

# BCSA

**Bowel Cancer Screener  
Accreditation**

# Bowel Cancer Screener Accreditation

Information for candidates and screening centres

Part of the JAG programme at the RCP

**JAG** Joint Advisory Group  
on GI Endoscopy



**Royal College  
of Physicians**

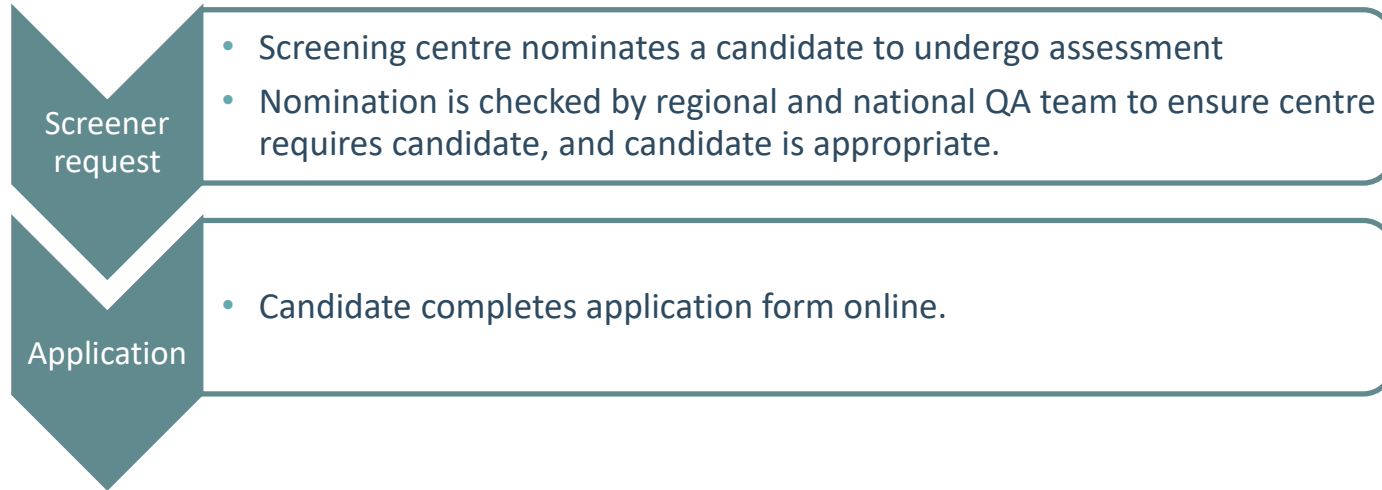
# Contents

This document is aimed to support centres and candidates to prepare for BCS accreditation. It covers:

1. Application process
2. Assessment process
3. Assessment performance (and areas to focus on)
4. Learning resources

# 1. Application process

- There is a two stage application process.
- The details of the process below can be found in the BCS accreditation application process document in the downloads section of the website.



# New screener request form

- The form is available to download from the downloads section of the website.
- It is a simple excel form and the key section is the details of the proposed candidate(s).
- The screening centre must confirm a candidate has a mentor, an NHS contract and the site they are working in is approved to deliver screening.
- The form is then checked by the regional and national QA team, and sent to PHE for review and approval.

| Proposed candidate/s |       |                                                |                |                |                                                                      |                                                                              |  |
|----------------------|-------|------------------------------------------------|----------------|----------------|----------------------------------------------------------------------|------------------------------------------------------------------------------|--|
| Name                 | Email | Site the endoscopist will undertake BCSP lists | GMC/NMC/AHP no | Name of Mentor | The individual has a contact with the NHS for a minimum of 12 months | Individual <b>will work</b> on a site that has been approved to provide BCSP |  |
|                      |       |                                                |                |                |                                                                      |                                                                              |  |
|                      |       |                                                |                |                |                                                                      |                                                                              |  |
|                      |       |                                                |                |                |                                                                      |                                                                              |  |

# Application

- Once a candidate is approved, the BCSA team will create an account on the BCSA website. This website is used to manage the application and accreditation process.
- **The application must be completed online.**
- Once submitted and approved, candidates will be sent assessment date(s).

