



Royal College
of Physicians

JAG

Joint Advisory Group
on GI Endoscopy

JAG accreditation criteria and evidence requirements

Version for Endoscopy Services in the Republic of Ireland (ROI)

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Foreword

The current Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation scheme was established in 2005 and, along with the Global Rating Scale (GRS), has supported endoscopy services across the UK and Republic of Ireland to focus on standards and identify areas for development.

Both patients' and professionals' expectations of endoscopy have increased greatly since the standards were first introduced. Operational pressures within endoscopy services and challenges to provide a high-quality environment for patients continue to grow. The JAG accreditation standards, criteria and evidence guide has been developed to reflect current expectations and to reduce the burden of evidence collection overall for accreditation. We want all endoscopy services to be trusted, focused and sustainable in order to offer their users an excellent experience.

Accreditation enables endoscopy services to assess their current performance, and it supports them in planning and developing their services. It helps with:

people – it helps to improve their focus on meeting users' needs

workforce – it helps to improve their focus on meeting the team's needs

profile – it raises awareness and understanding of endoscopy, so building confidence and credibility both within the organisation and among the public

improving performance – the standard serves as an authoritative benchmark for assessing performance, rewarding achievements in the service and driving quality improvement.

The GRS standards with accreditation assessment criteria and evidence guidance set out clear nationally agreed standards, which should inspire the confidence of the public and professionals working within endoscopy.

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Introduction

This document has been designed to assist endoscopy services to prepare for their JAG accreditation assessment. It defines the criteria and evidence required to achieve JAG accreditation. It applies to all Endoscopy Services in the ROI inclusive of the public and private sectors. The criteria reflect the Global Rating Scale (GRS) standards for Irish services. Some evidence differences may apply to different hospitals such as the training standards.

Definitions

A criteria: is expressed as something that an endoscopy service must do as an overriding duty of principle in order to meet the requirements for accreditation. The criteria are something that is considered by JAG to be a basis of comparison in measuring or judging adequacy or quality. These criteria summarise the GRS requirements.

Evidence: the evidence provides the basis for evaluating quality of service, and they may evolve over time. Endoscopy services are asked to provide evidence to support their application for accreditation.. The evidence requirements are intended to be well-defined and easy to understand. They must be met to satisfy the standards. The defined evidence in the next section illustrates the kind of information that is suitable. This is not intended to be either prescriptive or exhaustive. Service providers may provide with the agreement of assessors the most convincing evidence they have available for their achievement of each standard, whether or not it appears among the examples. It is accepted that no two services are the same and therefore there needs to be flexibility in the presentation of evidence.

JAG has provided three mandatory templates for the ROI to support some evidence requirements:

- Mandatory Template 1 - Audit Reporting template
- Mandatory Template 2 - Waits template (*Ireland specific*)
- Mandatory Template 3 - Environment checklist

These templates are mandatory and must be used as evidence for the required standards. They are noted by the words **(Use Mandatory Template)** and are available on the JAG Knowledge Management System (KMS).

Where there are differences between public and private these are clearly indicated with a non-applicable option or alternative evidence. Please pay close attention to evidence indicated with an asterisk (*) as it only applies to the private sector.

It is strongly recommended that all the evidence (or an alternative) is provided, except where otherwise noted.

Further information

Further information on the standards and the JAG accreditation scheme can be found at www.thejag.org.uk.

Domain 1: Clinical quality

The clinical quality domain encompasses the service's role in safe, effective accurate diagnosis and treatment or ongoing management. This is achieved through clinical practices that are appropriate to the patient population; effective management of risk and emergencies; and the review of existing and new clinical practice to develop and improve the service.

CQ1 - Leadership and organisation			
The endoscopy service shall have a defined leadership management and accountability structure to achieve an effective patient centred service.			
	Accreditation standard criteria	Evidence requirements	GRS links
CQ1.1	The roles and responsibilities of individuals in the leadership team are defined and the team is supported by a leadership and organisational structure with clear lines of accountability.	<ul style="list-style-type: none"> • Description in the endoscopy service operational policy on: <ul style="list-style-type: none"> ○ the leadership roles and responsibilities for the service (clinical lead, nurse lead, training lead, management leadership and support) ○ the time commitment allowed to support leadership functions ○ the governance structure and lines of reporting. 	1.1, 1.2, 1.7.
CQ1.2	The endoscopy service shall have a defined communications structure and processes to support the organisation and delivery of the service (e.g. operational and governance meetings).	<ul style="list-style-type: none"> • A communication structure for the service including: <ul style="list-style-type: none"> ○ operational meetings to support planning and delivery ○ governance meetings (Endoscopy Users Group (EUG) or other) including terms of reference/agenda ○ workforce meetings (nursing, admin etc.). 	1.4, 1.6, 1.10.
CQ1.3	The leadership team shall have sufficient managerial, administrative and technical support (such as information technology (IT)) to organise and deliver the service effectively.	<ul style="list-style-type: none"> • Summary of managerial, administrative and audit support for the service and key functions. • A description of the IT support for the service (endoscopy reporting system). 	1.9.
CQ1.4	The endoscopy service shall provide clear information about the range of endoscopy procedures provided (for referrers, patients and carers).	<ul style="list-style-type: none"> • A summary description of the service for referrers, patients and their carers. <ul style="list-style-type: none"> ○ Paper information ○ Website information 	1.3.
CQ1.5	The endoscopy service shall have an annual audit plan for the service with named leads and timescales for completion.	<ul style="list-style-type: none"> • A documented annual audit plan for the service. This should include named leads for all key audits and clear timescales for audit completion. This should include quality and other audits. 	1.5.
CQ1.6	There shall be defined processes to review and maintain all policies and standard operating procedures.	<ul style="list-style-type: none"> • A defined system of document management control including dates of review for all key documents. 	1.8.

