



Royal College
of Physicians

JAG

Joint Advisory Group
on GI Endoscopy

JAG accreditation criteria and evidence requirements

Version for UK services

January 2019



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Introduction

This document has been designed to assist endoscopy services in all sectors to prepare for their JAG accreditation assessment. It defines the criteria and evidence required to achieve JAG accreditation. The criteria reflect the Global Rating Scale (GRS) standards. 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 five mandatory templates to support some evidence requirements:

- Mandatory Template 1 - Audit Reporting template
- Mandatory Template 2 - Clinical Audit Data template
- Mandatory Template 3 - Waits template (*nation specific*)
- Mandatory Template 4 - Environment checklist
- Mandatory Template 5 - IHEEM AED audit 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 website.

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

There are some evidence differences for the acute and non-acute (Independent Sector, community & primary care) and these are made clear where they apply.

It is strongly recommended that you review the GRS standards and notes in addition to this guidance. The GRS has been mapped to the accreditation criteria.

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 and 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"> • A summary description of the leadership roles and responsibilities for the service (clinical lead, nurse lead, training lead, management leadership and support), including the time commitment allowed to support leadership functions. • A description of 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 (eg 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. • IT support for the service, including a NED-compliant endoscopy reporting system, scheduling systems and management reporting. 	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"> • The description of the service, including relationships with linked and other endoscopy services, patient groups, and services that share a common purpose. • A summary description of the service for referrers, patients and their carers. This should be on a website and available in paper format. 	1.3
CQ1.5	The endoscopy service shall have an annual audit plan for the service with named leads and timescales for completion. (Note: should include quality and other audits)	<ul style="list-style-type: none"> • A documented annual rolling audit plan for the service. This should include: <ul style="list-style-type: none"> ○ named leads for all key audits ○ clear timescales for audit completion (this should include clinical quality and other audits i.e. patient and staff). 	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 system of document management control including owners and dates of review for all key documents. Note: each document should have this recorded on it. 	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"> • The local operational policy for the service that summarises safety/adverse event monitoring and reporting in endoscopy. Note: this must not be a ‘group wide’ policy for endoscopy or national policy. A template may be provided by the hospital groups to be followed but must be specific to the service being assessed. • Evidence to support that the endoscopy team uses a validated safety checklist (eg WHO Safety checklist). • The terms of reference and standard agenda template for the EUG. • EUG minutes from the last year showing safety as a standard agenda item with agreed actions or risk management and escalation processes in the organisation. 	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"> • The endoscopy clinical protocols for management of: <ul style="list-style-type: none"> ○ diabetes ○ anticoagulation including NOACs (novel oral anti-coagulants) ○ anti-platelet agents ○ antibiotic use in patients undergoing endoscopy ○ implantable devices in patients undergoing endoscopy ○ transnasal gastroscopy (if performed) ○ safe prescribing and distribution of oral bowel preparation 	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 staffing, equipment or accessories.	<ul style="list-style-type: none"> • Summary of process for team brief and checks before each list (this should be a standard operating procedure). • 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"> • A description in the operational policy of how all services capture clinical incidents / morbidity and mortality related to endoscopy on an ongoing basis. • Evidence that a root cause analysis (RCA) has been undertaken for each case identified • Minutes from the last year demonstrating that morbidity and mortality relating to endoscopy is being reviewed on a regular basis and 'lessons learnt' are recorded and acted upon. Note: JAG does not ask services to perform an annual audit of morbidity and mortality. • For acute services: Data to support that 75% of patients admitted with acute upper gastrointestinal bleeding who are haemodynamically stable receive endoscopy within 24 hours of admission. Data to support that 50% of the quality measures in the 2013 NICE guidelines for acute upper gastrointestinal bleeding have been met. Action plans to support improvements where minimum requirements have not been met. • For non-acute services: policy and SOP for the management of GI bleeds including immediate action and transfer arrangements. 	
CQ2.5	The endoscopy service has an action plan to address areas where it is unable to currently meet the quality measures in the 2013 National Institute for Health and Care Excellence (NICE) guidelines for acute upper GI bleeding.	<ul style="list-style-type: none"> • Evidence of review and action plan (if required) to meet the 2013 NICE guidelines for acute upper gastrointestinal bleeding with supporting action plan. • Minutes from the last year to show that out-of-hours GI bleeding has been assessed, preferably against the NICE guidelines. 	2.13
CQ3 – Comfort The endoscopy service shall ensure that it implements and monitors systems to achieve 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"> • The policy and process for patient comfort, monitoring and reporting in endoscopy. This can be included as part of the operational policy. Refer to the JAG guidance on quality and safety monitoring. • Evidence that both nurse and patient reported levels are included in patient comfort monitoring and reporting. 	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 2). Note: this data should be linked with other information in the quality standards to form one report. Evidence of feedback to individual endoscopists at least twice per year. Evidence that the endoscopy reporting system is National Endoscopy Database (NED) compliant and providing routine, regular data uploads into NED and the JETS e-portfolio. 	3.3
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"> An operational policy for the service including a section on comfort monitoring and reporting in endoscopy Patient feedback survey, results and action plan. Note: must include patient feedback on comfort. <p>Refer to CQ3.1</p>	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"> The service policy and process for supporting endoscopists 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 in place to monitor the relevant BSG auditable outcomes and quality standards for endoscopy (use mandatory templates 1 and 2). Note: in year audits as outlined in JAG guidance on quality and safety monitoring for all procedures that apply to the service (including any 'off unit' procedures performed by the endoscopy staff eg ERCP's in radiology). NED will aid services with obtaining KPI data. In year EUG minutes showing evidence of feedback from KPI audits and agreed action plans (2 x sets). Minutes from the last year to show that any post-colonoscopy colorectal cancers (PCCRC) that have arisen in the service (cancer diagnosed within three years after a colonoscopy has been performed) have a root-cause analysis with action planned as required. Operational Policy needs to describe how PCCRCs are identified and then acted upon. Evidence of the documented process to assess the KPIS and competency of any new endoscopist that starts in the service. This should be for all grades including new consultants, trainees and critically locums. Note: JAG would expect to see at least one list with a local endoscopist to assess competence and familiarise with equipment etc. 	4.1, 4.2