The screenshot shows the 'APPLICATION FORM' for the Joint Advisory Group on GI Endoscopy (JAG), part of the NHS Cancer Screening Programmes. The page is titled 'APPLICATION FORM' and is 'page 2 of 4'. It contains several input fields for user information:

- Colonoscopy experience:** A text input field with the value '0' and a red asterisk. A note below it says '(approximate lifetime colonoscopic experience, minimum 1000)'. The input field is highlighted with a blue border.
- In an audit of your last 12 months colonoscopic procedures, please provide the following information:**
- Number of colonoscopies: (major criteria)** A text input field with the value '0' and a red asterisk. A note below it says '(expected to be greater than 150, but supervised and private endoscopies count)'. The input field is highlighted with a blue border.
- Polyp detection rate in last 12 months (%): (major criteria)** A text input field with a red asterisk. A note below it says '(Polyp detection rate in last 12 month series expected to be 20% or greater)'. The input field is highlighted with a blue border.
- Polyp retrieval rate in last 12 months (%): (major criteria)** A text input field with a red asterisk. A note below it says '(Polyp retrieval rate in last 12 month series expected to be 90% or greater)'. The input field is highlighted with a blue border.
- Documentation of unadjusted caecal intubation rate in this 12 month period %** A text input field with a red asterisk. A note below it says '(caecal intubation rate in this 12 month period expected to be 90% or greater)'. The input field is highlighted with a blue border.

At the bottom of the form, there are three buttons: 'Previous screen', 'Cancel', and 'Next screen'. A 'Jump to Approve Page' button is also visible.

# Application advice

## **Please note:**

- Candidates are required to meet the application criteria to be eligible to be assessed on becoming a BCSA screening endoscopist.
- The application form requires candidates to meet criteria through provision of data. This data must be signed off by the screening centre.

## **Areas which can cause delay to submission are:**

- Submission of DOPyS - forms must be completed within 1 year of application.
- Accuracy of data provided - often procedural information submitted is clearly incorrect. This results in the BCSA team needing to clarify information with the screening centre and candidate

## 2. Assessment process

- There is a 2 stage assessment process
- Candidates must pass both parts of the assessment in order to be accredited
- Full details of the assessment can be found in the accreditation guidelines in the downloads section of the website.

### Online test

- Candidates must complete the multiple choice questionnaire
- It is a 60 question, multiple choice assessment to test their knowledge
- Candidates have 1 hour for the test and the pass mark is 60% (36/60).

### Face-to-face assessment

- Candidates are invited to attend a regional JAG approved assessment
- Candidates are assessed using DOPS (and DOPyS) forms performing 2 cases, both being assessed by 2 experienced assessors

# 3. Assessment results

Below shows the overall assessment results between 1 January 2017 - 31 May 2019.

|                  | Bowel scope   | Colonoscopy   |
|------------------|---------------|---------------|
| MCQ              | 59% pass rate | 78% pass rate |
| DOPS             | 80% pass rate | 67% pass rate |
| Accredited rate* | 72%           | 64%           |

\*Accredited rate is the percentage of those attempting assessment who are accredited following assessment



# DOPS assessment results - Colonoscopy

| Section/ item                                 | % Pass     | % fail     | % n/a      |
|-----------------------------------------------|------------|------------|------------|
| <b>Pre-procedure</b>                          | <b>99%</b> | <b>1%</b>  | <b>1%</b>  |
| Consent                                       | 98%        | 1%         | 1%         |
| Equipment check                               | 98%        | 1%         | 1%         |
| Indication                                    | 100%       | 0%         | 0%         |
| Preparation                                   | 100%       | 0%         | 0%         |
| Risk                                          | 99%        | 1%         | 0%         |
| <b>Procedure</b>                              | <b>77%</b> | <b>7%</b>  | <b>16%</b> |
| Air management                                | 94%        | 6%         | 0%         |
| Complications                                 | 14%        | 0%         | 85%        |
| Loop management                               | 84%        | 10%        | 7%         |
| Monitoring                                    | 98%        | 0%         | 1%         |
| <b>Pace and progress</b>                      | <b>84%</b> | <b>16%</b> | <b>0%</b>  |
| Pain management                               | 94%        | 4%         | 3%         |
| Pathology management                          | 62%        | 4%         | 33%        |
| Pathology recognition                         | 70%        | 6%         | 24%        |
| <b>Proactive problem solving</b>              | <b>85%</b> | <b>14%</b> | <b>1%</b>  |
| Scope handling                                | 89%        | 11%        | 0%         |
| Sedation                                      | 87%        | 1%         | 11%        |
| Therapy (DOPyS)                               | 38%        | 7%         | 55%        |
| <b>Tip control</b>                            | <b>86%</b> | <b>14%</b> | <b>0%</b>  |
| Visualisation                                 | 89%        | 8%         | 4%         |
| <b>Post-procedure</b>                         | <b>83%</b> | <b>1%</b>  | <b>16%</b> |
| Management plan                               | 88%        | 1%         | 11%        |
| Report writing                                | 78%        | 0%         | 22%        |
| <b>ENTS (endoscopic non-technical skills)</b> | <b>95%</b> | <b>4%</b>  | <b>1%</b>  |
| Communication and teamwork                    | 98%        | 2%         | 0%         |
| Judgement and decision making                 | 92%        | 7%         | 1%         |
| Leadership                                    | 97%        | 2%         | 0%         |
| Situation awareness                           | 93%        | 7%         | 0%         |
| <b>Grand Total</b>                            | <b>85%</b> | <b>5%</b>  | <b>11%</b> |

This table shows the pass/fail for each individual item on DOPS forms from 2018 and 2019 (to end of May) DOPS assessments.