CQ1.7	There shall be a process for the leadership team to set and review its strategic objectives on an annual basis and the resources required to deliver them.	<ul style="list-style-type: none"> Review of the service definition and resources (at least annually). This can be demonstrated through EUG or other planning minutes. A clear business plan to support all developments in the service (e.g. kit, workforce, environment, capacity). 	1.11.
CQ2 - Safety			
The endoscopy service shall have processes in place to identify, respond to and learn from expected and unexpected adverse events.			
CQ2.1	The endoscopy service shall have safety policies and processes in place to monitor, report and action near misses/ adverse events.	<ul style="list-style-type: none"> A service operational policy that summarises: <ul style="list-style-type: none"> safety/ adverse event monitoring and reporting in endoscopy. risk management and escalation processes in the organisation. Evidence to support that the endoscopy team uses a validated safety checklist e.g. <u>WHO Safety checklist</u>. The Terms of Reference and standard agenda template for the EUG. EUG minutes showing evidence of adverse events and audit reviews with agreed actions and learning from events. 	2.1, 2.2, 2.3, 2.5, 2.10.
CQ2.2	The endoscopy service shall have core clinical protocols in place to support patient safety.	<ul style="list-style-type: none"> Endoscopy clinical protocols for: <ul style="list-style-type: none"> Management of diabetes Anticoagulation including NOACs (novel oral anti-coagulants) Anti-platelet agents Antibiotic use in patients undergoing endoscopy Implantable devices in patients undergoing endoscopy. 	2.4, 8.9.
CQ2.3	The endoscopy team shall have processes before each list to identify any potential problems, including high-risk patients or procedures, and to anticipate the need for equipment or accessories.	<ul style="list-style-type: none"> Summary of process for team brief and checks before each list (this could be included in the operational policy). Protocol for patient assessment, risk assessment and management procedure. 	2.7.
CQ2.4	The endoscopy service shall have systems in place to monitor and act upon outcomes from upper gastrointestinal (GI) bleeds and mortality and readmission resulting from procedures.	<ul style="list-style-type: none"> Data to support that 50% of patients admitted with acute upper gastrointestinal bleeding who are haemodynamically stable receive endoscopy within 24 hours of admission* The risk assessment process and validated scoring system for patients with acute upper gastrointestinal bleeding* 30-day mortality and 8-day readmission audit with results and recommendations or route cause analysis of known cases only if patients are not readmitted to the site where endoscopy was performed. The process to review the files of patients falling into these groups should be included in the operational policy. (Use Mandatory Template 1). 	2.6, 2.12, 2.8, 2.9.

*May not be applicable to private services

CQ3 - Comfort			
The endoscopy service shall ensure that it implements and monitors systems to maintain the comfort and respect of patients at all stages of their care.			
CQ3.1	The endoscopy service shall have policies, processes and systems in place to monitor, report and optimise the comfort of patients.	<ul style="list-style-type: none"> Description in the endoscopy service operational policy on: patient comfort, monitoring and reporting in endoscopy. 	3.1.
CQ3.2	The endoscopy service shall have processes and systems in place to monitor, review and optimise patient comfort levels for all endoscopists.	<ul style="list-style-type: none"> Individualised endoscopists' 'anonymised' data on patient comfort level reports. (Use Mandatory Template 1). Evidence of comfort levels being feedback to endoscopists at least twice per year Evidence of comfort reviews at least twice per year at EUG meetings <p>Note: links to CQ 4.2</p>	3.3, 3.4.
CQ3.3	The endoscopy service shall have systems in place to ensure that patient feedback on comfort is measured, reported and actioned.	<ul style="list-style-type: none"> Description in the endoscopy service operational policy on comfort monitoring and reporting in endoscopy. 	3.2.
CQ3.4	The endoscopy service shall have policies and systems in place to support the review of endoscopist practice (comfort).	<ul style="list-style-type: none"> Description in the endoscopy service operational policy on the process for supporting endoscopist's whose patient comfort scores fall below agreed levels, including action and review timescales. 	3.4, 3.5, 4.5.
CQ4 - Quality			
The endoscopy service shall ensure that it implements and monitors systems for the clinical quality of all procedures.			
CQ4.1	The endoscopy service shall have governance policies, processes and systems in place to monitor, report and action the quality and safety indicators for all endoscopists.	<ul style="list-style-type: none"> A summary of the systems and reporting processes that are in place to monitor the auditable outcomes and quality standards for endoscopy. Services are expected to complete those that apply to their service. In year EUG minutes showing evidence of audit feedback and agreed action plans (minimum 2 x sets). <p>Note: refer to the separate ROI document: Guidelines for the Implementation of a National Quality Improvement Programme in GI Endoscopy – Version 5.0¹</p>	4.1, 4.2, 4.3.
CQ4.2	The endoscopy service shall monitor and review individual endoscopist performance against key performance indicators (KPIs) with supporting feedback systems.	<ul style="list-style-type: none"> Evidence that individual endoscopists are given feedback on their procedure key performance indicators s at least 2x/year, and audits of their late outcomes at least 1x/year <p>Note: this data should be linked with other information in the quality standards to form one report e.g. comfort</p>	4.2, 4.3.

