

Welcome to the dedicated Newsletter for JAG Trainees

This newsletter is designed with you in mind and will provide you with quarterly updates of JAG activities. If there is information not included that you feel should be or would like to know about, please [click here](#) to email me at the JAG.

Warren Lynch, JAG Office

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RECENT ISSUES

Incomplete Applications

An increasing number of incomplete applications are being received by the JAG Office. Submission of incomplete applications slows the certification process and increases paper work for all involved.

The top three missing items in applications are currently:

From the New JAG Chair

Mr. John Stebbing



I am absolutely delighted and feel privileged to have been appointed as the next Chair of The JAG.

In many ways, the Endoscopy service we have today is unrecognisable when compared with that of ten years ago as levels of quality assurance and patient focus are now much higher. Under Roger Barton's stewardship, The JAG has developed into a recognised and respected brand as part of the modernisation of the Endoscopy service. Yet despite this progress, there is more work ahead in ensuring that The JAG becomes fully accepted as the natural authoritative and multi-professional body providing support for excellence in Endoscopy practice, whether this be in supporting and developing Endoscopy training or in supporting individuals, whole teams and provider organisations delivering Endoscopy services. As I step into this position, work is already underway and the foundations for further progress are sound.

I am fortunate in having considerable relevant experience in both Endoscopy services and bowel cancer screening along with a strong record of achievement in contributing to and agreeing strategy, leading change and obtaining buy-in across networks and organisational boundaries. Personal qualities which will support me include drive, enthusiasm, calmness, clear thinking, politeness, professionalism and a willingness to listen and gather opinions whilst retaining a clear focus on delivery.

No doubt there will be challenges along the way, but I am absolutely determined that The JAG becomes involved in all areas of work and the underlying focus should be "excellence" for patients.

From the Departing JAG Chair

Prof. Roger Barton

As this newsletter circulates, we are in the middle of a transition of JAG Chairs. In October 2006 there was a smaller committee and minimal nurse representation but, most importantly, a remit of championing endoscopy training. My, things have changed! The last four and a half years have been a mix of many, many meetings, negotiations, persuasion, interspersed with tense steps into the unexplored. The interactions and iterations of policy and strategy with numerous various bodies have sometimes been slow and repetitive, and occasionally rapid and rewarding.

We must not pretend that this is all The JAG's work. There has been the brilliant coincidence of the pupation, hatching and glorious death of the National Endoscopy Training Programme along with the current highly successful Bowel Cancer Screening Programme in England. These two phenomena, not entirely unrelated, have brought the necessary support for a critical mass of enthusiastic endoscopists to

1. Portfolios need to be fully completed. Main areas that are often missing include quality data figures such as sedation rates, polyp detection rates etc. Please ensure that you complete and submit all portfolio forms in the 'JAG Downloads' section of our website.

2. A simple log of procedures performed.

3. A certification of completion of a basic course in the relevant procedure.

Please find a full list of required documentation in the downloads section of the JAG website at:

www.thejag.org.uk

JETS FREQUENTLY ASKED QUESTIONS

We have noticed that certain questions are frequently asked by trainees regarding both JAG Certification process and the new JETS E-Portfolio system. Please find simple answers to some of the most commonly asked questions below:

Q: Why can't I apply for JAG Certification in Therapeutic Upper GI?

A: The assessment process behind Therapeutic Upper GI is currently under review and, consequently, JAG Certification in this discipline is currently on hold. Once we have completed the review process, an email will be sent to all Endocopy leads to inform them that trainees can now apply for JAG Certification in Therapeutic Upper GI.

Please do not send applications for certification in this procedure whilst it is still under review.

Q: How long does the application process take?

A: Once we have received your application and are happy that all of the required documentation is present your application will be sent to the assessors for final assessment. Please note that the assessors can take up to six weeks to reach a verdict on your application and a confirmation email will be sent to you as soon as we receive news of their decision.

Q: Why can't I select my hospital on the JETS E-Portfolio?

A: Difficulty in selecting your current hospital as your main site occurs for one of two reasons:

a) Your E-Port Lead or E-Port Admin

meet a critical number of times in a critically short period. Furthermore, many of these endoscopists even knew what they were talking about. There have been huge contributions from so many people, and we should be really grateful to them for their efforts, determination, and sacrifices.

We have ended with the JAG remit covering not only all endoscopists, trainees, trainers, and practitioners, but service provision as well, and this is highly likely to cover the independent sector too. Our standards, methods, and processes are being adopted internationally, and the UK is currently at the forefront of clinical Endoscopy practice. There is still much to do and it is entirely appropriate that, in open competition, John Stebbing steps up (or should he sit down?) as the very first surgical Chair of the JAG. He has an excellent track record and will be greatly assisted by the enhanced support of Caroline Rogers as the new Accreditation Unit Manager, Jane Ingham of the RCP who continues to host the JAG parasite, and the new, yet highly experienced, JAG Executive.

The continuing success of The JAG will depend on maintaining key, highly productive relationships with the BSG, AUGIS, and ACPGIBI, as well as with the colleges of physicians and surgeons, and on building upon newly-formed links to the Care Quality Commission and the Department of Health Diagnostics Clinical Committee.

