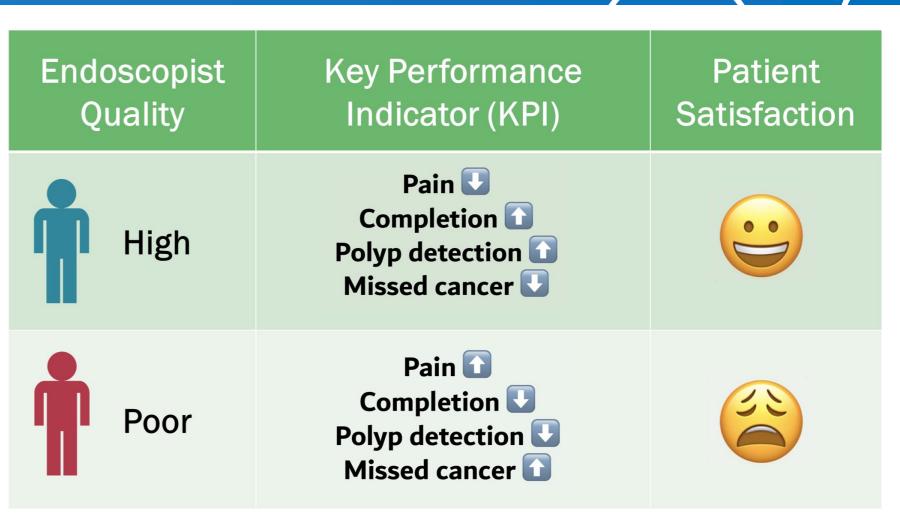
JAG Provisional Colonoscopy Certification: Does this Sufficiently Equip Trainees with Competencies in Diagnostic Colonoscopy?

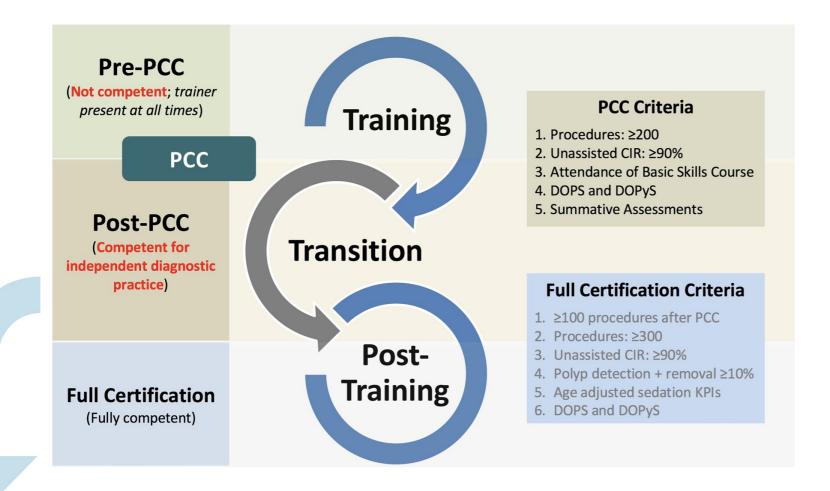
Keith Siau¹, James Hodson, Roland Valori³, Raphael Broughton¹, Steve Ward², Paul Dunckley^{1,3}









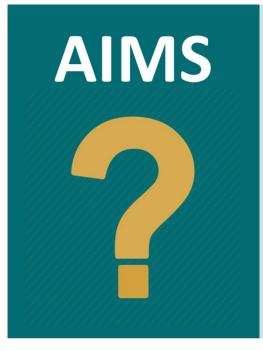


JAG Provisional Colonoscopy **Certification (PCC)** (allows unsupervised practice)

Est. 2011

The need for QA

Joint Advisory Group on GI Endoscopy



- 1) Evaluate KPIs in a national trainee cohort
- 2) Are KPIs maintained during newlyindependent practice?