CQ4.3	The service has clear guidance on managing endoscopist performance and the action required if levels are not achieved and maintained.	<ul style="list-style-type: none"> Description in the endoscopy service operational policy on supporting endoscopist performance and escalation processes in the organisation. 	4.8.
CQ4.4	The endoscopy service shall monitor and review inpatient endoscopy (indications, waiting times) and off unit gastrointestinal endoscopy.	<ul style="list-style-type: none"> Report showing service data and outcomes for inpatients that undergo endoscopy* Report showing data and outcomes for all 'off unit' gastrointestinal endoscopy that occurs in the organisation* In year EUG minutes showing evidence of and agreed action plans (2 x sets). 	4.9, 4.10.
CQ5 – Appropriateness			
The endoscopy service shall ensure that it implements and monitors systems for all referrals and procedures to be appropriate and safe.			
CQ5.1	The endoscopy service shall have policies, protocols and systems in place to ensure clinically relevant information is received from referrers for all patients.	<ul style="list-style-type: none"> Agreed referral guidelines Description in the endoscopy service operational policy on: <ul style="list-style-type: none"> a summary of processes for referrals guidelines used for surveillance addition/ selection type of services offered e.g. straight to test. 	5.1, 5.4, 5.5.
CQ5.2	The endoscopy service shall have systems in place to ensure vetting, justification and prioritisation of referrals and surveillance cases.	<ul style="list-style-type: none"> Description in the endoscopy service operational policy on: <ul style="list-style-type: none"> vetting practices including outpatients and inpatient referrals* the process for validation of surveillance cases. 	5.6, 5.7, 5.8.
CQ6 - Results			
The endoscopy service shall implement and monitor systems to ensure the clinical and technical quality of the interpretation of test results, and their reporting and communication.			
CQ6.1	The endoscopy service shall have a system in place to ensure that patient reports are produced on the day of the procedure.	<ul style="list-style-type: none"> Confirmation of the endoscopy reporting system for the service and a copy of an anonymised endoscopy report. 	6.1, 6.2,
CQ6.2	The endoscopy service shall have policies and systems in place to ensure effective communication of pathology results to the referrer or for ongoing management.	<ul style="list-style-type: none"> Description in the endoscopy service operational policy on: <ul style="list-style-type: none"> the processes for reporting and timelines for review of pathology results post procedure the process and timelines for endoscopy reports to be sent to the patient's GP and also to the referring clinician 	6.3, 6.4, 6.5, 6.6, 6.7, 6.8.
CQ6.3	The endoscopy service shall have policies and processes in place to support patients who are diagnosed with cancer.	<ul style="list-style-type: none"> Description in the endoscopy service operational policy on the processes for ongoing management of patients including MDT reporting Description in operational policy of process for Nurse specialist or equivalent support for patients within 1 working day of diagnoses. 	6.5, 6.9.

*May not be applicable to private sector

Domain 2: Quality of the patient experience

The quality of the patient experience domain encompasses the service's role in providing efficient, dignified and equitable access for all patients as well as their discharge from the endoscopy unit.

QP1 - Respect and dignity			
The endoscopy service shall implement and monitor systems to ensure that the privacy, dignity and security of all patients are respected throughout their contact with the service.			
Accreditation standard criteria		Evidence requirements	GRS links
QP1.1	The endoscopy service shall have policies and systems in place to ensure that patients' privacy, dignity and security are maintained.	<ul style="list-style-type: none"> • Description in the endoscopy service operational policy on: <ul style="list-style-type: none"> ○ the patient pathway and privacy and dignity needs ○ confidentiality ○ safeguarding adults and children (if applicable) ○ meeting accommodation requirements ○ clear separation between pre- and post-procedure patients for all outpatients • Access to a quiet room for any clinical conversations to be held in private. (This will be assessed on the day of the visit). <p>Note: refer to JAG guidance: achieving a JAG compliant endoscopy environment (ROI)</p>	7.1, 7.2, 7.4, 7.5, 7.7, 7.8, 7.9, 7.10.
QP1.2	The endoscopy service shall have defined roles and responsibilities for the team with regard to privacy and respect of all patients.	<ul style="list-style-type: none"> • Description in the endoscopy service operational policy on staff responsibilities for privacy and dignity 	7.3, 7.6.
QP1.3	The endoscopy service shall have systems in place to ensure that patients' privacy and dignity is adequately protected at each stage of their pathway.	<ul style="list-style-type: none"> • Current year patient survey. • Analysis of the results and recommendations from the patient survey. EUG minutes showing evidence of patient survey feedback with agreed action plans. <p>Note: The survey should cover all of the standards that ask for patient feedback.</p>	7.11.

