BCSA Bowel Cancer Screener Accreditation

Providing support for endoscopists undergoing bowel cancer screening accreditation

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Part of the JAG programme at the RCP

JAG Joint Advisory Group on GI Endoscopy

Royal College of Physicians

Introduction

The NHS Bowel Cancer Screening Programme (NHS BCSP) commenced in July 2006. Owing to the known variability in colonoscopic skills, criteria have been developed for the accreditation of screening endoscopists to minimise the risk of complications, along with inaccurate and incomplete examinations. The Joint Advisory Group (JAG), on behalf of the NHS BCSP, manages the administrative functions of the Bowel Cancer Screener Accreditation (BCSA) which is a web based application process.

There are several advantages to the Bowl Cancer Screener Accreditation process, for both the unit and the individual endoscopists involved. Accreditation is an essential part of preparations for the implementation of local screening. It also provides opportunities to demonstrate high-level colonoscopic skills and improve the local endoscopy service. In addition, it helps clinicians who wish to teach colonoscopy locally or on courses.

This guidance document details support that should be offered to endoscopists preparing to undertake the Bowel Cancer Screener Accreditation and highlights resources available to help with preparation.

For any endoscopist wishing to apply to the Bowel Cancer Screening Accreditation Programme, there are a number of criteria that must be met. This set of criteria can be viewed on the BCSA website.

Preparing for the assessment

Pre-assessment day

The prospective screeners' screening centre should arrange for an assessor to conduct a pre-assessment evaluation of the candidate. The purpose of this stage is to assess the suitability of the candidate to move to the formal assessment stage. This pre-assessment will be performed at a centre that has been mutually agreed by the candidate and the assigned mentor, and will comprise of:

- a theory session
- direct observation of procedural skill including polypectomy
- the development of individual training plan.

If deemed suitable to proceed to formal assessment, the assigned assessor will communicate directly with the candidate. If the candidate requires additional support and mentorship, the assessor will discuss this with the candidate and the candidate will move to the mentorship stage of the process, detailed immediately below.

Mentorship

All candidates must demonstrate that they reach the required criteria and have made an application to JAG.

All candidates must have a named BCSA mentor who is a current BCSA screener and has attended either the BCSA mentor/DOPyS training day, or a TCT course along with any form of mentorship training day (generic mentorship training provided by local trust/organisation).

Mentorship to be undertaken when necessary at a centre convenient to both candidate and mentor. It will comprise of:

- obtaining an understanding of how screening differs from regular endoscopy
- progress review with direct observation of procedural skill (DOPS) including polypectomy
- feedback from assessors during DOPS

- further development of a training plan, including:
    - videoing therapeutic work for feedback
    - supervision of polypectomy

Candidates are encouraged to attend a minimum of six mentored lists over a 2–3 month period in preparation for their accreditation and for the role of a screener. This should include observing scoping. More details on mentorship can be accessed via the BCSA website. The mentor would usually, but not necessarily, be based at the same screening centre as the applicant.

BCSA lists may be used for aspirant screening colonoscopists to gain experience once they are committed to going through the assessment process. Aspirants must have had their new screener request form approved by JAG and have booked to sit the MCQ.

The mentor (who must have attended a JAG-approved 'train the colonoscopy trainer' course) must be confident about the level of technical competency of the aspirant screener before experience is gained on BCSA lists. The mentor should be confident that the candidate is of an appropriately high level to ensure quality and comfort. The mentor must accept the responsibility to properly supervise the aspirant screener. The performance data from the lists will be attributed to the aspirant endoscopist on the Bowel Cancer Screening Programme IT system. The accredited screening colonoscopist acting as mentor for the individual will also be recorded on the bowel cancer screening system. The screening centre will need to request that a new aspirant colonoscopist is added to the bowel screening system via the appropriate form sent to NHS England Bowel Screening QA team. Any candidates identified as aspirant screening colonoscopists must ensure their data is logged accurately in BCSS so NHSE can monitor aspirant screeners on the BCSP system.