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 at least twice a year, and audits of their late outcomes at least once a year (use mandatory template 2). Note: This data should be linked with other information in the quality standards to form one report (eg comfort). 	4.8
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"> The operational policy and process including a section on supporting endoscopist performance and escalation processes in the organisation. Evidence of application of the process (if applied). 	4.9
CQ4.4	The endoscopy service shall monitor and review inpatient endoscopy (indications, waiting times, British Society of Gastroenterology (BSG) auditable outcomes and quality standards).	<ul style="list-style-type: none"> Report showing service waits for inpatients and outcomes for inpatients that undergo endoscopy (may not be applicable to non-acute sector). In year EUG minutes showing evidence of and agreed action plans (2 x sets). Note: this standard does not apply to services without an inpatient acute service. 	4.11
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 service referral guidelines The operational policy for the service including: <ul style="list-style-type: none"> a summary of processes for referrals guidelines for surveillance addition/selection type of services offered eg direct access 	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"> The operational policy for the service including: <ul style="list-style-type: none"> vetting practices including outpatients and inpatient referrals, and the management of inappropriate referrals the process for validation of surveillance cases In units where surveillance is not routinely undertaken there should be an agreed policy defining the management pathway and responsibility for patients requiring follow up procedures e.g. Barrett's, colonic polyps, gastric IM. 	5.2, 5.3, 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"> The name of the NED-compliant endoscopy reporting system for the service. Confirmation that patient reports are produced on the day of the procedure. 	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"> • The operational policy for the service including sections on: <ul style="list-style-type: none"> ○ the processes for reporting and timelines for pathology in endoscopy ○ the process for endoscopy reports to be sent to the patient’s GP and also to the referring clinician ○ the process for annual leave cover and reviewing of pathology results. This is particularly important in the private sector. 	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"> • The operational policy for the service with a section on the processes for ongoing management of patients with suspected cancer, including MDT reporting and patient access to support from relevant cancer specialist nurses . • For the non-acute sector, the policy for referral to a local MDT team. • The policy for referral to a specialist nurse or competent other to provide support patients within 24 hours of their diagnosis. 	6.9

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 patient privacy, dignity and security are maintained.	<ul style="list-style-type: none"> • The operational policy for the service, including sections on: <ul style="list-style-type: none"> ○ how the endoscopy service provides a comprehensive service to all patients irrespective of gender, ethnicity, disability, age, sexual orientation, religion, beliefs, gender reassignment, pregnancy and maternity, or marital or civil partnership status ○ the patient pathway and privacy and dignity needs ○ confidentiality ○ security procedure ○ safeguarding adults and children (if applicable) ○ supporting patients with mental or physical disabilities ○ meeting the nation specific requirements for both gender and pre / post procedure segregation as outlined in the JAG environment ○ access to a quiet room for any clinical conversations to be held in private. This will be assessed on the day of the assessment. Refer to the guidance 'Achieving a JAG compliant endoscopy environment'. 	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"> • The operational policy for the service, including a section 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"> • Patient involvement strategy for the endoscopy service (ie involvement in review of patient materials, patient pathway, patient stories, and EUG). • Current in-year patient survey for the endoscopy service that covers privacy and dignity. The survey should cover all of the endoscopy standards that ask for patient feedback. • Other sources of immediate patient feedback on the day of the procedure (eg friends and family test or other). Summary of results and actions feedback at relevant meetings. • Analysis of the results and recommendations from the patient survey. EUG minutes showing evidence of patient survey feedback with agreed action plans. 	7.10, 7.12
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. Please provide ERCP information if the service performs this procedure. 	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"> • The operational policy for the service including a section on consent in endoscopy or an up-to-date standalone consent policy. • Data that demonstrates that high-risk and vulnerable groups, as defined by the service, are assessed for ability to give consent before the date of the procedure. • Policy for withdrawal of consent. 	8.3, 8.6, 8.7, 8.10
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 the requesting clinician documents a patient's fitness for oral bowel cleansing agents prior to bowel preparation being dispensed. 	8.10
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 patient information review. • Patient/lay involvement in reviews. 	