QP2 - Consent process including patient information			
The endoscopy service shall implement and monitor systems to ensure that informed patient consent is obtained for each procedure.			
QP2.1	The endoscopy service shall have systems in place to ensure that there is up-to-date patient information available for all procedures performed.	<ul style="list-style-type: none"> • A summary list of all patient information with dates of review. • At least three examples of patient information ideally Colonoscopy, Gastroscopy and Flexi sigmoidoscopy. <p>Note: Please provide ERCP and EUS information if this procedure is performed.</p>	8.1.
QP2.2	The endoscopy service shall have policies in place to cover consent and withdrawal of consent.	<ul style="list-style-type: none"> • Description in the endoscopy service operational policy on: <ul style="list-style-type: none"> ◦ consent in endoscopy or an up to date standalone consent policy. • Data to support that high-risk groups, defined by the service, are assessed before the date of the procedure • Policy for withdrawal of consent. 	8.2, 8.6, 8.7.
QP2.3	The endoscopy service shall have safety policies in place to support patient assessment and preparation.	<ul style="list-style-type: none"> • Evidence to support that a patient's fitness for oral bowel cleansing agents is documented by the requesting clinician prior to bowel prep being dispensed. 	8.3.
QP2.4	The endoscopy service shall have systems in place to review and update (as required) all patient information annually to reflect patient feedback and changes in practice or risks (covers website, printed information and other).	<ul style="list-style-type: none"> • Document control system that shows dates of review patient information review. • Patient/lay involvement in reviews of the service. 	
QP3 - Patient environment and equipment			
The endoscopy service shall ensure that adequate resources are provided and used effectively to provide a safe, efficient, comfortable and accessible service. This is achieved through appropriate patient-centred facilities (rooms and equipment).			
QP3.1	The endoscopy service shall have systems in place to ensure that all areas used by the endoscopy service meet the specific needs of the patients undergoing endoscopy (including children and those with particular needs) and the endoscopy staff.	<ul style="list-style-type: none"> • A description of the facilities (outpatient and inpatient) available to support the service. The separate environment checklist must be completed annually and uploaded. (Use Mandatory Template 3) • The operational policy for the service including a section on accommodation and those with particular needs. • The operational policy for the service including a section on <u>children in endoscopy</u> if applicable. 	9.1, 9.3, 9.4.

QP3.2	The endoscopy service shall have systems in place to ensure that all areas used by the service are well maintained.	<ul style="list-style-type: none"> Completed environment checklist including section on décor and maintenance (Use Mandatory Template 3). Note: the environment will be assessed on the day of the site visit, but it is helpful to be made aware of any development plans ahead of the assessment. Completed decontamination <i>audit checklist</i> for decontamination by an authorised person. 	9.5, 9.6, 9.7.
QP3.3	The endoscopy service shall have systems in place to ensure that access to particular areas is restricted where appropriate.	<ul style="list-style-type: none"> Completed environment checklist including section on access to the clinical environment. (Use Mandatory Template 3) Completed audit for decontamination by an authorised engineer. The decontamination policy for the service including a section on access and restrictions to the service. <p>Note: specific guidance for ROI^{2,3}</p>	9.3, 9.10.
QP3.4	The endoscopy service shall have defined roles and responsibilities for patient areas of the patient pathway and for decontamination.	<ul style="list-style-type: none"> Description in the endoscopy service operational policy on roles and responsibilities for the patient areas, decontamination lead s and infection control lead and health and safety in the service. 	9.7.
QP3.5	The endoscopy service shall have systems in place to ensure maintenance and quality assurance of all equipment with corresponding records.	<ul style="list-style-type: none"> Mandatory decontamination assessment and audit by the authorised engineer (AED) within 1 year of an accreditation assessment, and yearly audits and actions for all other years is required. A matrix of endoscopes with maintenance contracts and checks. Decontamination water testing, reports and escalation processes. Infection control audit for the service 	9.5, 9.8, 9.13 9.14.
QP3.6	The endoscopy service shall have systems in place to support patients and staff with correct equipment.	<ul style="list-style-type: none"> Description in the endoscopy service operational policy on roles and responsibilities for reporting any kit or decontamination failure and management. An up to date operational policy for the service including a section on safety monitoring, reporting and escalation. 	9.8, 9.9, 9.11.
QP3.7	The endoscopy service shall have systems in place to ensure that equipment replacement is planned.	<ul style="list-style-type: none"> A matrix of endoscopes with plans for replacement. 	9.15.

