

Celebrating 25 years: Joint Advisory Group on Gastrointestinal Endoscopy

Siwan Thomas-Gibson, chair of the Joint Advisory Group on Gastrointestinal Endoscopy (JAG), looks back at a quarter of a century of progress.

It's hard to imagine that 25 years ago our pioneering Joint Advisory Group on Gastrointestinal Endoscopy (JAG) didn't exist. In fact, in the early 1990s there was no standardised endoscopy training and no defined standards for services to work towards to ensure they were providing the best possible care for patients. At the time, nurses didn't perform endoscopy.

JAG was established in 1994 in response to the expanding multidisciplinary nature of endoscopy. Although the initial focus was on standardising endoscopy training across specialties, JAG now works across three main areas: endoscopy training, accreditation of endoscopy services and accreditation of screening endoscopists. JAG also spearheads quality improvement (QI) initiatives to drive up standards of care for patients.

Training

In 1999, a review of colonoscopy practice in the UK found that 'training in colonoscopy is often inadequate and improved practice should result from better training'.¹ JAG rose to the challenge by designing a process of certification that it still uses today.

In 2009, we launched the JAG Endoscopy Training System (JETS) which includes an online portfolio for trainees to record their experience and complete formative and summative assessments before being signed off by their supervisor and an independent JAG assessor. Trainees and trainers can access a range of focused JAG-approved training courses through JETS which, alongside the use of direct observation of procedural skills (DOPS) and direct observation of procedural

polypectomy skills (DOPyS), helps standardise trainee certification.

Since 2009 we've awarded 3,157 endoscopy-related certifications to 1,928 trainees from the main training specialties: gastroenterology (52.3%), gastrointestinal surgeons (28.4%) and non-medical endoscopists (16.5%).

JAG continues to be a leading force in endoscopy training today, launching JETS Workforce in April 2019 as a replacement for the Gastrointestinal Endoscopy for Nurses programme. JETS Workforce supports nurses, operating department practitioners, healthcare assistants and other healthcare support workers in endoscopy and features a new training programme and Eportfolio.

Accreditation

JAG's position has evolved into its current role, quality assuring all aspects of endoscopy in the UK to provide the highest quality patient-centred care.

Alongside suggestions for endoscopist training, JAG's 2004 position statement proposed centralised accreditation of endoscopy services to address shortfalls in quality of patient care identified in a National Confidential Enquiry into Patient Outcome and Death (NCEPOD) report.²

That same year, we introduced the Global Rating Scale as a QI tool for endoscopy services to self-assess against measures associated with safe, high-quality, patient-centred care. We also developed a set of standards for trained JAG assessors to use during peer-review site assessments.

This system was rolled out nationally by 2005 when it became compulsory for any services wishing to contribute to bowel cancer screening in England. In 2013, the NHS Best Practice Tariff was commissioned, further incentivising and enabling services to engage in quality assurance practices.

On average, 84 services are assessed a year, with 246 of 557 registered services currently accredited. JAG works closely with services to ensure they meet the highest standards and prepare them for CQC inspections.

Latest developments

JAG has shared learning with countries including Australia, Iraq and South Africa, and supported training courses in Malawi. JAG's curriculum has also helped train nurse endoscopist bowel cancer screeners in Hong Kong.

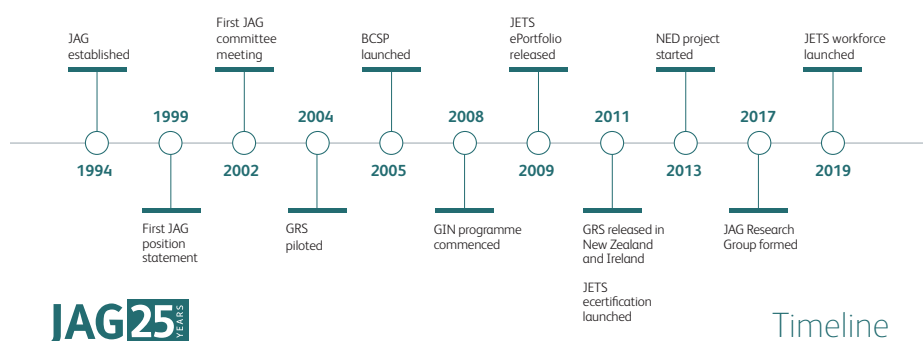
More recently, JAG developed the Improving Safety and Reducing Error in Endoscopy (ISREE) strategy in line with the NHS England Patient Safety Strategy. ISREE hopes to improve training in endoscopic non-technical and team skills. Its aim is to reduce adverse events associated with an increasingly complex specialty and to ensure learning is optimised when incidents do occur.

Our ambition to have every single endoscopic procedure performed in the UK uploaded to a national database came to fruition in April 2019 with the introduction of the National Endoscopy Database (NED). This was a significant milestone, as the database will be invaluable in tracking and developing performance measures, auditing data and supporting endoscopists and clinical leads to deliver high-quality endoscopy.

Looking ahead

When it launched in 1994 JAG was simply an idea to standardise endoscopy training between specialties. Since then, the programme has grown into one of the most highly regarded, innovative and effective accreditation programmes in the healthcare sector.

We are indebted to all the clinicians and staff who have given up their time over the last 25 years to make JAG the success that it is today. JAG has an exciting future ahead as we continually strive to improve the quality of endoscopy for all patients in the UK. ■



References

- 1 Bowles CJ, Leicester R, Romaya C *et al*. A prospective study of colonoscopy practice in the UK today: are we adequately prepared for national colorectal screening tomorrow? *Gut* 2004;53:277–83.
- 2 Cullinane M, Gray AJG, Hargraves CMK *et al*. Scoping our practice: the 2004 report of the confidential enquiry into patient outcome and death. www.ncepod.org.uk/2004/report [cited 10 August 2007]