

BCSA

Bowel Cancer Screener
Accreditation

Enhanced mentorship for prospective Bowel Cancer Screening colonoscopists

January 2021

Part of the JAG programme at the RCP

JAG Joint Advisory Group
on GI Endoscopy



Royal College
of Physicians

Background

In preparation for candidates applying for accreditation to become a BCS colonoscopist, there is no formal training or support. This results in skills acquisition being variable and inconsistent. This document sets out a mentorship model designed to better support candidates and to improve assessment pass rates.

Overview

The following have been identified as key issues:

- No formal preparation is mandated before undergoing the BCSA assessment process. Individual screening centres vary considerably in their approach and preparation of candidates.
- Preparation is currently largely experiential with often little opportunity for peer review, up-skilling and formal support.
- A significant proportion of candidates are failing the exam (especially but not exclusively due to problem solving, tip control, pace & progress)
- The perception of examiners is that many individuals are not adequately prepared. There is also a perception that the preparation and perhaps quality of candidates undergoing assessment is getting worse rather than better with time.

To address these issues the accreditation panel proposes the introduction of a mentorship model for prospective screening colonoscopists. This model would have the following advantages:

- Candidates would be better prepared for assessments, which should result in fewer failures
- Encourages sharing of best practice between current screening colonoscopists and candidates
- By targeting competent, motivated individuals early, process might enable the reduction of number of colonoscopies required before applying for assessment

Proposed mentorship model

1. Screening centre identify aspirant screening colonoscopists. The candidates must:
 - a. Meet BCSA accreditation application criteria - lifetime >1000 colonoscopies, >150 in preceding 12 months, unadjusted CIR >90%, PDR >20%. Or:
 - b. Meet NED individual criteria – minimum of 200 independent colonoscopies per annum (for 2 consecutive years), Unadjusted CIR >95%, PDR >40%
2. Screener request form completed and approved by PHE.
3. Candidate demonstrates they meet the entry requirements including the quality metrics (KPIs) required to become a BCSA screening colonoscopist. Either by:
 - a. Completing BCSA application form to provide evidence of having met criteria - lifetime >1000 colonoscopies, >150 in preceding 12 months, unadjusted CIR >90%, PDR >20%. Or:
 - b. Apply to use NED data to demonstrate having met following criteria by sending excel with NED data to askjag@rcp.ac.uk. JAG will review and verify the data before accessing lists – minimum of 200 independent colonoscopies per annum (for 2 consecutive years) i.e. at least 700 colonoscopies in total, Unadjusted CIR >95%, PDR >40%
4. JAG confirm applicant meets requirements and screening colonoscopist can begin mentorship
5. Aspirant screener would commit to becoming accredited and have dedicated time in job plan to attend regular lists. A minimum of 6 mentored lists is recommended over a 2-3 month period
6. The individual would have access to and be expected to complete the [learning resources](http://www.bcsa.thejag.org.uk) on www.bcsa.thejag.org.uk before attending BCS lists.
7. The mentor (who must have attended a JAG approved 'train the colonoscopy trainer' course) must be confident about their level of technical competency based on KPIs and clinical judgement of the aspirant screener before experience is gained on BCSA lists.

8. The mentor must be confident that the aspirant screener is of an appropriately high skill level to ensure quality and comfort and must accept responsibility to provide appropriate supervision.
9. The aspirant screener should undertake regular BCS lists for an extended period (2-3 months no longer than 6 months from approval to undertake mentorship)
10. Mentor to confirm to candidate they are performing at appropriate level to undertake assessment. Mentor must inform JAG and PHE QA team if individual is not going forward with accreditation.
11. During this period they should complete their MCQ (online assessment) and then offered an accreditation date.

Also complete the 4 x DOPyS for assessment.

12. The performance data from the lists will be attributed to the aspirant screener on the Bowel Cancer Screening Programme IT system (BCSS has been modified to separately record aspirant screener's KPI)
13. Each mentor can only supervise one aspirant screener at a time (although centres may be supporting more than one aspirant screener)
14. After the mentorship period the aspirant screener will sit the accreditation exam.

If the candidate fails the assessment, they should undertake further mentorship using the feedback from the assessment to guide further work. If a candidate fails 2 assessments, they must stop work as an aspirant screener. In this instance they can reapply after a year working outside of the Bowel Cancer Screening Programme.

*The individual should undertake BCS Colonoscopy on lists under the supervision of their mentor – this will provide opportunity for more rapid development of problem solving and technical skills including therapy/advanced polypectomy. This process will also allow the identification of individuals who are deemed unsuitable for BCSP colonoscopy – either from the mentor's or aspirant BCSP colonoscopist's perspective.

Where an endoscopist stops working as an aspirant screener, they should inform PHE QA team and JAG.

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 1372
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 data produced without the permission of the Royal College of Physicians.