- PCC 2011-2016
- 250,000 training entries
- · Moving average & trend analyses

KPI Outcomes	UK Standard
Caecal intubation rate (CIR)	90%+
Moderate-Severe discomfort	<10%
Sedation Dose > Recommended	<10%
Polyp detection rate (PDR)	>15%

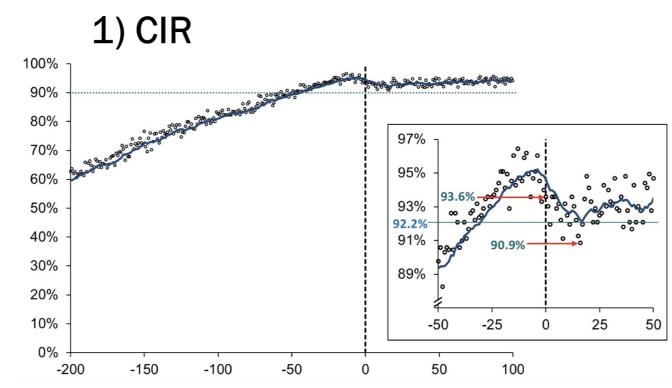
RESULTS

• **733** trainees from **180** centres:

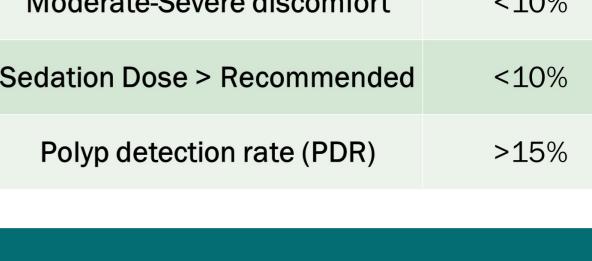
> 51%: Gastroenterologists 32%: GI surgeons

16%: Non-medical

- Median time to PCC: 3.1y / 265 procedures.
- **78%** of post-PCC procedures were for service.



Procedure Number (Relative to PCC)



2) Moderate-Severe Discomfort

9%

-200

-1.41 (-1.55 to -1.28)

-150

-100

Gradient (95% CI)* p-Value

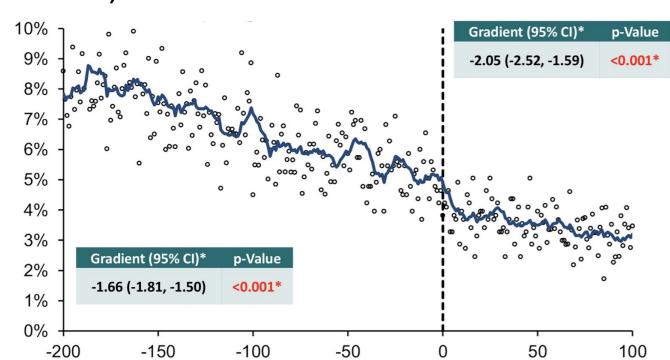
-0.61 (-1.02, -0.21) **0.003***

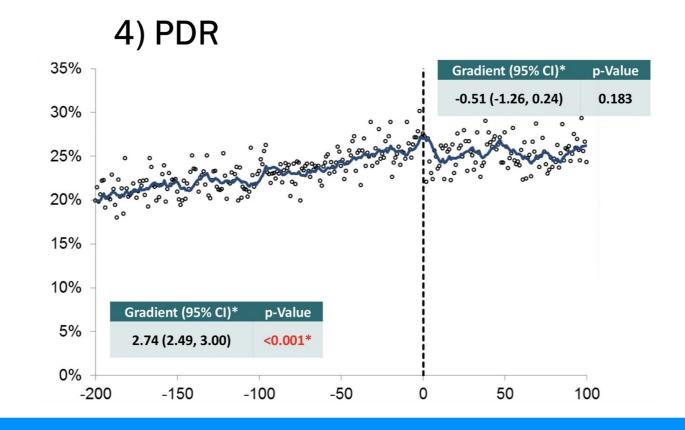
100

CONCLUSIONS

- Trainee KPIs met UK standards in the lead-up to PCC, and were maintained during newly-independent practice.
- JAG PCC is a robust marker of competence in diagnostic colonoscopy.
- This supports the role of certification in the QA of colonoscopy training.

3) Sedation Dose > Recommended





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