QP4 - Access and booking			
The endoscopy service shall ensure that the service is accessible, timely and patient centred.			
QP4.1	The endoscopy service shall have policies, processes and systems in place to manage patients waiting for procedures effectively.	<ul style="list-style-type: none"> • Description in the endoscopy service operational policy on: <ul style="list-style-type: none"> ○ Access for new patients ○ Waiting list management and validation* ○ Booking and scheduling rules ○ Vetting ○ Pooling* ○ Surveillance management ○ Operational meetings ○ Escalation processes to meet demand 	10.1, 10.2, 10.3, 10.5.
QP4.2	The endoscopy service shall achieve and maintain standards for endoscopy waits as per national requirements.	<ul style="list-style-type: none"> • Endoscopy waiting list information and surveillance data for the organisation completed for the previous 3 months (Use Mandatory Template 3) • Waits are < 4 weeks for urgent colonoscopies and <13 weeks for routine procedures. • Waits for recall (surveillance) patients are <13 weeks beyond the planned date. 	10.8, 10.9.
QP4.3	The endoscopy service shall have policies, processes and systems in place to book and schedule patients.	<ul style="list-style-type: none"> • Description in the endoscopy service operational policy on: <ul style="list-style-type: none"> ○ Patent booking and scheduling processes. ○ Scheduling rules for all endoscopists ○ Backfilling rules* 	10.1, 10.2, 10.4.
QP4.4	All appropriately vetted inpatient procedures are performed within 48 hours.	<ul style="list-style-type: none"> • An up to date operational policy for the service including:* <ul style="list-style-type: none"> ○ vetting practices for inpatient procedures ○ demand and activity data for inpatients ○ tracking of 48 hour timescales. 	10.7.
QP5 - Planning and productivity			
The endoscopy service shall ensure that resources and capacity are used effectively to provide a safe, efficient service. This is supported by sound business planning principles within the service.			
QP5.1	The endoscopy service shall have agreed productivity KPIs in place to monitor the endoscopy service.	<ul style="list-style-type: none"> • Description in the endoscopy service operational policy that defines the productivity metrics for the service including: <ul style="list-style-type: none"> ○ performance and productivity data: <ul style="list-style-type: none"> – overall/individual utilisation of lists – start and finish times audit – room turnaround audit – DNA and cancellation rates ○ analysis of results and recommendations of performance and productivity data discussed at EUG meeting. 	11.1.

*May not be applicable to private services

QP5.2	The endoscopy service shall have policies in place to cover pre-check for all patients before the date of the procedure.	<ul style="list-style-type: none"> • Description in the endoscopy service operational policy including: <ul style="list-style-type: none"> ○ process for administrative pre checks OR ○ telephone pre-assessment ○ nurse involvement in checks (if applicable) 	11.4.
QP5.3	The endoscopy service shall have a process to ensure that it stays in control of waits and plans for future demand.	<ul style="list-style-type: none"> • Capacity plan/model to meet growth in demand or change in service. 	11.2, 11.3, 11.5, 11.7.
QP6 – Aftercare			
The endoscopy service shall implement and monitor systems to ensure that patients are prepared for discharge and understand what the plan of care is thereafter.			
QP6.1	The endoscopy service shall have systems in place to ensure that there is up-to-date aftercare patient information available for all procedures performed.	<ul style="list-style-type: none"> • A summary list of all aftercare information with dates of review. • Three examples of patient aftercare information ideally Colonoscopy and Gastroscopy. 	12.1.
QP6.2	The endoscopy service shall have policies in place to cover aftercare.	<ul style="list-style-type: none"> • Description in the endoscopy service operational policy on aftercare including: <ul style="list-style-type: none"> ○ a 24 hour contact number for patients ○ how patients are informed of the procedure outcome and next steps e.g. pathology results ○ the process for informing patients of having a malignancy and support 	12.2, 12.3, 12.4, 12.5, 12.6, 12.7.
QP7 - Patient involvement			
The endoscopy service shall implement and review systems to ensure that patients are able to feed back on their experience of the service and that the feedback is acted upon.			
QP7.1	The endoscopy service shall have defined roles and responsibilities for managing complaints from patients, carers and relatives.	<ul style="list-style-type: none"> • An example of or summary of in year patient complaints. • Feedback methods to patients, carers and staff. • A summary of how the service learns from its complaints. 	13.1, 13.2.
QP7.2	The endoscopy service shall have systems in place to ensure that patients and carers are able to give feedback in a variety of formats and in confidence including complaints.	<ul style="list-style-type: none"> • Methods of regular feedback in addition to an annual survey e.g. patient and family friends test card. • Current in year patient survey. The survey should cover all of the standards that ask for patient feedback. 	13.3, 13.6.
QP7.3	The endoscopy service shall have systems in place to ensure that results of patient feedback are collated and analysed, and findings are disseminated to relevant parties and acted upon.	<ul style="list-style-type: none"> • Analysis of results and recommendations/actions from the patient survey. • EUG minutes showing evidence of patient survey feedback with agreed action plans. 	13.3, 13.6, 13.10.

Domain 3: Workforce

The purpose of the workforce domain encompasses the service's role in safe, effective training and support of staff. This is achieved through leadership, service management and training practices that are appropriate to the workforce needs.