The highlighted areas are those which candidates most frequently failed on.

# DOPS assessment results – bowel scope

| Section/ item                                 | Pass       | Fail      | Sum of NA  |
|-----------------------------------------------|------------|-----------|------------|
| <b>Pre-procedure</b>                          | <b>98%</b> | <b>1%</b> | <b>1%</b>  |
| Consent                                       | 95%        | 2%        | 3%         |
| Equipment check                               | 100%       | 0%        | 0%         |
| Indication                                    | 99%        | 0%        | 0%         |
| Preparation                                   | 100%       | 0%        | 0%         |
| Risk                                          | 96%        | 2%        | 1%         |
| <b>Procedure</b>                              | <b>70%</b> | <b>6%</b> | <b>24%</b> |
| Air management                                | 97%        | 3%        | 0%         |
| Complications                                 | 7%         | 0%        | 93%        |
| Loop management                               | 73%        | 8%        | 19%        |
| Monitoring                                    | 92%        | 1%        | 7%         |
| Pace and progress                             | 89%        | 10%       | 1%         |
| Pain management                               | 91%        | 6%        | 3%         |
| Pathology management                          | 54%        | 6%        | 40%        |
| Pathology recognition                         | 71%        | 5%        | 24%        |
| Proactive problem solving                     | 87%        | 11%       | 2%         |
| Scope handling                                | 91%        | 8%        | 0%         |
| Sedation                                      | 36%        | 1%        | 64%        |
| Therapy (DOPyS)                               | 14%        | 3%        | 83%        |
| Tip control                                   | 90%        | 10%       | 0%         |
| Visualisation                                 | 93%        | 6%        | 1%         |
| <b>Post-procedure</b>                         | <b>86%</b> | <b>1%</b> | <b>13%</b> |
| Management plan                               | 91%        | 1%        | 8%         |
| Report writing                                | 82%        | 0%        | 18%        |
| <b>ENTS (endoscopic non-technical skills)</b> | <b>97%</b> | <b>3%</b> | <b>0%</b>  |
| Communication and teamwork                    | 98%        | 1%        | 0%         |
| Judgement and decision making                 | 94%        | 6%        | 0%         |
| Leadership                                    | 98%        | 2%        | 0%         |
| Situation awareness                           | 96%        | 4%        | 0%         |
| <b>Grand Total</b>                            | <b>81%</b> | <b>4%</b> | <b>15%</b> |

This table shows the pass/fail for each individual item on DOPS forms from 2018 and 2019 (to end of May) DOPS assessments.

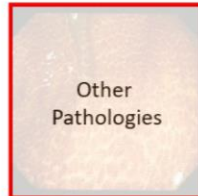
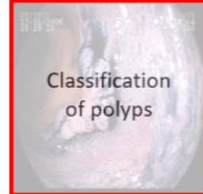
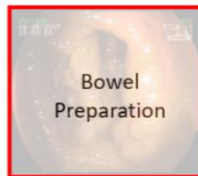
The highlighted areas are those which candidates most frequently failed on.

# 4. Learning resources

- JAG have developed a set of learning resources (contents shown below) to support candidates with both the MCQ and DOPS assessment
- These can be accessed from the BCSA website by all candidates and coverd knowledge required for both colonoscopy and bowel scope

## Contents

Click on the image to jump to each module



# Learning resources

The assessment section of the resources explains in detail what candidates can expect from a BCS accreditation assessment

## The DOPS and DOPyS

Directly observed procedures are used to assess your ability

The forms with the scoring domains and descriptors of performance are available on the SAAS website – it is well worth looking at the forms to get an idea of the expectations the assessors have.

It is also valuable to ask a colleague (ideally a screening endoscopist) to score you in the run up to the assessment to get used to the process.

