Bowel Cancer Screener Accreditation
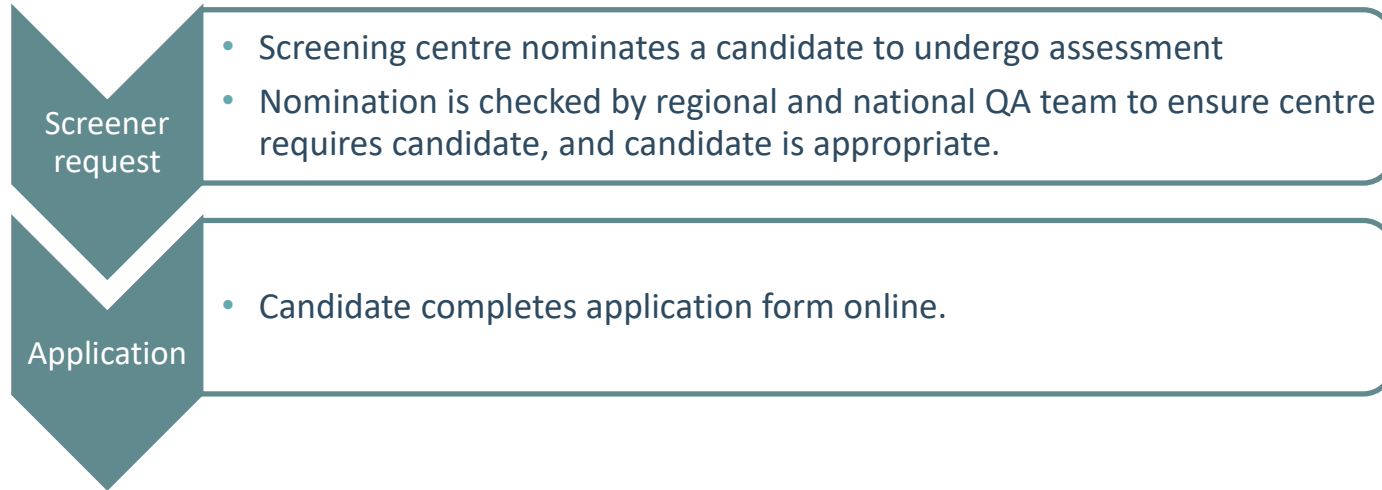
Information for candidates and screening centres

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

BCSA Bowel Cancer Screener Accreditation

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.

Screener request
- Screening centre nominates a candidate to undergo assessment
- Nomination is checked by regional and national QA team to ensure centre requires candidate, and candidate is appropriate.

Application
- Candidate completes application form online.

BCSA Bowel Cancer Screener Accreditation

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 will work on a site that has been approved to provide BCSP

BCSA Bowel Cancer Screener Accreditation

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).

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

BCSA Bowel Cancer Screener
Accreditation

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

BCSA Bowel Cancer Screener Accreditation

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

BCSA Bowel Cancer Screener
Accreditation

DOPS assessment results - Colonoscopy

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

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.

BCSA **Bowel Cancer Screener Accreditation**

DOPS assessment results – bowel scope

Section/ item	Pass	Fail	Sum of NA
Pre-procedure	**98%**	**1%**	**1%**
Consent	95%	2%	3%
Equipment check	100%	0%	0%
Indication	99%	0%	0%
Preparation	100%	0%	0%
Risk	96%	2%	1%
Procedure	**70%**	**6%**	**24%**
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%
Post-procedure	**86%**	**1%**	**13%**
Management plan	91%	1%	8%
Report writing	82%	0%	18%
ENTS (endoscopic non-technical skills)	**97%**	**3%**	**0%**
Communication and teamwork	98%	1%	0%
Judgement and decision making	94%	6%	0%
Leadership	98%	2%	0%
Situation awareness	96%	4%	0%
Grand Total	**81%**	**4%**	**15%**

This table shows the pass/fail for each individual item on DOPS forms from 2018 and 2019 (to end of May) DOPS assessments.
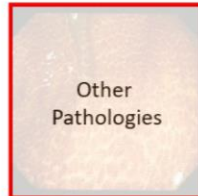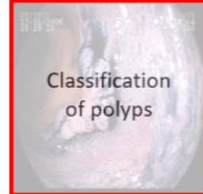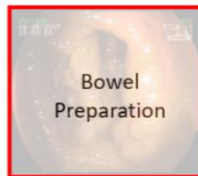
The highlighted areas are those which candidates most frequently failed on.

BCSA Bowel Cancer Screener
Accreditation

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

The Screening Program — NHS Cancer Screening Programmes	Consent	Bowel Preparation	Endoscope disinfection & cleaning
Medication, Monitoring & Safety	Anticoagulants and anti-platelet drugs	Classification of polyps	Polypectomy	Diathermy
Tattooing	Managing complications	Colonoscopy in older people	Other Pathologies	SAAS — The assessment

BCSA Bowel Cancer Screener Accreditation

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)

BCSA Bowel Cancer Screener Accreditation

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

Click image to enlarge

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).

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.

BCSA Bowel Cancer Screener
Accreditation

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