The BCS accreditation panel has agreed that BCS patients can be used when mentoring candidates in preparation for a BCSA assessment but are not to be used in pre accreditation training courses. BCS patients (index or surveillance) should be used for BCSA assessments (this includes Lynch patients). Every effort must be taken to ensure the comfort of the patient.

Pre-accreditation day to be attended

Pre-accreditation preparation days are not mandatory but can be helpful. If you wish to attend one of these, they can be accessed via the JETS website and searching by course type, or by contacting the endoscopy training centres directly to negotiate a suitable date. If you do wish to attend a preparation day, please arrange this before submitting your application. Alternatively, you may wish to make an informal arrangement with colleagues who have already been through the BCS accreditation process to undertake a DOPS with you.

Candidates planning to attend a pre-accreditation preparation day should do so at least 6 weeks before the assessment date.

Any trainer on the pre-accreditation day cannot assess the candidate in the formal DOPS examination required for accreditation. The training day attendance and faculty must be disclosed by the candidate at the application stage.

Learning resources

JAG has put together a list of learning resources to support candidates with both the MCQ and DOPS assessment. These can be accessed from the BCSA website by all candidates.

Candidates are advised to contact their listed mentor for guidance and support prior to the MCQ exam.

A reading list for candidates who wish to prepare for the written assessment can be found at the end of the document under 'further reading'.

Candidates should also look through the BCSA website for further information.

After gaining accreditation

The screening centre of the successful candidate should conduct a programme induction prior to the successful candidate performing screening colonoscopy procedures. This will inform the candidate about the Bowel Cancer Screening Programme.

If all the criteria are met the candidate will be accredited and informed by email.

Accredited candidates cannot commence screening colonoscopies until they have received their letter and certificate from JAG.

Screening centre programme managers will require a copy of this for file and quality assurance.

Successful candidates who are accredited screeners may then perform screening colonoscopy. The first two lists must be performed with supervision from their BCSA mentor, focusing on polypectomy technique and skills using the DOPyS framework.

Prior to commencing lists, individuals will need to be added to the bowel cancer screening system. This can be done through the screening centre completing a request form and sending to NHS Englands Bowel Screening QA team.

If succesful, screeners should satisfy the following criteria for ongoing approval and quality assurance:

- Undertake a total of 120 colonoscopies per year, of which at least 120 must be screening colonoscopies.
- Attend one training or educational event every 2 years that is specifically related to screening.

Further reading

Reference books

Barton R, Corbett S, Van der Vlueten C. English Bowel Cancer Screening Programme and the UK Joint Advisory Group for Gastrointestinal Endoscopy. The validity and reliability of a direct observation of procedural skills assessment tool: assessing colonoscopic skills of senior endoscopists. *Gastrointest Endosc* 2012;75:583–590.

Haycock A, Cohen J, Saunders B, Cotton P, Williams C. *Cotton and Williams' practical gastrointestinal endoscopy: the fundamentals*, 7th edn. Wiley Blackwell, 2014.

Saunders B. Colonoscopy technique. In: Classen M, Tytgat G, Lightdale C (eds), *Gastroenterological endoscopy*. Georg Thieme Verlag, 2002:135–150.

Saunders B. Polyp management. In: Phillips R, Clarke S (eds), *Frontiers in colorectal surgery*. TFM, 2005:29–44.

Saunders B, Shah S. Magnetic imaging of colonoscopy. In: Waye J, Rex D, Williams C (eds), *Colonoscopy principles and practice*. Blackwell, 2003:265–275.

Waye J. Colonoscopic polypectomy. In: Tytgat G, Classen M, Waye J, Nakazawa S (eds), *Practice of therapeutic endoscopy,* 2nd edn. Saunders, 2000:213–233.

Waye J, Rex D, Williams C (eds). *Colonoscopy – principles and practice*, 2nd en. Wiley Blackwell, 2009.

Published papers

Bowles C, Leicester R, Romaya C *et al*. A prospective study of colonoscopy practice in the UK today: are we adequately prepared for national colorectal cancer screening tomorrow? *Gut* 2004;53:277–283.