WR1 – Teamwork			
The endoscopy service shall achieve an integrated and patient focused service with a clear structure for leadership, management and accountability. This standard ensures that the basic components of this structure are in place.			
Accreditation standard criteria		Evidence requirements	GRS links
WR1.1	The leadership team shall establish and review annually the team's working principles including the ethos, culture and professional approach they work to, in caring for persons they support.	<ul style="list-style-type: none"> Documented guidance or a statement, outlining the ethos, culture, professionalism and discipline of how the team works together. 	14.1.
WR1.2	The endoscopy service shall have a clear description of the members of the team, and the responsibilities of both the core, and wider team, in the running and development of the endoscopy service.	<ul style="list-style-type: none"> Description of the members of the team, and the responsibilities of both the core, and wider team (<i>operational or workforce policy or other document</i>). 	14.2.
WR1.3	The leadership team shall have systems and processes in place to support the endoscopy team in delivering the endoscopy service patient care safely.	<ul style="list-style-type: none"> Matrix of staff competencies for all procedures undertaken. Example of safety checklists and assessment process (WHO checklists or equivalent) Examples of risk management, assessments, incident reporting, staff awareness. 	14.2, 14.10.
WR1.4	The endoscopy service shall have feedback systems in place that actively encourage both core and wider team members to provide informal, formal and confidential feedback about patient care, team functioning or the way the service is delivered, and to suggest ways that these things could be improved.	<ul style="list-style-type: none"> Survey of the endoscopy team and users of the service (1x/year) about their perceptions on patient care, team leadership, team working and communication with patients and other professionals, and for ideas of how the service could be improved. Feedback in a various forms from endoscopy users of the service (1x/year) e.g. wards and referrers. Note: feedback can be either informal or formal and discussed through the EUG. 	14.11, 14.11.

WR1.5	The service shall have a quality improvement plan that includes improvement initiatives for both clinical and non-clinical services. The quality improvement plan shall identify improvement opportunities and contain KPIs for improving quality and reducing risk.	<ul style="list-style-type: none"> • Feedback in a various forms from endoscopy users of the service (1x/year) e.g. wards and GP referrers. Note: All feedback results and actions as before should be used (e.g. patient staff, stakeholders). • Quality improvement plans and reviews for the service. 	14.12, 14.13.
WR1.6	The endoscopy service shall have systems in place to ensure that all staff are involved in the development of the endoscopy service and rewarded for their contribution.	<ul style="list-style-type: none"> • Examples of team meetings within the past year, include, admin, nursing and EUG as a minimum (2 examples). • Examples of development work for the service that may include: project work, published papers or research work participated in. • Team and individual member acknowledgement and reward eg external training, conferences etc. 	14.14.
WR2 - Workforce delivery The endoscopy service shall ensure that it has the appropriate workforce and that recruitment processes meet the needs of the service.			
WR2.1	The endoscopy service shall have policies and systems in place to ensure that there are sufficient competent staff within the service with an appropriate mix of skills to enable delivery of the endoscopy service.	<ul style="list-style-type: none"> • Summary of skill mix needs for the service (should include any planned appointments to support new work) • An up to date operational OR workforce policy for the service that includes sections on: <ul style="list-style-type: none"> ○ recruitment and selection of staff ○ induction and training ○ mandatory training requirements ○ an example of the duty roster showing how the service meets service needs ○ a description of how the service uses temporary staff ○ annual skill mix review ○ workforce development plans are in place in anticipation of future demands in the volume and type of future demand, for the next 2-5 years. 	15.2, 15.3.
WR2.2	The service shall roster staff members according to service activity and the skill mix required to support it. The rotas and rosters for the service shall be made available to staff members and other services that form part of the service.	<ul style="list-style-type: none"> • Examples of Endoscopy list schedules and rosters 	15.2.

WR2.3	The endoscopy service shall undertake a workforce skill mix review and impact assessment on at least an annual basis or whenever there are changes in the service. The review should indicate how workforce gaps would be addressed in the immediate future. It should also consider workforce issues that may affect the service strategy.	<ul style="list-style-type: none"> • A summary of annual workforce and skill mix review and needs for the service, including any planned appointments to support new work. • Meeting minutes or action plans that show how deficits and impact on the service will be addressed. 	15.3, 15.7.
WR2.4	The endoscopy service shall establish and comply with the policies and procedures for recruitment of staff members involved in the service, including employment of locums or other temporary staff members.	<ul style="list-style-type: none"> • Description in the endoscopy service operational OR workforce policy for the service that includes sections on: <ul style="list-style-type: none"> ○ Recruitment, selection and safety checks of staff including locums or other temporary staff members. 	
WR2.5	The endoscopy service shall implement and review a service-specific orientation and induction programme, which new staff members and those with a change in role, shall be required to complete and document.	<ul style="list-style-type: none"> • An up to date local induction and orientation pack, based on endoscopy competencies, and adapted to staff groups if required. • Completed competency assessments for different grades of staff. 	15.4.
WR2.6	The endoscopy service shall have policies and systems in place to train staff members, including any additional clinical service specific education and training, and mandatory training.	<ul style="list-style-type: none"> • Training needs analysis for substantive staff. • Examples of specific clinical service specific education. • Mandatory training schedule and compliance. 	15.6, 15.10.

