

Introduction to JAG accreditation

A little background on JAG endoscopy

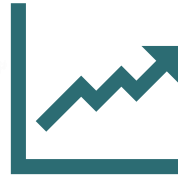


JAG was **established in 1994**.

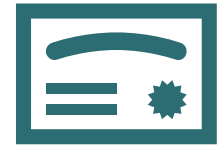


Focus on three main areas:

- endoscopy training
- accreditation of endoscopy services
- accreditation of screening endoscopists



Quality improvement initiatives (eg GRS)



We have **503 services registered services** in UK and Ireland.

43% are accredited

The benefits of accreditation



Measure against national standards and **reduce variation of clinical services.**



Increase satisfaction with **dedication to improvement, patient safety and reducing risk.**



Assessment is collaborative to support services and highlight good practice.



Improvements in service delivery and quality of care for patients.



What's included in your subscription:

JETS JAG Endoscopy
Training System

JETS Workforce

NED National Endoscopy
Database

Where do I start?

The GRS



The standards

Each standard details what an endoscopy service must do to deliver high-quality care. They are aligned to national guidelines and standards where possible. Each standard is given one of three levels:

- C** this is considered basic practice and should be undertaken as a minimum
- B** this is best practice and should be met to deliver high-quality care. Services must meet at least level B to move forward with accreditation
- A** this is exemplary practice which goes above and beyond best practice. All services are encouraged to aim towards this level



Example standard

B

3.4: Patient comfort scores are reviewed at least twice per year by the leadership team and are fed back to individual endoscopists. If comfort scores fall below agreed levels, the endoscopist's practice is reviewed by the clinical lead and/or governance committee.

Guidance

Feedback of comfort levels to endoscopists is important to reassure those who are causing low levels of discomfort and to identify where technique or sedation practice could be improved.

See [JAG guidance on managing endoscopist underperformance](#).

Evidence requirements

Use mandatory template 1 and 2

- Individualised endoscopists' 'anonymised' data on patient comfort level reports. 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.
- The service policy and process for supporting endoscopists whose patient comfort scores fall below agreed levels, including action and review timescales).



Mandatory templates



Template 1: Audit reporting



Template 4: Environment self-assessment (refer to the [environment guidance](#))



Template 2: Clinical audit data or NED extract (refer to [quality and safety guide](#))

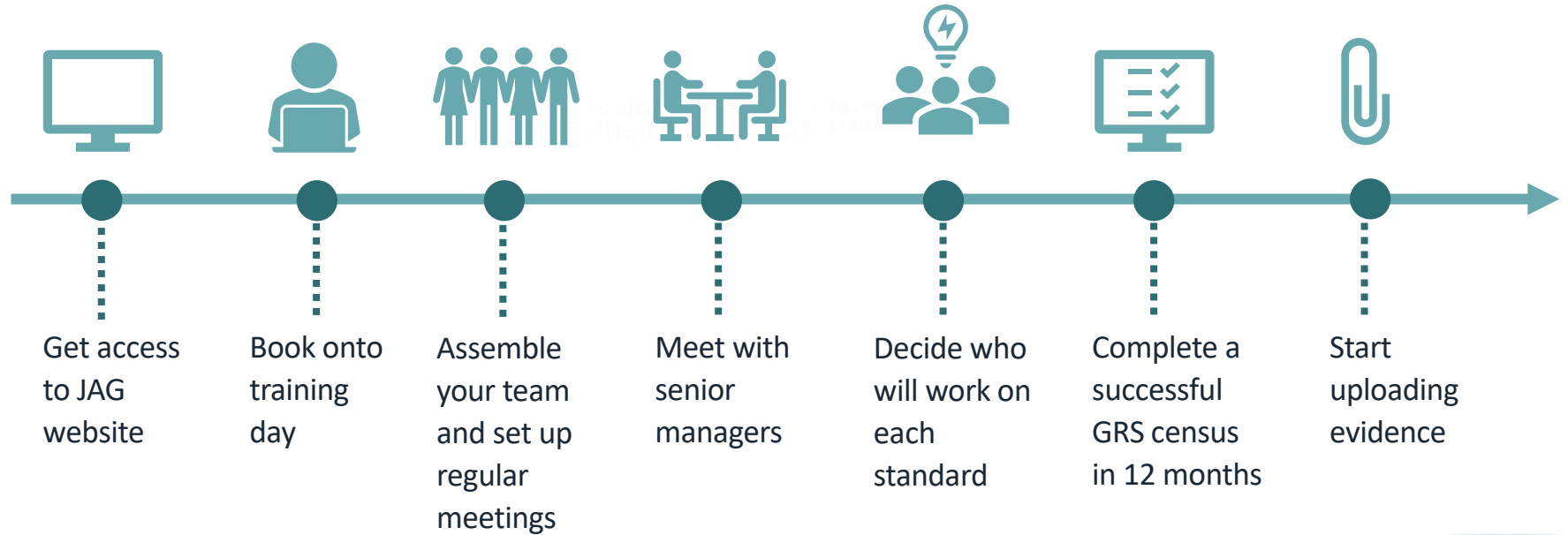


Template 5: IHEEM audit tool (completed by AED)



Template 3: Waiting times template (and/or 12 month action plan)


Start your accreditation journey



How to upload evidence to the website

[← Back to assessments](#)

Comments (0)


Assessment overview 


Summary

 Evidence

Comments

Assessment request

Service details 

 If you need help using the Evidence Bank please click here - please do not upload any patient identifiable information







1 King's Mill Hospital

2 Newark Hospital


Evidence by date uploaded

This table summarises your evidence by date uploaded. You must ensure that the majority of your evidence is less than 12 months old. We may reject requests for assessment if evidence was uploaded more than 12 months ago.

