# JAG accreditation scheme

Stage one: quality improvement self-assessment

Stage one: quality improvement

Stage two:

Stage three: annual review

Stage four: eaccreditation

### Introduction

Before services can be accredited, they must self-assess their service against the GRS and work towards the JAG standards. This document summarises the stage one self-assessment pathway and the actions services must take to be eligible for an accreditation assessment.

# **Global rating scale (GRS)**

The GRS is a quality improvement tool for endoscopy services to benchmark their practice and understand their achievement against the standards. We base various stages of assessment on the GRS standards.

The GRS is made of a number of 'measures' which are assigned a level from C-A. Services should consider 'C' level measures as basic practice, 'B' level measures as best practice, and 'A' level measures as exemplary practice.

Services complete the GRS census twice a year in April and October on the JAG website. This is done using the 'self-assessment' function on our website. Services can review their practices by going through the standards and selecting whether they are meeting each measure. This self-assessment tool is available all year-round, but we collect the GRS information from services in April and October.

If a service meets level B and level C across all standards, we encourage them to move forward with the accreditation process and start uploading evidence.

# Preparing for evidence upload

Before starting the self-assessment, if the endoscopy service has more than one site, please contact JAG to find out whether a linked self-assessment should be completed.

When a service is ready to move forward with accreditation, services can upload evidence to the 'Evidence Bank' and assign documents to each standard. On the standard pages there is an option to leave comments where necessary. We recommend that a service assigns no more than five documents to each standard. All standards must be fully evidenced before an assessment can be requested. We cannot accept any documents which contain patient information or older than 12 months

A key element of evidence submission is the use of our **mandatory templates**. For an assessment, we require:

- ✓ Mandatory template 1 audit report standards 3.4 & 4.1
- ✓ Mandatory template 2 clinical audit report standards 3.4 & 4.1
- ✓ Mandatory template 3 waiting times standard 10.5
- ✓ Mandatory template 4 environment checklist standard 9.3
- ✓ Mandatory template 5 IHEEM standard 9.2

For more information and guidance when uploading evidence, please follow our evidence requirements on the GRS standards. There is no time limit for services to complete their self-assessment and request an assessment. However, please note your evidence should not be older than 12 months.

### Requesting an assessment

An assessment can be requested through the JAG website by providing three potential dates for the site assessment. These dates must be at least 3 months in advance (see the stage two guidance on the JAG website). JAG will respond within 5-10 days of submitting the request with further details on how to proceed.

When requesting an assessment, the service will need to meet each of the criteria below or add a supporting comment to explain why one is not being met:

### Assessment eligibility

- ✓ The service has been operational for at least 1 year
- ✓ The service is meeting national waiting time targets
- ✓ The service has paid all invoices for JAG, including the annual subscription
- ✓ The service has completed a GRS census and has achieved level B and C across all standards
- ✓ A representative has attended an accreditation training day in the last year
- ✓ The service does not have current or planned building works

✓ The service has not uploaded any patient identifiable information to the website.

# Assessment requirements

- ✓ The service must have an operational list running on the day of the assessment; for multi-site assessments, each site must have an operational list running on the date specified for the assessment
- ✓ The service leads (namely clinical, nursing and managerial leads) must be available and present on the day of the assessment.

# **Support**

JAG offers the following support for services working towards accreditation:

### Training days

JAG holds <u>regular sessions</u> to provide practical advice and support to endoscopy services seeking JAG accreditation. We strongly recommend medical, nurse and management leads attend this course as a team to ensure they fully understand the requirements of JAG accreditation.

### Video guides

Services can find <u>video guides</u> on common topics such as uploading evidence. More videos are being produced in due course.

### Guidance documents

JAG has produced a range of <u>guidance documents</u> to provide further information on particular areas of the standards.

### Resource library

JAG has gathered a <u>small number of key documents</u> which can be used as a template. These documents are all examples, and JAG does not mandate their use. They can be downloaded from the JAG website.

## Knowledgebase

JAG has developed a knowledgebase containing frequently asked questions about all aspects of JAG accreditation as well as JETS, JETS workforce and the national endoscopy database (NED). You can access the knowledgebase by going to <a href="https://www.thejag.org.uk/support">www.thejag.org.uk/support</a>.

### Helpdesk

If services still need help after accessing the above resources then they can contact our helpdesk by emailing AskJAG@rcp.ac.uk.

### **Further information**

For further information please see <a href="https://www.thejag.org.uk/support">www.thejag.org.uk/support</a>.

Document control	
Version	Final, version 2.1
Effective from	March 2022
Review date	March 2022
Owner	Accreditation Unit