As I step back, I would like to thank all of those who have been so supportive and hard-working over this time, and with a special thanks to Warren Lynch for holding the coracle together through the storms. I will fondly miss the JAG Committee meetings with their mix of critical positivity, collegiality, and explosive discussion.

Introducing the Accreditation Unit Manager

Ms Caroline Rogers

I would like to introduce myself as the new Accreditation Unit Manager in the Clinical Standards Department at the Royal College of Physicians - JAG is the major player of the new unit and I am overseeing its operations and development. I am ably supported by the team you know already: Warren Lynch and Darran Cahill together with our new administrator, Matt Duffell. I am also now in the process of recruiting a senior manager to support the running of the JAG accreditation visits.

A number of exciting developments are taking place for JAG. Firstly, with the first endoscopy units coming up for their five-yearly accreditation visit at the end of 2011, we are designing the future of JAG re-accreditation with an annual self-assessment requirement (see John O'Donohue's piece in this newsletter for further details). This will set the service in good stead to move forward on its path towards a world-class patient-centred service. More from me to come on this as plans develop! JAG is receiving much overseas interest in its various activities at present and this is something I will also be exploring further. Back to the UK, developing quality improvement through the JAG accreditation pathway for the independent and community sectors will be one important focus of 2011.

The Accreditation Unit has taken on the running of the new SEQOHS (Safe Effective Quality Occupational Health Service) accreditation scheme which was launched in December. New staff are being appointed to manage and operate this scheme. I am pleased to say that we will benefit greatly from considerable cross-over between the two schemes in terms of administrative support, developing expertise and our remit in accreditation.

And last but certainly not least, I am delighted to be working with John

has not added you to the trust as a user. In order to resolve this you will need to contact either your E-Port Lead or E-Port Admin and ask them to add you to the trust.

b) You have not accepted your invitation to join the trust. To do this you will have to access your 'Outstanding Actions' tab and click 'Accept' to any invitations you may have received.

Q: Why am I locked out of my JETS account?

A: Recent problems have been encountered with trainees being locked out of their accounts after failing to keep their profile up to date. The system will ask you to update your profile in your 'Outstanding Actions' tab and failure to do so can lead to technical problems. If you become locked out of your account or experience problems regarding the updating of your profile, please contact the JAG Office to resolve the problem.

Trainee are strongly urged to check and act promptly on items in their 'Outstanding Actions' tab to ensure the smooth running of their JETS account.

GRS CENSUS - OCTOBER 2010

The latest GRS (Global Rating Scale) Census was conducted during the month of October. For those new to this, the GRS census is a biannual census held in April and October each year. Endoscopy units complete a questionnaire by answering yes or no to questions relating to Clinical Quality, Quality of the Patient Experience, Training and Workforce. Further information about GRS and the questions relating to the measures can be found via

www.globalratingscale.com.

The JAG Office is delighted to report that 100% of Acute Sector sites completed the census in October and we wish to record our sincere thanks to everyone involved in achieving this. Some Community and Independent Sector units are also completing the census biannually and JAG is working on increasing these sectors involvement in GRS to assist in improving standards. Results show overall improvements since April 2010 in the following areas:

Clinical Quality: Consent 95.75% (up from 95.65%), Safety 90.57% (up from 86.96%)

Quality of the Patient Experience:

Stebbing, the new JAG Chair. I would like to thank Roger for his support in this 'handover' period and wish him all the best.

E-Portfolio Developments

Mr Warren Lynch

The next phase of development work is currently taking place on the JETS website and includes work in the following areas:

- Assignment of grade levels in ERCP
- Recording serious complications
- Explanation hovers on each criterion on the Formative DOPS form
- The ability to upload scanned copies of course certificates and formative DOPS forms
- Creation of a new appraisal screen to record start and end of year attachments and annual reviews
- Creation of a system of the procedure data/formative DOPS check to ensure all JAG certification criteria has been met
- Creation of an on-line summative DOPS assessment
- Electronic Endoscopy Training Lead declaration signoff

Work is nearing completion and the new features should be available in February 2011.

E-Portfolio Statistics

Mr Warren Lynch

Registration of Trusts, Trainers and Trainees continues to increase on the JETS website (www.jets.nhs.uk). As of 2nd January 2011, statistics for use of the JETS website were as follows:

88% of Endoscopy units in the UK (89.3% of units in England) have been set up with an E-Portfolio Lead appointed in the trust. (E-portfolio Leads manage the local administration, which includes registering and inviting trainees and trainers to use the JETS website)

61.5% of units in the UK are actively using JETS (63.3% in England).

No. of Lists registered:

19,164 from 704 different users

A high of 2,148 lists in a four week period from 375 different users

Procedures

82,920 procedures registered with a high of 9,172 in a four week period and 2,385 in one week.

