



JAG accreditation

A quick guide to JAG terms

Service

When you ring the JAG office, we may ask you for the name of your service. This is the name of the endoscopy service that is registered with JAG and is usually the official name of the hospital the endoscopy service operates from.

Linked service

A linked service is a group of two or more endoscopy services that operate under a common management structure and share common policies and procedures across all sites. Services must meet certain criteria to be considered linked; you can find more information about these criteria in the following FAQ: [Is my service a linked service?](#)

Organisation

When the JAG team talks about organisations, we are referring to the trust, health board or organisation that oversees the hospital an endoscopy service operates from. For non-acute services, this may simply be the name of your hospital.

Service contacts

Service contacts are the people that we email or call about anything related to a service's accreditation or assessments. Service contacts do not necessarily have a user account for the JAG website, and individuals with user accounts are not necessarily service contacts.

For more information about how to update your contacts, see the following FAQ: [How do I update my service contacts?](#)

Please email askJAG@rcplondon.ac.uk if the name of your service or organisation changes so we can update our records and ensure that your assessments, reports and certificates are all accurate.



GRS

The Global Rating Scale (GRS) is an online checklist designed to help services assess how they are performing. You can find the [GRS standards](#) for UK, Irish and paediatric services on our website by going to Support > Download Centre.

Services that are not currently JAG accredited complete the GRS in April and October each year. Services that are JAG accredited complete the GRS as part of their annual review. For more information, check out our annual review guidance [on our website](#).

Self-assessment

Self-assessments (sometimes referred to stage 1 assessment) are designed to improve the assessment process by allowing services to upload evidence before requesting a site assessment. Services can start a self-assessment at any time, but they must provide evidence for all standards and be achieving As and Bs across all GRS measures before they can request a site assessment.

[Guidance on the self-assessment process](#) can be found on our website by going to Support > Download Centre.

Site assessment

A site assessment (also known as a stage two assessment) is when two or more JAG assessors visit your service in person to assess the environment, walk the patient pathway and talk to staff and patients. Your assessment team will check the evidence you submit in your self-assessment at this stage too.

Deferral assessment

If a service doesn't meet all the JAG standards, their accreditation will be deferred for up to 6 months. This can happen after a site assessment or an annual review, and the service will need to upload further evidence to show they are meeting the standards. Sometimes the assessors will also need to do a site reassessment to assess any changes to the environment that can't be assessed through photos. This will usually involve the nurse assessor visiting the service for half a day to inspect any areas that did not meet JAG standards at the time of the original site assessment. We will let you know whether it's a site assessment or an evidence only assessment when we send your report.



Assessors

Your assessment team will consist of at least three assessors that will cover the following roles:

Clinical assessor: focuses on clinical practice, safety, audit and training

Nurse assessor: focuses on environment and decontamination, workforce and training, and audits

Management assessor: focuses on patient access, waiting lists and booking systems. Management assessors usually don't attend assessments in the independent sector.

Lay assessor: member of the public who focuses on the patient pathway, information, environment, patient feedback and privacy and dignity.

Observer: sometimes trainee assessors or JAG office staff will attend an assessment as an observer. They will simply shadow the assessment team to learn more about the assessment process. They won't have any input into your accreditation outcome. We will always notify you before the assessment if an observer will be attending.

Either the clinical, nurse or management assessor will act as the lead assessor and will be responsible for overseeing the team and writing the assessment report.



Quality Assurance (QA) process

After your site assessment, the lead assessor will collate your report which will include your service's accreditation outcome and any key actions, recommendations or congratulations. The draft report will then be sent to two assessors who didn't attend the site assessment and they will review it to make sure the outcome and actions are fair.

Annual review

In the 4 years following your site assessments, a service must successfully complete an annual review to show they are still meeting JAG standards. The annual review is completed online and includes self-assessing against the GRS.

You can find guidance on the [annual review process](#) on our website by going to Support > Download Centre.

Reaccreditation

Services must have a site assessment every 5 years to maintain their accreditation. We call this process 'reaccreditation'.

Factual Accuracy (FA) process

After the QA process, we'll send the service's unit contacts a link to access the draft report and complete a factual accuracy (FA) check. You will be able to download a copy of the draft report and raise any errors in the report before the scheme chair finalises it.

For more information about the FA process please see this FAQ: [What is the Factual Accuracy \(FA\) process and how do I complete it?](#)

Bespoke assessment

A bespoke assessment is less common and is conducted on a case-by-case basis. Your service may be eligible for a bespoke assessment if you have completed a full stage two assessment and are meeting all standards except one (usually waiting times or environment). This will usually involve one JAG assessor visiting your service and assessing it against the non-compliant standard and some other standards that show us you are maintaining safety, quality and a high standard of patient and staff experience.

JAG accreditation mark

JAG provides an accreditation mark for use by services that have been accredited to demonstrate their achievement and as a mark of quality. This will be available for you to download once your service has achieved accreditation.

Triggered assessment

A triggered assessment is a less common method that is only conducted under certain circumstances – in this case, if your service has had significant changes to its environment or governance.

Service checklist

The service checklist is a page on the webtool where you can find a complete list of the JAG standards and the evidence, comments and actions assigned to each of them. You will use this page a lot during your assessment as this is where the assessors will review your evidence and make comments. It's also where you will respond to these comments and upload any additional evidence the assessors request.

To access the service checklist, log in to the JAG website and click My Tasks > Assessment Dashboard. Open the relevant assessment and click Service Checklist. You will need to click the big green button that says, 'Click here to open the visit checklist in a new window'.