Royal College of Physicians | JAG Joint Advisory Group on GI Endoscopy

JAG accreditation programme
Stage three: annual review

Stage one: quality improvement → Stage two: assessment → **Stage three: annual review** → Stage four: reaccreditation

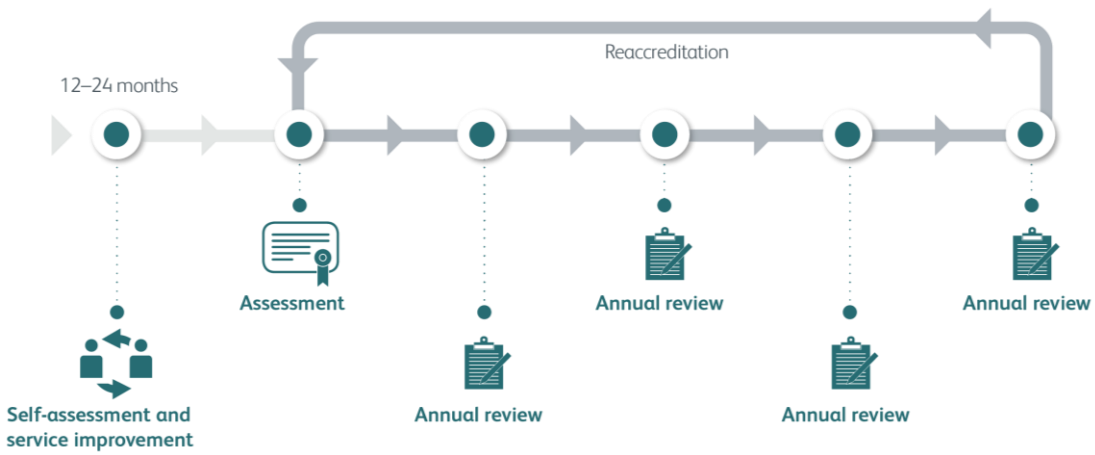
Introduction

Accredited services complete an annual review to demonstrate their continued adherence to the GRS (global rating scale). The annual review is completed online and is comprised of a self-assessment against the GRS and submission of key pieces of evidence which demonstrate adherence to the JAG standards.

This document summarises this process and the assessment questions and should be reviewed by personnel in services prior to completing the annual review.

When is the annual review completed?

Accredited services undertake an annual review every year for 4 years. In year five of the accreditation cycle they undergo a reaccreditation assessment, which is a full accreditation assessment including site assessment. The service must pass its final annual review to progress to its reaccreditation assessment.



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Services should submit the annual review on time and should contact the JAG office if they experience any difficulty. At least two of the three service leads – medical, nurse and management – should approve the submission. If the annual review is not completed, this would result in loss of accreditation.

The annual review is completed on the **anniversary of the accreditation assessment** (on the first working day of that month), determined by the date that a service had their site assessment. It is not the date that the service was awarded accreditation or underwent a reassessment, bespoke or triggered assessment.

For example:

Example 1 – accredited first time
Site assessment date: 29 March 2022
Outcome: awarded accreditation
Annual renewal opens: 1 February each year
Annual renewal due: 1 March each year
Reaccreditation due: March 2027

Example 2 – accredited following deferral
Site assessment date: 15 February 2022
Outcome: 6-month deferral
Reassessment: 16 August 2022
Annual renewal opens: 1 January each year
Annual renewal due: 1 February each year
Reaccreditation due: February 2027

Evidence requirements

The following guidance should be considered when uploading evidence:

- **All evidence should be from the last 12 months and refer to items (such as a patient survey) that have occurred within the past 12 months.**
- Minutes should show the summary of the information presented including results and recommendations.
- Minutes should contain more than a brief summary (for example, 'patient survey results presented, and all feedback is good'). If detail is not included in minutes then a separate summary document that provides the details can be uploaded.
- Minutes should be highlighted to show the relevant section that supports the question or state where it can be found (eg 'see page 3 'Patient Feedback'').
- Only evidence requested in the question should be uploaded.
- Supporting comments can be added to explain the evidence uploaded (for example, 'feedback survey completed but not presented at meeting').
- Documents with embedded files shouldn't be uploaded, as these cannot be viewed by the assessors. Please upload the individual supporting documents.
- More than one set of minutes should be provided. Multiple examples should be uploaded rather than a single set of minutes that answers all questions.

Service overview questions

There are two sections to the annual review: the service overview and the annual review questions (including GRS).

