

Ed Sung Blog – JAG improvement lead



You are the improvement lead for JAG, a role that you have been performing for the past 9 months, how have you found the role so far?

I've found the role is very insightful. It's enlightening and also very enjoyable because I was privileged enough to be invited to join the table with the senior leadership team in JAG and it's given me a lot of learning experience about how JAG works outside my role at a unit that is accredited and being outside my role as a clinical lead. It's been exciting!

Can you give some insight into what you have been working on so far?

We have rewritten the JAG adult standards and streamlined those into 80 standards across 11 domains. It's more streamlined and less repetitive than it was before. I think the units will find it much easier to navigate through these standards when they do their evidence upload.

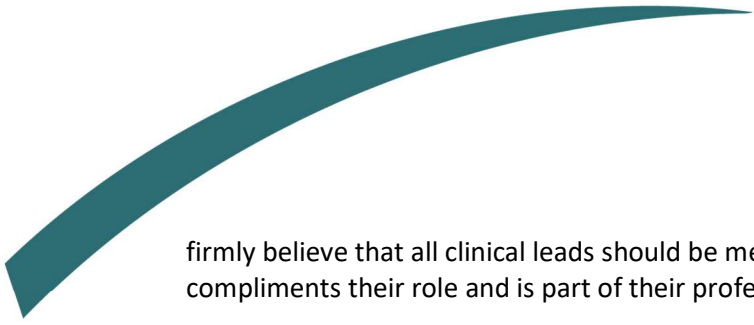
I've been to Republic of Ireland and Wales to look at engagement there and I'm please to say that we have very positive engagement there. I attended the Welsh Association of Gastroenterology and met the leadership team there and we have been invited to attend the next programme.

I have also been helping resolve some complex assessments and that's one of the privileges of being a part of the leadership team, you get some insight into the difficulties in accreditation assessments and looking at complex units and getting to help support them to achieve accreditation.

What would you say your main focuses of the role are?

My role is to do with improving the standards and improving accreditation journeys and helping units meet the standards and providing the necessary support. Times are difficult in the NHS at the moment and there is a lot of change and financial challenges. One of the things I will be doing more is not only to support services in meeting the accreditation standards but maintaining them also.

I'll also be looking at training for assessors and training for service leads. I will be looking at training for JAG assessors and promoting the role of medical assessor to all clinical leads. I



firmly believe that all clinical leads should be medical assessors in JAG because it compliments their role and is part of their professional development.

As well as being an improvement lead, you are also a medical assessor for JAG and have experienced numerous services during your time. Could you give an insight into the qualities needed to become a medical assessor for JAG?

I think you should be a clinical lead within your own unit. There must be some commitment to Endoscopy and the department. Secondly, you do need to have the deeper knowledge of the JAG standards because when you meet the standards, that's when you deliver high quality and safe care to your patients.

You should also have an interest in training looking at the quality and effectiveness of it. You need to have the drive and enthusiasm to deliver good quality care and for me every clinical lead in endoscopy should have the opportunity to become a medical assessor because it enhances your role and improves your skills and knowledge in how to become an effective clinical lead.

What is the role of Medical Assessor like on in the lead up to the assessment?

You will need to go through the evidence that has been uploaded by the unit. You will need to decide whether you think they will pass those standards or whether there are some queries that you will need to go through. The evening before the assessments the assessors will meet to discuss what sort of approach they will take to the assessment day. You will get insight from the nurse, management and lay assessor.

What does the medical assessor role look like on the day of the assessment?

You will meet the leadership team and see their presentation, and you'll get to see how proud they are about the unit, the success and the challenges. Then you will have an opportunity to do a tour of the service and walk along the patient journey.

You will be shown around the department and be able to ask questions to the leadership team. This gives me a lot of insight into what the morale of the department is like, the challenges and the staffing levels. They get the chance to speak openly about their challenges and concerns. The day is a chance to get a more detailed understanding of the assessment rather than just an evidence review.

One of the things that I enjoy doing is the feedback at the end. Once the interviews have taken place the assessors will meet and come up with our congratulations, recommendations and key actions. We look at how we can support the service in meeting those key actions.

Units are very driven to meet the criteria and in their 6-month deferral period that can meet those key actions. I'm really pleased to be a part of that process to get them across the finish line.



What does the medical assessor role look like after the assessment?

After the assessment the medical assessors will need to generate a report which will be sent to the lead assessor who will collate the information and put it into their report. Some units will go into the deferral stage where key actions need to be met. There will be some follow up meetings with the unit to see how things are progressing.

The key actions I firmly think that the medical assessors should participate in that, and we are looking at improving the process for this.

If there was someone reading this and thinking about becoming a medical assessor for JAG, what would you say to encourage them?

I firmly believe that being a medical assessor will give you benefits by creating a more efficient, effective and competent clinical lead. When I became a clinical lead, I was told to look at these KPIs and audits. What do we do with them? I knew very little about competency, training, decontamination and managing waiting lists.

When we have the meeting the evening before the visit, we sit together as a team, and I can ask questions and learn more about other areas of the JAG standards. When I came back to my department, I felt that I had a much deeper understanding of how my unit works and there for when things go wrong, I can make a much more sensible and appropriate decision.

Being a medical assessor was transformational for me because I became a far more effective and proficient clinical lead. I became more competent in what I do and now that I am in the improvement role I am learning so much more about what I can do. Being a medical assessor gave me a springboard, and I would encourage all clinical leads to be medical assessors. That way you can learn so much more.

If you are thinking about being a medical assessor, then please get in touch with the JAG office askjag@rcp.ac.uk

You can make a big difference in improving patient care across the UK and ROI