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 4). • 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 children in endoscopy 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 a section on décor and maintenance (use mandatory template 4). • Note: the environment will be assessed on the day of the site assessment but it is helpful to be made aware of any development plans ahead of the assessment. • An in year infection prevention audit of the decontamination area carried out by the local infection prevention team with an action plan to resolve any identified issues. 	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 4). • An in year IHEEM audit report completed by an authorised engineer for decontamination (AED) with an action plan to resolve any identified issues (use mandatory template 5). 	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"> • The operational policy for the service, including a section on roles and responsibilities for the patient areas, decontamination processes and infection control, and health and safety in the service. • The organisation's decontamination policy. • Standard operating procedures for decontamination that support local practice and processes. 	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"> • A matrix of endoscopes with maintenance contracts and checks. • A planned preventative maintenance schedule and full service history records of all endoscopy equipment 	9.2, 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"> • The operational policy for the service, including a section on roles and responsibilities for reporting any kit or decontamination failure and management. • The 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 ○ Booking and scheduling rules ○ Vetting ○ Surveillance management ○ Operational meetings ○ Escalation processes to meet demand • Management and administration processes including: <ul style="list-style-type: none"> ○ waiting list management and validation 	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 or service completed for the previous 3 months (use mandatory template 3). England and Scotland: <ul style="list-style-type: none"> ○ 2 weeks for cancer and urgent cases and 6 weeks for routine cases. ○ Waits for recall (surveillance) procedures are 6 weeks beyond the planned date Wales: <ul style="list-style-type: none"> ○ 2 weeks for cancer and urgent procedures and 8 weeks for routines ○ Waits for recall (surveillance) procedures are 8 weeks beyond the planned date Northern Ireland: <ul style="list-style-type: none"> ○ 2 weeks for cancer and urgent procedures and 9 weeks for routines ○ Waits for recall (surveillance) procedures are 9 weeks beyond the planned date 	10.10, 10.11
QP4.3	The endoscopy service shall have policies, processes and systems in place to book and schedule patients.	<ul style="list-style-type: none"> • The operational policy for the service including a section on: <ul style="list-style-type: none"> ○ scheduling rules for all endoscopists, including points/cases expected per list ○ booking and scheduling processes ○ administrative pre-check for all patients 	10.4, 10.6, 10.7, 10.8
QP4.4	All appropriately vetted inpatient procedures are performed within 48 hours.	<ul style="list-style-type: none"> • The 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. <p>This standard may not be applicable to the non-acute sector. See note for CQ 4.4</p>	10.9