Question	Guidance
Are the medical, nurse and management leads in post and are their details listed on the JAG website correctly?	
Are the sites that the endoscopy service operates from listed correctly in this annual review and does the evidence uploaded cover all sites?	Please ensure that all sites are listed if the annual review is for a multi-site service.
Have you outsourced any of your endoscopy activity in the last year? If so, please provide the name(s) of the service(s) you have outsourced to.	This enables the assessors to understand how the service is providing capacity. Assessors will check if the service outsourced to is accredited.
Please complete and upload 'mandatory template 6 - JAG procedures' showing the numbers and types of procedures performed at your service in the last 12 months.	This enables the assessors to understand activity and types of procedure to provide context for the evidence.

Have there been any significant changes structure or composition of the service, or any building works or changes to the physical environment in the past 12 months? If so, please give a description of the changes that have taken place.	If there have been any significant changes to the environment, then further verification of this may be required. JAG will inform you of this following your annual review.

Annual review questions and evidence requirements

	Annual review question	Guidance
1	Please upload an action plan including timescales to demonstrate how the service intends to become compliant with the GRS standard(s).	• Services should score a minimum of level B on all domains.
2	Please upload an in-year IHEEM audit completed by the authorised engineer for decontamination (AED), and an action plan against all amber and red coded measures.	• The IHEEM assessment must be conducted and signed off by a registered IHEEM authorised engineer for decontamination (AED). The audit must have been completed within the past 12 months.
3	Please upload the JAG mandatory template 3 waiting times. If there are any breaches, please include an action plan showing how the service plans to address these.	• Please review the template guidance notes carefully and provide as much detail as possible. Evidence required: • Endoscopy waiting list information and surveillance data for the service for the previous 3 months (use mandatory template 3). • If the service is not meeting waiting times: - details of changes to vetting and validation practices to reduce unnecessary referrals - detailed recovery plan with expected timescales.

		• Overdue surveillance waits not added to the active waiting lists must be declared.
4	Please upload the insourcing checklist if an insourcing provider has been used to conduct activity. If the service is not compliant with the checklist, please upload an action plan with timescales to show how you intend to become compliant.	• Any additional GI activity commissioned on site needs to be declared.
5	Please provide details of endoscopy use as an escalation area for inpatients over the last 12 months. (Including extent and patient impact, see guidance document)	• JAG guidance: use of endoscopy as an inpatient area.
6	Please upload the outsourcing checklist if the service is outsourcing to a non-accredited provider. If the service is not compliant with the checklist, please upload an action plan with timescales to show how you intend to become compliant.	• This enables the assessors to understand how the service is providing capacity and maintaining waiting times. • From 31 March 2024 accredited services will only be permitted to outsource to accredited providers.
7	Please provide a summary of your workforce survey (performed within the last 12 months) with minutes detailing discussion of findings and evidence of completed actions were required.	• The minutes should include a summary of workforce feedback including recommendations for improvement and sharing of good feedback. • If the minutes do not describe the survey results, please upload an additional document with further information. • Please ensure that the survey is endoscopy specific. If there is a limited number of endoscopy staff, you may submit feedback via an endoscopy staff meeting or an alternative forum.

		• Please upload minutes where the workforce survey feedback and outcomes were discussed.
8	Please upload endoscopist KPIs for OGD and Colonoscopy for the last 12 months. Comments must be made by the clinical lead where KPIs are not met. Please provide minutes from at least 2 EUGs over last 12 month where these KPIs were discussed with evidence that actions have occurred where required.	• Please ensure that the audit was undertaken in the last 12 months. It is expected that the regular governance group will have recorded details to support this, and that safety and quality are regular minuted items. If the minutes do not describe the audit results, please upload the documents that were presented to support the meeting. • If your service does not perform colonoscopies, please provide minutes from where you have discussed OGDs / flexible sigmoidoscopies etc. • Should be uploaded as NED extract or by completing template 2. Detailed comments by the clinical lead should be added to document or provided separately or both. • Please upload minutes where colonoscopist KPIs were discussed or provide evidence of other forms of individual feedback and the specific action taken.
9	Please upload minutes where any post colonoscopy colorectal cancers (PCCRC) or post-endoscopy upper gastrointestinal cancer (PEUGIC) were discussed with evidence of actions where required. If the service is not aware of any, please upload the process to identify any cases and how they	• This is applicable to all sectors. The service should perform a root cause analysis for every PCCRC (a colorectal cancer diagnosed within 3 years of a colonoscopy in your service) and have a clearly documented process to identify or be made aware of any instances.