DOPS

8,650 DOPS performed for 557 different users

1,582 DOPS recorded on courses

A high of 998 DOPS in a four week period from 212 different users

2,334 PDPs have been performed for 384 users

There are still 22 Endoscopy units that have not yet appointed an E-portfolio Lead and been set up to use the JETS website. The JAG Office can assist in registering units on JETS. To do so, please email Matt Duffell in the JAG Office at askjag@thejag.org.uk or call 020 3075 1620. Matt will need the name, email address and GMC or NMC Number of the JAG E-portfolio Lead and Admin Person (if you have one). It is imperative that all Endoscopy units are registered on JETS as the paper based JAG trainee certification process is currently being phased out. **From July 2011, all applications for JAG certification need to be submitted via the JETS system** and all procedure data and DOPS assessments need to be recorded on the JETS website.

Equality 88.68% (up from 87.92%),
Choose & Book 90.57% (up from
90.34%), Privacy and Dignity 94.81%
(up from 90.34%)

Training: Environment & Training
85.65% (up from 82.44%), Endoscopy
Trainers 63.64% (up from 58.54%),
Assessment/Appraisal 86.12% (up from
83.41%), Equipment & Educational
Opportunities 88.52% (up from 86.83%)

Workforce: Skill Mix 92.92% (up from
92.27%), Orientation & Training 92.92%
(up from 91.30%), Assessment &
Appraisal 88.68% (up from 85.51%),
Staff are cared for 86.79% (up from
85.99%)

A fall in standards was recorded in a
small number of areas. Most noticeable
though was a big decline in Timeliness
down 16% since April 2010. Results
were:

Clinical Quality: Comfort 92.75%
(down from 89.62%), Quality 89.62%
(down from 91.30%), Appropriateness
71.70% (down from 72.95%),
Communicating Results 91.51% (down
from 94.69%)

Quality of the Patient Experience:
Timeliness 69.81% (down from
85.99%), Aftercare 94.81% (down from
96.62%), Feedback 94.81% down from
96.14%

Workforce: Staff are listened to
83.96% (down from 84.54%)

E-Portfolio Update

Dr Paul Dunckley

Over the last 18 months, The JAG has carried out an extensive review and consultation on the way that trainees are assessed as competent at Endoscopy. This update will inform you of changes, provide you with the rationale behind these changes and give you a timeline for implementation.

Firstly, the term 'accreditation' is changing to 'certification' to help distinguish this process from the Endoscopy unit accreditation process.

Trainees have fed back that the application process for certification can be paper heavy and cumbersome. In response to this, The JAG has designed and released the JETS E-Portfolio system. From February 2011 the application process will be streamlined and you will be able to apply through the JETS E-Portfolio. From July 2011, **all** applications will have to be submitted through the JETS E-Portfolio. If needed, supplementary paper evidence will be permitted until at least 2012.

The JETS E-Portfolio was released in Sept 2009 and, currently, 88% of trusts in the UK have adopted the system. If you are not sure whether your trust has set up the JETS E-Portfolio, please click on this link: <http://www.thejag.org.uk/TrainingforEndoscopists/ePortfolio/UsingthePortfolio/TrustsCurrentlySetup.aspx>

Details on how to set up the JETS E-Portfolio can be found here: <http://www.thejag.org.uk/TrainingforEndoscopists/ePortfolio/UsingthePortfolio/SettingUpYourTrust.aspx>

The purpose of The JAG trainee certification process is to assess your competence at performing an endoscopic procedure. You will be expected to show sufficient expertise allowing you to perform the procedure independently. DOPS assessments assess competence using the standard of an independent endoscopist as a benchmark. E.g. a score of "3" represents a competent performance for an independent endoscopist. Formative DOPS scores have, therefore, been included in the new certification process. To be eligible for a summative assessment you will need to be scoring "3"s or "4"s in over 90% of your formative DOPS (>95% in diagnostic gastroscopy). For flexible sigmoidoscopy and colonoscopy, you will also need to have shown competency at polypectomy. A new DOPS form (the DOPyS) has been designed for this and will be accessible on the JETS E-Portfolio shortly.

To simplify the process, the provisional certification stage has been removed from upper GI Endoscopy. However, demonstration of competence at removing larger polyps will be required for full certification in colonoscopy.

Due to a lack of validated assessment tools, The JAG has suspended certification in therapeutic gastroscopy. The JAG Working Group for the Quality Assurance of Training is actively developing new assessment tools for this purpose.

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Graham Bull Prize in Clinical Science 2011

This award was established in 1988 in honour of the late Sir Graham Bull, who was the first Director of the Clinical Research Centre at Northwick Park. A trust for the Graham Bull Prize was set up to provide money for young researchers under the age of 45 years who feel that they have made a major contribution to clinical science. The prize as designed by the Trust is specifically for an application and not for nomination of individuals.

The work can cover a wide range of expertise, such as molecular and cellular biology, imaging technology, psychiatry or health sciences. The award is open to both clinical and basic scientists, who must apply for their

own work to be considered. The sum of £1,000 is offered on a competitive basis each year.

The closing date for applications is 31 March 2011.

Further details can be obtained from:

<http://www.rcplondon.ac.uk/education/training/Pages/Research-Fellowships.aspx>