WR3 - Professional development

The endoscopy service shall assess the degree to which the service monitors and supports the development of the professionals working within it.

WR3.1	The endoscopy service shall have policies and systems in place to support the review and development of all staff. If professionals fail to recognise or address concerns identified through regular review of metrics, or the appraisal process, the service shall inform relevant senior health professional (such as a medical or nursing director).	<ul style="list-style-type: none"> ● Description in the endoscopy service operational or workforce, policy that describes: <ul style="list-style-type: none"> ○ Staff development ○ managing and supporting performance ● A workforce summary of completed appraisals dates and, personal development plans. PDPs. <p>Note: This may be observed on the organisation's IT systems on the day of the site assessment.</p>	16.1, 6.4, 16.6.
WR3.2	The endoscopy service shall have processes and systems in place to ensure that individuals are competent to undertake their roles.	<ul style="list-style-type: none"> ● A workforce list summary summarising who: <ul style="list-style-type: none"> ○ provides preceptorship sand mentorships to new registered staff, existing staff ○ provides training or teaching and assessing skills 	16.1, 16.4.
WR3.3	The service shall ensure that it has adequate staff members with the required competencies to deliver the education, training and professional development needs of the service.	<ul style="list-style-type: none"> ● A workforce list summary summarising: <ul style="list-style-type: none"> ○ who provides mentorship to new registered staff and healthcare support/technician staff ○ a description of the processes for competency assessment and those used 	16.11.
WR3.4	For all clinical staff members, the endoscopy service shall implement a process to provide clinical supervision and support revalidation including the opportunity for reflection, discussion and confirmation as part of their training programme. Activities shall include service-specific education and training to support the delivery of safe care.	<ul style="list-style-type: none"> ● An up to date workforce, operational or organisational policy that describes: ● staff performance and development ● A workforce summary of completed PDPs. 	16.1, 16.4.
WR3.5	The service shall have policies and systems in place for the responsibility and supervision of students, trainees and observers within the service.	<ul style="list-style-type: none"> ● An up to date operational, workforce policy or other training policy that covers the supervision of students, trainees and observers within the service. ● An up to date list of staff with training and assessment qualifications and evidence of their maintenance. 	16.3, 16.11.
WR3.6	The endoscopy service shall identify what learning needs require interventions outside the organisation and how these will be resourced.	<ul style="list-style-type: none"> ● A summary of training needs and resources for the workforce. 	16.1, 16.6.

Domain 4: Training (*this whole domain is not applicable in the private sector*)

The purpose of the training domain encompasses the service's role in safe, effective training of trainee endoscopists. This is achieved through leadership and training practices that are appropriate to the trainees' needs. (Does not apply in the majority of the non-acute sector)

TR1 - Environment, training opportunity and resources			
The endoscopy service shall have a strategy and plan to ensure that trainees receive effective responsive orientation and training opportunities in a suitable environment.			
Accreditation standard criteria		Evidence requirements	GRS links
TR1.1	The endoscopy service shall have policies and processes in place to ensure an effective training environment for all trainees	<ul style="list-style-type: none"> • A training policy covering: <ul style="list-style-type: none"> ○ details of key endoscopy staff and contact numbers ○ local induction process ○ appraisals ○ organisation of local training ○ training lead ○ local policy including rules about which trainees are allowed to scope ○ other useful training information and simulation resources • Training list allocation and schedule including ad hoc and dedicated lists (at an annual rate of at least 20 lists per year). • Process in place that ensures endoscopy trainees' exposure to emergency and urgent endoscopic procedures. 	17.1, 17.4, 17.9.
TR1.2	The endoscopy service shall have policies and systems in place to ensure that all trainees are properly inducted, including any additional education and training	<ul style="list-style-type: none"> • A formal induction programme for trainees. • Evidence of application of the above in practice. 	17.5, 17.6.
TR2 - Trainer allocation and skills			
The service shall ensure that trainees working within the endoscopy service have nominated trainers who demonstrate both acceptable performance in their clinical roles and have received appropriate training as trainers.			
TR2.1	The role and responsibility of the training lead shall be defined and supported with clear lines of accountability	<ul style="list-style-type: none"> • A summary description of the training lead role and responsibilities for the service including the time commitment allowed to support leadership of training. • Training lead participation as a trainer in a JAG approved training course (<i>in a 5 year cycle</i>). 	18.3.