	would be assessed.	• Post colonoscopy colorectal cancer occurs when bowel cancer is diagnosed within 3 years of a negative colonoscopy. It should be considered as a failure to diagnose cancer earlier. PCCRC is a high- level colonoscopy performance indicator. • An upper GI cancer diagnosed within 3 years of an OGD, termed Post endoscopy UGI cancer or PEUGIC, should be considered as a failure to diagnose cancer earlier. • JAG expects endoscopy providers to detect/review and feedback to endoscopists where PCCRC/ PEUGIC has occurred. It is appreciated that gold standard identification by cross referencing endoscopy databases and cancer registries may not be available. Services must upload evidence for annual review that they systematically search for PCCRC/PEUGIC and where detected root cause analysis is performed and fed back to performing endoscopists. • As a minimum standard when cancer is diagnosed, local endoscopy reporting systems must be searched for endoscopies over the last 3 years. Additionally, links should be developed/maintained with local cancer MDTs to ensure a reasonable likelihood of detecting PCCRC/PEUGIC.
10	Please provide a summary of procedural complications. This should be accompanied by a statement as to how complications are identified. Please provide	• JAG accreditation programme, guide to meeting the quality and safety standards.

	minutes within the last 12 months detailing discussion of complications at EUG and evidence of actions and learning where required.	
11	Please upload a GI bleed audit summary from the last 12 months. Performance, including procedural timings should be audited against all NICE standards. Please upload EUG minutes from when findings were discussed, with evidence of actions where required. If the service does not have a GI bleed service, please describe how GI bleeds or other emergency presentations or complications are managed during or after endoscopy.	• This should include a summary of key actions where the service is not meeting the standards. • JAG recommend using GI bleeding template on page 10, JAG accreditation programme, guide to meeting the quality and safety standards
12	Please upload minutes within the last 12 months where endoscopy related incidents, complaints and learning were discussed.	• This should include evidence of outcomes and learning, as well as clinical and non-clinical incidents. • Examples might include but are not limited to decontamination, quality, and safety, near misses, equipment failure, patient harm.
13	Please provide a list of endoscopy trainees with numbers of dedicated training lists and of training procedures performed over the last 12 months with comments from clinical training lead. Additionally, please provide minutes from EUG where training provision and trainer performance was discussed with evidence of completed actions where required.	• This could be feedback from trainees or from a peer review. • This may be supplemented with a separate report. • Please ensure that the minutes uploaded are based on feedback from the last 12 months. • This should include recommendations for improvement or sharing of good feedback. • Please upload minutes where

		training provision and performance, were discussed. • Please upload minutes where trainers received feedback about their training skills, with recommendations where required. • Trainees should have a minimum of 20 dedicated training lists per year.
14	Please provide a summary of your annual patient survey (performed within the last 12 months) with minutes detailing discussion of findings and evidence of completed actions were required.	• Please ensure that the survey was undertaken in the last 12 months. • This should include agreed recommendations for improvement or the sharing of good feedback. You do not need to upload your survey or full results. • If the minutes do not describe the results of the survey, please upload an additional document with further information.
16	Please upload an audit summary, including detailed actions, of ERCP procedure numbers and performance KPIs for every ERCPist and for your department, alongside minutes of where these procedure numbers have been discussed.	• Mandatory template or NED template where available.

Further clarification

The assessors may contact the service through the website if they require clarification on any information submitted. Services should respond to requests for further clarification within the timeframe stated in the email. Failure to submit on time will result in a change in accreditation status until the information requested is received by the assessors.

Outcomes

The outcome of the annual review will be one of the following. This will be communicated to the service in a letter sent to the chief executive.

Accreditation renewed - if the standards have been met then accreditation will be renewed for 12 months. The service will be contacted again next year to complete the annual review.

Deferred - if the service is not meeting the JAG standards then it will be provided with the actions needed to meet them and the evidence required. The service's accreditation status will move to 'deferred'.

Services are given up to 6 months to meet the standards and submit their evidence. They can do this before 6 months if they wish, however it is not possible to grant an extension to this. The deadlines for the annual review in subsequent years will not be affected and it will continue to be due on the anniversary of the site assessment.

Accreditation not awarded - if a service is found to not meet the standards after a deferral period, or if the service does not submit their evidence, then accreditation would be removed, and the accreditation status would move to 'not awarded'. The service will be required to undertake a full JAG assessment to reinstate accreditation.

Further information

For further information please see www.thejag.org.uk/support.