Click each age bracket in the summary to filter the evidence bank.

Total	>12 months	12 months > 9 months	9 months > 6 months	6 months > 3 months	3 months > 1 months
 336	 214	 74	 47	 1	 0

Evidence Bank




Drop files here or click to upload. (Max 5 at a time)

File NameDate ▲CriteriaActions

Drag any file from this list to the to criteria on the left. You can select a different standards by clicking the drop down list.















Assigned Evidence




CQ Clinical quality ▼

CQ1 Leadership and organisat ▼

Criteria

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.		
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).		
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.		
CQ1.4	The endoscopy service shall provide clear information about the range of endoscopy procedures provided (for referrers, patients and carers).		
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)		
CQ1.6	There shall be defined processes to review and maintain all policies and standard operating procedures.		
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.		

Tracking your progress

CQ3.4  The endoscopy service shall have policies and systems in place to support the review of endoscopist practice (comfort).

Comments (1)

Evidence (3)

Information

Standard fully evidenced ▾

Standard not met

Standard met

Standard fully evidenced

Top tips to submit your self-assessment



We recommend no more than **5 documents** should be uploaded per standard



Complete staffing and service overview and keep your contact list up to date



Using the comments feature to signpost important pages



Evidence should only be up to 12 months old



No patient identifiable information (eg NHS numbers)



Name all 5 mandatory templates



[← Back to assessments](#)

Comments (0)

Assessment overview



Service details



Service contacts

Service overview

Staffing

Standards



Service overview

Service overview

Please give a brief description of the endoscopy service including the governance structure.

Please describe the sites that endoscopy is undertaken on, including the number of rooms in each and whether training is undertaken. Please include any insourced or outsourced activity, or any other site outside the endoscopy unit (for example, in a mobile facility).

Assessment request form

Must run an endoscopy list on assessment day



Make sure no building works planned



Tell us if you're linked service



Key personnel available on the day of assessment



What happens now?

What to expect before your site assessment



What to expect on your site assessment

> Watch the [full video here](#).