You will be expected to complete 2 procedures, scored by 2 assessors both on the procedure (DOPS) and any polypectomies you perform (DOPyS)

**Royal College of Physicians** **JAG** Joint Advisory Group on Gastroenterology **BCSP Summative DOPS**  
Colonoscopy or Bowel Scope

Date of assessment: \_\_\_\_\_ Case number: \_\_\_\_\_  
Candidate name: \_\_\_\_\_ (eg. 12345/6789)  
Assessor name: \_\_\_\_\_ (eg. 12345/6789)  
Number of pages: \_\_\_\_\_ (eg. 12345/6789)

Outline of case  
Difficulty of case: Easy  Moderate  Complicated   
Number of polyps detected: \_\_\_\_\_ Number of DOPyS items completed: \_\_\_\_\_  
Reason if number of pages different to DOPS form: \_\_\_\_\_

Complete DOPS form by completing the information regarding the steps and then ticking the appropriate box for each item. All items must be scored. To pass an assessment a candidate is required to get a pass on every item. An exceptional circumstance, at the discretion of the assessment team, is that the assessor for a candidate is given credit through the form and general use of marks items. (This is the case. The assessor is required to add explanatory comments in all the relevant assessment boxes and in the assessor declaration statements.)

Please indicate the candidate score for each item using the following scale:  - Achieved  - Not achieved  
N/A: Does not apply (your assessor)

| Item                          | Score | Pre-procedure | Comments |
|-------------------------------|-------|---------------|----------|
| Indication                    |       |               |          |
| Risk                          |       |               |          |
| Consent                       |       |               |          |
| Preparation                   |       |               |          |
| Equipment check               |       |               |          |
| Insertion                     |       |               |          |
| Monitoring                    |       |               |          |
| Snare handling                |       |               |          |
| Tip control                   |       |               |          |
| Air management                |       |               |          |
| Procedural problem solving    |       |               |          |
| Loop management               |       |               |          |
| Pain management               |       |               |          |
| Pace and progress             |       |               |          |
| Visualisation                 |       |               |          |
| Pathology recognition         |       |               |          |
| Pathology management          |       |               |          |
| Therapy (DOPyS)               |       |               |          |
| Completion                    |       |               |          |
| Report writing                |       |               |          |
| Management plan               |       |               |          |
| Communication and teamwork    |       |               |          |
| Situation awareness           |       |               |          |
| Leadership                    |       |               |          |
| Judgement and decision making |       |               |          |

© 2017 Association of Gastroenterology and Bowel Scope  
© Royal College of Physicians, London 2016. All rights reserved. Date last updated: 01 September 2017  
All further information, please contact the JAG Office: [agp@rcof.ac.uk](mailto:agp@rcof.ac.uk) | 0 20 7611 3020 | [www.rcophd.ac.uk](http://www.rcophd.ac.uk) Page 1 of 4

# Learning resources – MCQ demo questions

- Learning resources contain 5 test questions which show candidates the format and type of questions they can expect during the MCQ
- All candidates are encouraged to complete these to give them an understanding of how the MCQ is presented

2412 This was found in the caecum in a 65 year old man undergoing a screening colonoscopy

WHAT WOULD YOU DO NEXT?

- Document the lesion only
- Take biopsies of the lesion
- Treat the lesion by argon beam coagulation
- Treat the lesion by a unipolar diathermy device
- Refer the patient for surgery



Elapsed Time: 00:00:05  
Bookmarked Questions:

Finish and Mark

Reveal Answer



Question 1 of 5

# Advice for candidates

> **Candidates are encouraged to do the following as soon as their application is accepted:**

- Complete the learning resources.
- Meet with their mentor to obtain an understanding of how screening differs from regular endoscopy.
- Attend screening lists with their mentor/local screener once the candidate's assessment day has been booked to gain experience and to access some peer review (this is allowable via the programme and most units will have screeners who would be happy to give some informal advice etc prior to the assessment)
- Once the assessment centre is identified, make contact with the admin lead at the assessment centre to enquire regarding the assessors and to address any equipment concerns (e.g. scope type, diathermy, specific forms/materials used by that unit etc)
- Consider booking a pre-assessment course (available dates will be advertised on [www.jets.nhs.uk](http://www.jets.nhs.uk)).

# Advice for candidates

## > Before assessment:

- Familiarise themselves with assessment forms - available to download from the downloads section of the website.
- Have a read of the detailed advice for candidates in the appendix of the BCS accreditation guidelines - available to download from the downloads section of the website.

Further information regarding this report may be obtained from the JAG office at the Royal College of Physicians.

JAG office  
Accreditation Unit  
Care Quality Improvement Department  
Royal College of Physicians  
11 St Andrews Place  
London  
NW1 4LE  
0203 075 1620  
askJAG@rcplondon.ac.uk  
www.thejag.org.uk

The publication is copyrighted to the Royal College of Physicians of London. The named service on the front page of this report may reproduce all or part of this publication, free of charge in any format or medium provided. The text may not be changed and must be acknowledged as copyright with the document's date and title specified. All images and logos contained within this report cannot be reproduced without the permission of the Royal College of Physicians.