

NED Trainee and Trainer FAQs

1) What is JETS?

JETS (JAG Endoscopy Training System) is an electronic portfolio where evidence of training in endoscopy may be recorded. Engagement with JETS is a prerequisite for UK endoscopy certification. The role of JETS is as follows:

- To serve as a standardised procedural logbook for all trainees to log their endoscopic experience and demonstrate performance, progression and competencies
- As a portal for accessing JAG-compliant training courses
- To facilitate the formative and summative assessment processes to allow endoscopy certification

2) What is NED?

NED (the National Endoscopy Database) is a JAG-funded informatics project which aims to automatically extract data from individual Endoscopy Reporting Systems (ERS) into a central database. This resource will allow monitoring of key performance indicators (KPIs) at both individual and site level. The purpose of this is to provide comprehensive and reliable data to support quality assurance, service management and research.

3) How does NED fit in with JETS?

The NED database has been designed to link directly with the JETS database. This means that data uploaded into NED will also be uploaded into JETS, so trainees will no longer need to manually add procedural data into JETS. The aim of this integration is to improve the reliability of JETS procedural records by eliminating trainee bias. National roll-out of NED is intended for April 2018, although some pilot sites will already have NED in place.

4) Why am I receiving this document?

This document is intended for all trainee and trainer users of JETS. It is crucial for trainee details to be entered correctly, as errors may be conveyed into the JETS e-portfolio, and impact on trainee KPIs (**Appendix 1**), which determine progression, competence and eligibility for certification. Due to the variations in ERS nationally, we are only able to provide a generic document at this stage. The aim of this guide is to provide solutions to the commonly encountered issues during the testing phase, in addition to highlighting the important data fields to be completed within the ERS for trainees and trainers.

5) Are there any important considerations for new endoscopy trainees/trainers?

New users are required to register their details on the JETS website. ERS to NED/JETS uploads are dependent on correct GMC/NMC details being recorded on the ERS. Before an endoscopist can become a trainer, attendance and satisfactory performance at a JAG approved trainer course is mandatory in order to quality assure training. All new registrations require approval by the Trust's Endoscopy lead. It is the role of all trainees and trainers to ensure that details held on both JETS and your ERS, especially your GMC/NMC number, are correct.

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6) What are the important data fields that will need to be completed during a training list?

The important trainee fields are summarised in the following table. Errors in these fields can impact on trainee KPIs exported into the JETS instance of NED. If you are a trainer, please ensure that these are followed. If you are a trainee, please ensure that your trainer is filling in data correctly. It will be incumbent on the trainee to ensure that names have been correctly matched to trainee and trainer roles, and that roles during trainee-assisted therapies are filled in separately and correctly.

Field	Instructions
Endoscopist name*	If you are the trainer supervising the procedure, this should be recorded under your name, even if you have not touched the scope. If you have provided physical assistance to a trainee during a procedure, your details should be provided here. A trainee may be recorded here (Endoscopist 1) only if they have received JAG certification.
Trainee name*	If a trainer is present, or if a trainee receives physical assistance (defined below), the trainee's name should be recorded here.
Role*	This relates to a trainee's role in completing a diagnostic procedure. Assisted Physically: If physically assistance has been required during the insertion phase of colonoscopy (i.e. physical assistance before the caecum is reached) or at any time during gastroscopy (except when therapy is performed). Was Observed: If physical assistance (as defined above) during a diagnostic procedure was not required. For instance, if a trainee reaches the caecum without assistance, but requires a trainer to perform a polypectomy, or assess a lesion, this still counts as an observed procedure. Independent: This should not be selected, unless a JAG certified trainee is performing a procedure without trainer presence. A trainee with JAG provisional certification in colonoscopy may perform colonoscopy independently without a trainer within the room.
Extent by Trainee*	This is the extent at first handover of the scope from the trainee to the trainer. For instance, if a trainer has had to physically assist a trainee at the sigmoid colon, and the scope is handed back to the trainee, who reaches the caecum, the extent by trainee should be recorded as sigmoid colon.
Drugs*	For combined procedures, e.g. OGD and colonoscopy, doses of sedative and analgesic drugs administered during OGD should also be recorded for the colonoscopy procedure. This will allow KPIs to accurately reflect sedation practice.
Polyps Detected*	These refer to the finding of any polyp, except rectal hyperplastic polyps.
Therapies*	Please ensure that if a trainee has performed a therapeutic procedure, that their name is recorded in this section. Otherwise, the therapy will not be recorded under their JETS account.

7) Will all procedures be automatically exported from NED-compatible ERS to JETS?

ERS to NED/JETS data have so far been validated for OGD, flexible sigmoidoscopy, colonoscopy, and polypectomy. The current version of NED does not support ERCP, EUS, PEG and certain therapeutic procedures, as mapping terms have not been validated. Therefore, during this pilot phase, all trainees are encouraged to check the automated ERS to JETS inputs, and to manually enter unsupported procedures onto JETS.

8) How do I troubleshoot errors relayed from my ERS to JETS?

If a procedure has not uploaded to your JETS account, the probable reason for this is the incorrect allocation of your trainee role within the ERS. Please ensure that steps from **Table 1** have been followed.

Occasionally, this may be due to upload issues from your ERS to NED. Please allow 48 hours to recheck if this has been recorded in JETS. Uploaded procedures will be available for trainees to review and modify in JETS. There will still be the option of manually adding procedures onto JETS, although care should be taken to avoid double-entry of data. Each time a record is added or modified, issues will be automatically logged to identify and resolve these errors in future. For substantial or recurring issues, please contact askjets@rcp.ac.uk

9) What are the common ERS to NED errors which have been already identified?

The majority of errors and instructions to avoid these are highlighted in **Table 1**. Previous errors which have been identified from previous validation exercises include:

- Trainee entries not recorded on JETS:
 - Trainee's details not being entered on the ERS report.
- Mismatches with some medications, e.g. pharyngeal anaesthesia, Entonox, Buscopan:
 - Uploads from ERS to JETS for some systems are still being refined.
- Therapeutic data not recorded on JETS or procedure not recording
 - If trainee details not recorded under "Therapies section".

Areas which are not currently supported and under development include:

- Adverse events allocation /complications
- EUS and ERCP
- Support for PEG procedures

10) Who can I contact if there are queries?

Please direct queries to the JAG Office: askjets@rcp.ac.uk

Appendix

Appendix 1: KPI data

These may also be found on: <http://www.thejag.org.uk/AboutUs/DownloadCentre.aspx>

Gastroscopy

- Number
- Overall D2 intubation rate (%)
- J-manoeuvre performed
- Avg Midazolam (<70/>=70)
- Avg Pethidine (<70/>=70)
- Avg Fentanyl (<70/>=70)
- Unsedated %
- % where biopsies taken

Colonoscopy

- Caecal Intubation rate (%)
- Terminal Ileum Intubation (%)
- Polyp detection rate (%)
- Polyp removal rate (%)
- Polyp removal success (<1cm / >=1cm)
- Polyp retrieval success (<1cm / >=1cm)
- Avg Midazolam (<70/>=70)
- Avg Pethidine (<70/>=70)
- Avg Fentanyl (<70/>=70)

Flexible sigmoidoscopy

- Descending intubation rate (%)
- Polyp detection rate (%)
- Polyp removal rate (%)
- Polyp removal success (<1cm / >=1cm) (%)
- Polyp retrieval success (<1cm / >=1cm) (%)
- Avg Midazolam (<70/>=70)
- Avg Pethidine (<70/>=70)
- Avg Fentanyl (<70/>=70)