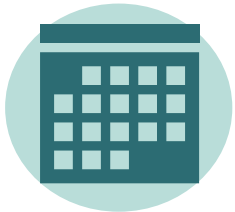
Possible assessment outcomes



Accredited



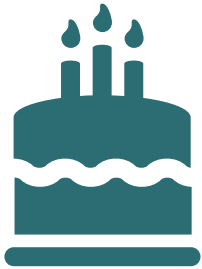
Deferred



Two week actions



Annual reviews



Every year on the anniversary of your site assessment



Opens up a month before to complete



Complete GRS as part of your annual review

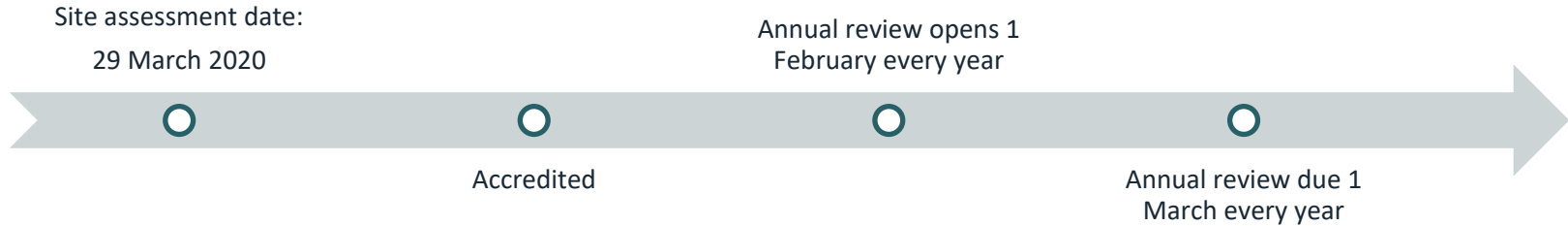


Lighter touch assessment, 11 questions

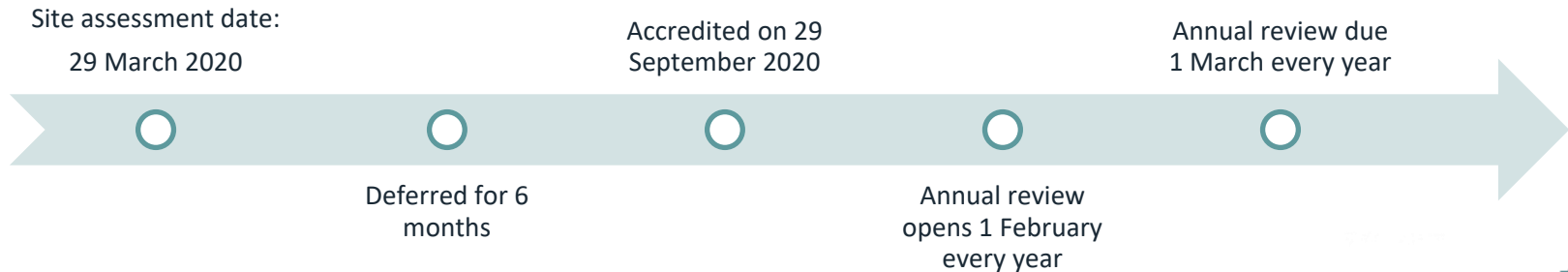
Timeline examples

Read the [annual review guide here](#).

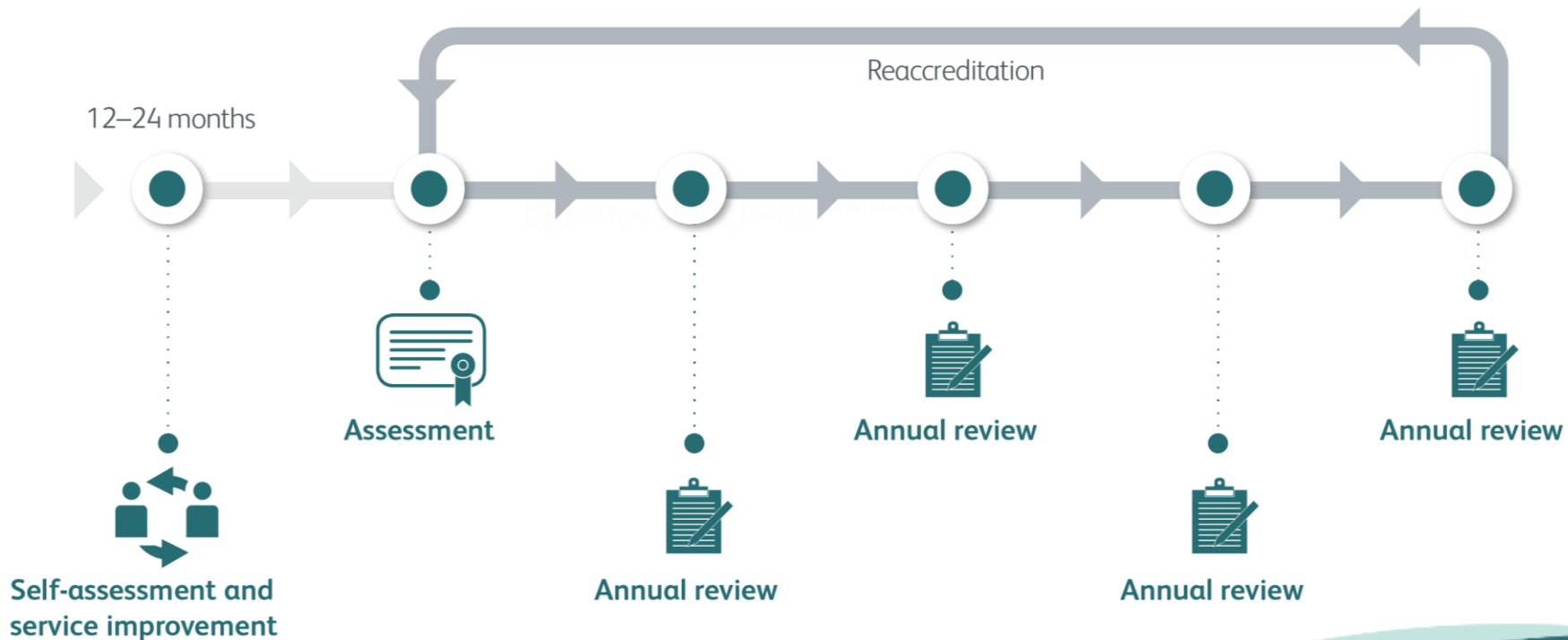
> Scenario 1



> Scenario 2



The accreditation pathway



What support can I get from JAG?

Sharing best practice templates and other resources



Case of the month series – learning from patient safety incidents



Regular training sessions on the standards and process



Designated point of contact throughout assessment



Seasonal newsletters with updates on the programme



Resources

- > [Welcome to accreditation](#) – guide to JAG
- > [JAG guidance](#) - quality and safety guide, environment guide, underperformance, insourcing
- > [Resources](#) - example policies, role descriptions, surveys and mandatory templates
- > [Knowledgebase and FAQs](#)
- > [Video guides](#) – what happens during the assessment
- > [Case of the month](#) – learning from patient safety incidents
- > [Blogs and news articles](#)



Keep in touch



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