

SUPPLEMENTARY FILES

Criteria	Requirement
D2 intubation	≥95%
J manoeuvre	≥95%
Unassisted physically (the trainer does not take the scope)	≥95%
Basic skills course	Attended
Recommend lifetime procedures	≥200
Procedures in previous 3 months	≥15
Lifetime formative upper GI DOPS Trainees are recommended to complete DOPS throughout training, 1 DOPS form for every 10 cases	≥20
5 most recent formative upper GI DOPS scoring 'competent for independent practice'. DOPS forms must be completed within 12 months of application for certification. Up to 10% can score 'minimal supervision'. No item in the last 5 DOPS can be scored 'maximum supervision' or 'significant supervision'.	≥90%

Appendix Table 1: Eligibility criteria for diagnostic gastroscopy certification. *These are required to trigger summative assessment.*

Criteria	Requirement
Unassisted physically (the trainer does not take the scope)	≥90%
Completion of Basic skills lower GI course	Attended
Recommended lifetime procedure count (both colonoscopies and flexible sigmoidoscopies will be counted towards the lifetime procedure count)	≥200
Number of flexible sigmoidoscopies	≥100
Procedures in previous 3 months	≥15
Lifetime formative lower GI DOPS Trainees are recommended to complete DOPS throughout training, 1 DOPS form for every 10 cases	≥20
5 most recent formative lower GI DOPS scoring 'competent for independent practice'. -DOPS forms must be completed within 12 months of application for certification. -Up to 10% can score 'minimal supervision'. -No item in the last 5 DOPS can be scored 'maximum supervision' or 'significant supervision'.	≥90%
Formative DOPyS (level 1) A level 1 DOPyS records a polyp which is less than 10mm in size.	≥4
4 most recent formative lower GI DOPyS (level 1) all items scoring 'Competent for independent practice'	100%

Appendix Table 2: Eligibility criteria for flexible sigmoidoscopy certification. *These are required to trigger summative assessment. Flexible sigmoidoscopy certification is not required once a trainee has received provisional certification in colonoscopy.*

Criteria for provisional certification	Requirement
Caecal intubation rate	≥ 90%
Unassisted physically (the trainer does not take the scope)	≥ 90%
Basic skills lower GI course	Attended
Total lifetime procedure count	≥200
Procedures in last 3 months	≥15
Lifetime formative lower GI DOPS Trainees are recommended to complete DOPS throughout training, 1 DOPS form for every 10 cases	≥20
5 most recent formative lower GI DOPS scoring 'competent for independent practice'. -DOPS forms must be completed within 12 months of application for certification. -Up to 10% can score 'minimal supervision'. -No item in the last 5 DOPS can be scored 'maximum supervision' or 'significant supervision'.	≥90%
Formative DOPyS (level 1)	≥4
4 most recent formative lower GI DOPyS (level 1) all items scoring 'Competent for independent practice'	100%

Appendix Table 3: Eligibility criteria for provisional colonoscopy certification. *These are required to trigger summative assessment.*

Criteria for full criteria	Requirement
Colon provisional certification	Granted
Caecal intubation rate	≥90%
Unassisted (physically)	≥90%
Polyp detection and removal	≥10%
Sedation rate for patients aged under 70 years old.	≤5mgs midazolam
Sedation rate for patients aged 70 or over	≤2.5mgs midazolam
Analgesia rate for patients aged under 70 years old.	≤50mg Pethidine ≤100µg Fentanyl
Analgesia rate for patients aged 70 or older	≤25mg Pethidine ≤50µg Fentanyl
Serious complication rate	≤0.5%**
Number of procedures completed since award of provisional certification	≥100
Recommended lifetime procedure count	≥300
Procedures in previous 3 months	≥15
Formative DOPyS (level 2)	≥4
A level 2 DOPyS records a polyp which is greater than or equal to 10mm in size.	
4 most recent formative lower GI DOPyS (level 2) all items scoring 'Competent for independent practice'	100%
Polypectomy techniques assessed by DOPyS (level 2) – Stalked polyps	≥1
Polypectomy techniques assessed by DOPyS (level 2) - Small sessile lesions/ EMR	≥1

Appendix Table 4: Criteria for full colonoscopy certification.