Ell C, Fischbach W, Keller R, Dehe M. A randomized, blinded, prospective trial to compare the safety and efficacy of three bowel-cleansing solutions for colonoscopy. *Endoscopy* 2003;35:300–304.

Gupta S, Anderson J, McKaig B *et al* Development and validation of a novel method for assessing competency in polypectomy: direct observation of polypectomy skills (DOPyS). *Gastrointest Endosc* 2011;73:1232–9.

Rutter M, Chilton A. *Quality assurance guidelines for colonoscopy*. NHS Cancer Screening Programmes, 2011 (NHS BCSP Publication No 6).

Saunders B. Colon tumours and colonoscopy. *Endoscopy* 2005;37:1094–1097.

Shah S, Saunders B. *Aids to insertion: magnetic imaging, variable stiffness, and overtubes*. Gastrointestinal Endoscopy Clinics of North America 2005;15:673–686.

Thomas-Gibson S, Choy M, Dhillon A. How to approach endoscopic mucosal resection (EMR). *Frontline Gastroenterol* 2021;12:508–514.

Siau K, Beintaris I. My approach to water-assisted colonoscopy. *Frontline Gastroenterol* 2019;10:194–197.

Choy M, Matharoo M, Thomas-Gibson S. Diagnostic ileocolonoscopy: getting the basics right *Frontline Gastroenterol* 2020;11:484–490

Bowel prep

Bowel preparation for colonoscopy. European Society GI endoscopy guideline – update 2019. *Endoscopy* 2019;51:775–794.

Burr E, Penman I, Griffith H, Axon A, Everett S. Individualised consent for endoscopy: update on the 2016 BSG guidelines. *Frontline Gastroenterol* 2023;14:273–281.

Electronic/Web-based media

GIEQs | Online endoscopy training courses and webinars. This requires a subscription but has expert advice on colonoscopy technique with videos including insertion, withdrawal, lesion recognition and polypectomy from simple cold snare to advanced EMR/ESD.

St Mark's Academic Unit links (Endocation; video resources). Sources for CB Williams Colonoscopy; Endocation; Dysplasia in UC; Polypectomy.

BSG guideline for informed consent for endoscopic procedures. Guideline for obtaining valid consent for gastrointestinal endoscopy procedures - The British Society of Gastroenterology (bsg.org.uk).

BSG guideline on safety and sedation for endoscopic procedures. AOMRC guideline on safe sedation practice for healthcare procedures - The British Society of Gastroenterology (bsg.org.uk).

Guideline on the management of anticoagulation and antiplatelet therapy for endoscopic procedures. Endoscopy in patients on antiplatelet or anticoagulant therapy - British Society of Gastroenterology (BSG) and European Society of Gastrointestinal Endoscopy (ESGE) guideline update.

Management of large non pedunculated colo-rectal polyps. BSG-ACPGBI guidelines for the management of large non-pedunculated colorectal polyps - The British Society of Gastroenterology.

Antiobiotic prophylaxis

Antibiotic prophylaxis in gastrointestinal endoscopy - The British Society of Gastroenterology (bsg.org.uk).

Investigation of patients with suspected colo-rectal cancer

Faecal immunochemical testing (FIT) in patients with signs or symptoms of suspected colorectal cancer (CRC): a joint guideline from the Association of Coloproctology of Great Britain and Ireland (ACPGBI) and the British Society of Gastroenterology (BSG) - The British Society of Gastroenterology.

Lynch syndrome

European guidelines from the EHTG and ESCP for Lynch syndrome: an updated third edition of the Mallorca guidelines based on gene and gender - The British Society of Gastroenterology (bsg.org.uk)

BSG consensus guidelines on the management of Inflammatory Bowel Disease in adults - The British Society of Gastroenterology

Guidelines for colorectal cancer screening and surveillance in moderate and high risk groups (update from 2019).

BSG Guideline for screening and surveillance of asymptomatic colorectal cancer in patients with IBD.

NICE Referral guidelines for suspected cancer

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

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