TR2.2	The endoscopy service shall have processes and systems in place to ensure that trainers are competent to undertake the role	<ul style="list-style-type: none"> • A summary lists of all endoscopy trainers. • A list of trainers who have undertaken a Training the Trainers course and can show evidence of maintaining and updating trainer skills relevant to the procedures for which they act as a trainer within the 5 year revalidation cycle. • Quality and safety indicators for all endoscopy trainers are regularly reviewed by the training lead and meets the standards. 	18.7.
TR2.3	The endoscopy service shall have systems in place to gather trainer feedback and to ensure it is acted on.	<ul style="list-style-type: none"> • Evaluation of training expertise 1x/year Trainer feedback for all trainers. • Evidence of feedback and discussion 	18.5, 18.5, 18.8, 18.9.
TR3 - Assessment and appraisal			
The service shall ensure that trainees have access to the tools required to make an assessment of their performance; are appraised and released for training linked to learning needs; and are supported in providing evidence for certification of competence.			
TR3.1	The endoscopy service shall have systems and processes in place to ensure there is up-to-date information regarding the training and competency status of all trainees.	<ul style="list-style-type: none"> • Up to date room competency register identifying trainees, training modality, and current level of supervision. • Completed endoscopy trainee appraisals. • Evidence of summative DOPS. 	19.3, 19.4, 19.5, 19.8, 19.9, 19.12.
TR3.2	The endoscopy service shall have policies and systems in place to ensure safe and effective supervision of trainees inside and outside of the endoscopy service.	<ul style="list-style-type: none"> • Policy for supervision outside of the endoscopy service. 	
TR3.3	The endoscopy service shall support mandatory training requirements for all trainees.	<ul style="list-style-type: none"> • Copy of planned and attended training and courses. 	19.2.
TR3.4	The endoscopy service shall have systems and processes in place to define and monitor the independent practice of trainees.	<ul style="list-style-type: none"> • Up to date room register identifying trainees, training modality, and current level of supervision 	

Terms and definitions

For the purposes of this document, the following terms and definitions apply.

Accreditation	The evaluation of an organisation's systems, processes or product that investigates whether defined standards and minimum requirements are satisfied
Audit	A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change; clinical audits are central to effective clinical governance as a measure of clinical effectiveness
Clinical governance	A system through which healthcare providers and partners are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care can flourish
Clinical service leader	A named individual of a clinical service leadership team with responsibility for leading the clinical service
Clinical service strategy	An overarching approach of a clinical service that encompasses all plans, procedures and policies
Competence	Having the expertise, knowledge and/or skills, and in a clinical role the clinical and technical knowledge, required to carry out the role
DNA	Did not attend
Endoscopy service	A dedicated area where medical procedures are performed with endoscopes, which are cameras used to visualise structures within the body, such as the digestive tract and genitourinary system; endoscopy units may be located within a hospital, incorporated within other care centres, or may be stand-alone in nature
JAG	The Joint Advisory Group on GI Endoscopy
KPI	Key performance indicator
Lead clinician	A named clinical staff member for a clinical specialty with a remit for leading the clinical staff within a clinical service <i>Note: The lead clinician might have a non-medical role, eg a nurse or other registered professional</i>
Leadership team	Clinical and managerial staff members with responsibility for leading a clinical service
Organisation	A legal, regulated body and location where clinical care is governed and provided or coordinated
Patient centred	Providing care and support that is respectful of and responsive to individual patient preferences, needs and values, and ensuring that patient values guide all clinical and support decisions
Policy	A document that states, in writing, a course or principles of action adopted by a provider and/or clinical service
Procedure	A specified way to carry out an activity or a process [<i>ISO 14971:2007 Medical devices – Application of risk management to medical devices, 2.12</i>]
Quality	Quality is used in this document to denote a degree of excellence
Quality improvement plan	A document, or several documents, that together specify quality requirements, practices, resources, specifications, measurable objectives, timescales and the sequence of activities that are relevant to a particular clinical service or project to achieve the objectives within the timescales given

Risk assessment	A process used to determine risk management priorities for clinical service delivery, user treatment and/or care by evaluating and comparing the level of risk against healthcare provider standards, predetermined target risk levels or other criteria
Roster	A list or plan showing turns of duty or leave for individuals or groups in an organisation, clinical service or pathway
Skill mix	A combination of different types of staff members who are employed in a clinical service who have the required skills and competencies to carry out the work of the clinical service and deliver the pathway
Staff (workforce)	A person (clinically or non-clinically trained) working in the endoscopy service including those who are: <ul style="list-style-type: none"> • employed, clinical e.g. nurses, doctors, healthcare assistants and technicians • non-clinical e.g. administrative staff • agency/bank/voluntary
Service user	A person who receives treatment and/or care from the endoscopy service and the defined population for whom that endoscopy service takes responsibility: examples of endoscopy service users are patients, carers and advocates
Trainee	A trainee is commonly known as an individual taking part in a trainee programme (e.g. medical or nursing) or who is an official employee of an endoscopy service who is being trained to the job he/she was originally hired for: literally an employee in training

References

¹ <https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2017/07/Guidelines-Verison-5-2.pdf>

² <https://www.hse.ie/eng/about/who/qid/nationalsafetyprogrammes/decontamination/hse-standards-and-recommended-practices-for-facility-design-and-equipping-of-edus-qpsdd022.pdf>

³ <https://www.hse.ie/eng/about/who/qid/quality-and-patient-safety-documents/decontamination/hse-standards-and-recommended-practices-for-endoscope-reprocessing-units.html>

JAG accreditation criteria and evidence requirements: Republic of Ireland version for all services and sectors

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