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"> • The operational policy for the service 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
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"> • The operational policy for the service 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. • If the service is insourcing: completion of insourcing checklist • If the service is outsourcing to another provider; the name of the accredited provider. 	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"> • An operational policy for the service that includes a section on aftercare including: <ul style="list-style-type: none"> ○ a 24-hour contact number for patients ○ reports for patients and how they are given ○ the process for informing patients of having a malignancy and support ○ how patients are informed of the procedure outcome and next steps eg pathology results 	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 or summary of in year patient complaints, recommendations, shared learning, and outcomes. • Feedback methods to patients, carers and staff. • How the service learns from its complaints. 	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"> • Patient involvement strategy for the endoscopy service (i.e. involvement in review of patient materials, patient pathway, patient stories, and EUG). • Methods of regular feedback in addition to an annual survey (e.g. patient and family friends test card). • Patient survey. The survey should cover all of the standards that ask for patient feedback. Note: This should be a minimum 5% of your annual activity. • Minutes from the last year to show that the outcomes from the annual patient survey have been discussed with actions planned where required. 	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, pre-procedure brief and debriefs). 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"> Local survey of the endoscopy team (must include all staff) and users of the service once a 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. Note: hospital-wide surveys are not acceptable. For smaller services a team meeting discussing and noting feedback is also acceptable. Minutes from the last year to show the staff survey has been discussed and actions planned if required. Feedback in various forms from endoscopy users of the service once a year eg wards and GP referrers. 	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 various forms from endoscopy users of the service (eg wards and GP referrers) annually. Note: All feedback results and actions should be used (eg 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, including admin, nursing and EUG (2 examples). • Examples of 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, including the administrative team and any planned appointments to support new work. • The 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 e.g. bank & agency. ○ annual skill mix review ○ Sickness and absence rates for the service ○ 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 <p>These sections apply to all staff including nursing, medical, and administration and decontamination staff when the decontamination service is managed by the unit</p>	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 the administrative team and 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"> • An operational or workforce policy for the service that includes sections on 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 induction and orientation pack, based on endoscopy competencies and adapted to staff groups if required. • Completed competency assessments for different grades of staff. Note: applies to all staff working in endoscopy and decontamination 	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"> • A workforce, operational or organisational policy that describes: <ul style="list-style-type: none"> ○ appraisals and staff development ○ managing and supporting performance. • A workforce summary of completed appraisals dates and PDPs. Note: This may be observed on the organisation's IT systems on the day of the site visit and should include administrative and decontamination personnel where managed by the unit. 	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 and mentorships to new registered staff, existing staff and HCAs ○ 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 newly appointed staff and student nurses ○ a description of the processes for competency assessment ○ number of student nurses, stage of training and level of support required. 	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"> • A workforce, operational or organisational policy that describes: <ul style="list-style-type: none"> ○ appraisals and staff development ○ managing and supporting performance • A workforce summary of completed appraisals dates and 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 operational, workforce policy or other training policy that covers the supervision of students, trainees and observers within the service. • A 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. • A named training lead to plan and facilitate the training timetable 	16.1, 16.6

Domain 4: Training

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. This domain only applies to services which undertake training.

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 ○ JAG certification requirements and rules for independent practice ○ 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). Evidence from a JETS export /timetables showing training lists • Process in place that ensures endoscopy trainees' exposure to emergency and urgent endoscopic procedures detailed within training policy. • Minutes from a meeting from the last year to show training has been discussed to optimise opportunities for trainees. 	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 (interviews with trainees on the visit day). 	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 training leadership. • Training lead participation as a trainer in a JAG approved training course (in a five-year cycle). 	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"> All endoscopy trainers are registered on JETS. A list of trainers who have undertaken a Training the Trainers: (RCP - TTT, TCT, TGT or RCS TTT) course and can show evidence of maintaining and updating trainer skills relevant to the procedures for which they act as a trainer within the five-year revalidation cycle. Minutes from meetings in the last year where KPI data have been reviewed, demonstrating that the training lead regularly reviews BSG quality and safety indicators for all endoscopy trainers. Note: JETS will be examined with trainers on the site assessment. 	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 annually. Trainer feedback for all trainers (eg DOTS on the JETS website). Evidence of feedback and discussion from the last year (eg minutes from a meeting where trainers have been reviewed and other communication such as emails to trainers with specific action points where needed). 	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"> Copy of a room competency register identifying trainees, training modality, and current level of supervision. Evidence that all endoscopy trainee activity is recorded on JETS. Endoscopy trainee appraisals are completed in their JETS e-portfolio. Evidence of summative DOPS required for the JAG certification process. 	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. Evidence should be entered in the Appraisal and Courses sections of the JETS e-portfolio. 	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"> Copy of room register identifying trainees, training modality, and current level of supervision. 	

Terms and definitions

Accreditation	The evaluation of an organisation's systems, processes or product that investigates whether defined standards are satisfied
Audit	A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria.
BSG	British Society of Gastroenterology
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.
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. Endoscopy units may be located within a hospital, incorporated within other care centres, or may be stand-alone in nature
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. The lead clinician might have a non-medical role, eg a nurse or other registered professional
Leadership team	Clinical and managerial staff members responsible for leading a clinical service
Patient centred	Providing care and support that is respectful of and responsive to individual preferences, needs and values, and ensuring that patient values guide all clinical and support decisions
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 that specifies quality requirements, practices, resources, specifications, objectives, timescales and the sequence of activities that are relevant to a particular clinical service or project
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, or predetermined target risk levels
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 employed; clinical (eg nurses, doctors, healthcare assistants and technicians); non-clinical (eg administrative staff); or 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 include patients, carers and advocates
Trainee	An individual taking part in a trainee programme (eg 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

Accreditation Unit

Royal College of Physicians
11 St Andrews Place
Regent's Park
London NW1 4LE
Tel: +44 (0)20 3075 1620
Email: askjag@rcplondon.ac.uk
www.rcplondon.ac.uk

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 **Royal College of Physicians**

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Joint Advisory Group
on GI Endoscopy