



JAG accreditation scheme

Stage two: assessment – service guidance



Introduction

To become accredited, an independent assessment team reviews the service’s evidence and undertake an onsite assessment to verify the service is meeting the standards. This document summarises the JAG accreditation pathway and what actions a service should undertake to ensure a successful assessment.

Phase timelines

The site assessment in stage two is divided into four phases, starting from the date that the service confirms that there is no conflict of interest with the assessment team. The deadlines for each of these phases are detailed on the Assessment Dashboard.

Phase	Description	Length
Phase one: lead assessor review	The lead assessor completes an initial review of the key pieces of evidence to ensure the evidence meets the minimum requirements. No action from the service is required.	1 week
Phase two: assessment team review	The assessment team performs a review of all evidence uploaded, provides feedback and requests any additional evidence. No action from the service is required.	2 weeks
Phase three: service response	The service responds to the assessor comments and provides further evidence if requested.	2 weeks
Phase four: assessment team review	The assessment team reviews the evidence and service response from phase three before the site assessment. No further changes should be made to the evidence and no action is required from the service.	1 week

Before the site assessment

Assessment team and conflict of interest

Once the office has received the service's request for an assessment they will review the submission to ensure that the service is ready to be assessed. If the service is ready to proceed the JAG office will assemble an assessment team comprising of a:

- Clinical assessor, focusing on quality and safety and the clinical workforce including endoscopist training
- Nurse assessor, focusing on the environment, decontamination and nursing workforce
- Management assessor (only for larger services or where training is provided), focusing on booking, capacity and productivity and administration including the administrative workforce
- Lay assessor, focusing on the patient pathway and experience.

The office team will assign either the clinical, nurse or management assessor as lead assessor.

The service will receive an email notification with details of the assessment team must confirm any conflict of interest on the website. For more information on the conflict of interest, please see the [JAG support centre](#).

You can contact the assessment team via the messages tab on the webtool.

Patient pack

Services are asked to upload their patient pack to their assessment dashboard for the lay assessor to review. This should include all relevant information and documentation that they would normally send a patient attending a colonoscopy procedure. For more information on the patient pack, please see the [JAG support centre](#).





Call with assessment administrator

The service will have an assigned JAG administrator to support them throughout the assessment process (you can find their name and contact details on the webtool). The administrator will arrange a call with the service to ensure they are familiar with the assessment process and how to navigate the webtool.

Call with the lead assessor

Before a site assessment, the lead assessor will schedule a call with the service to discuss the uploaded evidence. This is an opportunity for the service to raise any issues or questions they have before the assessment. The service must ensure their clinical, nursing and management leads join the call.

Assessment timetable

The lead assessor will send a timetable for the site assessment to the service leads through the webtool; this will include the activities and timing for the day, as well as which service leads the assessors would like to interview. Services must complete the timetable and provide names of people who will be interviewed and details of the rooms that they have booked for the day.

Service response to evidence (phase three)

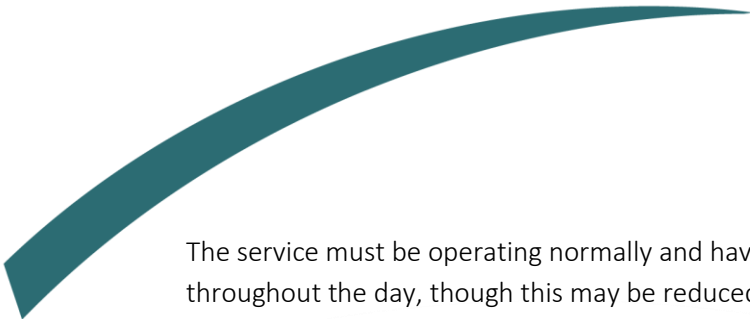
The assessment team will provide comments on the evidence uploaded. Services should use this time to provide extra evidence and respond to queries as appropriate (see above for details of the phase dates). This time is important for services to ensure that they meet the standards by the time of the site assessment and avoid deferring accreditation.

The site assessment

An example timetable for the site assessment is given below:

08:30	Meet and greet with assessment team
09:00	Presentation by service , followed by Q&A (see the webtool for a template presentation, which should be around 10-15 minutes)
10:00	Service tour , led by one or two members of the service
11:00	Interviews
13:00	Lunch
13:30	Further interviews and validation of evidence
14:00	Assessment team collate report and request additional information if needed
15:15	Feedback meeting (services should ensure appropriate executive representation including, the CEO, hospital directors and service leads are present)
16:00	Assessment close

The full endoscopy team must be available throughout the site assessment (the assessors will work around the team's work commitments). This includes the clinical, management and nurse leads; if the three leads are not present, the assessment may not be able to continue.



The service must be operating normally and have endoscopy lists running as normal throughout the day, though this may be reduced slightly.

The service should provide the assessment team with a dedicated meeting room including a laptop or computer with internet access for the duration of the day. The service should also provide the assessment team with a sandwich lunch (your assessment administrator will advise of any dietary requirements).

The assessment team will give the service a provisional outcome at the final feedback session. Any issues identified by the assessment team will be discussed throughout the course of the site assessment ahead of the final feedback session.

After the site assessment

Immediate safety actions

If there are any immediate safety concerns that need to be addressed then this will be fed back to the service leads during the site assessment. The JAG office will email the service leads and CEO a letter from requesting action within 48 hours. The assessment team may stop the assessment if there are any serious safety concerns.

2-week actions

If there are a few minor actions required before accreditation can be granted then the service will be given 2 weeks to complete this. If the actions cannot be completed within the 2-week timeframe then the service will automatically be deferred for 6 months.

Follow up actions

Follow-up actions are intended to highlight areas requiring improvement without affecting a service's ability to achieve or maintain accreditation at the time they are identified. They provide a structured approach to monitoring progress between assessments. Where a follow-up action is issued, the service will remain accredited but is expected to address the identified issue and submit supporting evidence at the next annual review or site assessment.

Quality assurance and factual accuracy

The provisional outcome will be dependent on approval by the quality assurance panel. This is where two assessors who are independent to the assessment team review the report. They will ensure that they agree with the outcome and that the assessment has been conducted to meet JAG's standards. Once complete, the provisional report will be sent back to the service to confirm the factual accuracy of the report. The service will receive an email notification when the factual accuracy is ready to be completed. The service will have two weeks to complete this. The assessment administrator will then send the report to the scheme chair for final sign-off before it is to the service.



Outcomes

Following the site assessment, it should take no more than 8 weeks for the report to be signed off by the scheme chair. Depending on the assessment outcome the service will be issued with a report, a letter and certificate. The two outcomes following an assessment are:

Accredited

The service has met all standards necessary for accreditation. The service will be accredited for 5 years subject to annual reviews. See the stage three guidance.

Deferral

The service has been deferred for up to 6 months and must complete further key actions identified in their report to achieve accreditation. The deferral process may involve a physical reassessment (where a second site assessment is required) or evidence reassessment (online submission of evidence). See the stage two: deferral guidance.

Not awarded

The service has not met the standards required for accreditation. Where this outcome is issued, significant improvements are necessary before accreditation can be achieved. The service will receive a report outlining the areas of non-compliance and the actions required to address them. Services receiving a “not awarded” outcome may choose to reapply for assessment once sufficient progress has been made and evidence can be provided to demonstrate that the required standards have been met.

If you would like further information or support, please contact askjag@rcp.ac.uk.

Document control	
Version	Final, 2.0
Effective from	June 2026
Review date	June 2028
Owner	JAG scheme, Accreditation Unit