



Bowel Cancer Screener Accreditation – DOPyS for assessment

Please complete all relevant fields on pages 2-3 of the form below. A separate sheet should be used for each case. Up to five polyps from one patient may be documented on the same DOPyS form.

Complete DOPyS form by completing the information regarding the polyp and then ticking appropriate box for each item. ALL items must be *scored*. To pass an assessment a candidate must *score* a level of ‘achieved’ for all sections. A candidate can *score* ‘not achieved’ on individual items and still pass the assessment.

Assessing and scoring difficulty for polyp resection

Often, size is the main consideration when assessing the difficulty level associated with removing polyps. This has some basis but there are clearly more factors than just size. All polyps have the potential to be difficult or complex depending on a variety of factors which include; access to the polyp, visualization, scope stability, bowel prep, patient tolerance, correct equipment, polyp type and the site in the colon

A scoring system has been design to try to quantify some of the main factors, so the ‘level’ of polyp can be determined enabling referral to a relevantly trained colonoscopist to attempt resection. This is known as the *SMSA scoring system*. Score given for each parameter and total calculated (Size + Morphology + Site + Access).

Guide to technical competence and Polyp levels

Parameter	Range	Score
Size	<10mm	1
	10-19mm	3
	20-29mm	5
	30-39mm	7
	>40mm	9
Morphology	Pedunculated	1
	Sessile	2
	Flat	3
Site	Left	1
	Right	2
Access	Easy	1
	Difficult	3

Level I (Range of score 4-5)
 Trainees and those performing colonoscopy with supervision

Level II (Range of score 6-8)
 Independent colonoscopists

Level III (Range of score 9-12)
 Screeners in the bowel cancer screening programs

Level IV (Range of score >12)
 Those offering a tertiary referral service

Part of the JAG programme at the RCP





Date of procedure		Case DOPyS relates to: Please tick as appropriate	1	2	3
Candidate name		Membership no. (for example GMC or NMC)			
Assessor name		Membership no. (for example GMC or NMC)			

Please indicate the candidates score for each item using the following scale:

✓ = Achieved

× = Not achieved

N/A = Does not apply (not applicable)

Complete information relating to the polyp below SMSA Score	DOPYS number					Comments
	1	2	3	4	5	
Polyp size score <10mm = 1, 10-19mm = 3, 20-29mm = 5, 30-39mm = 7, or >40mm = 9						
Polyp site score Left colon = 1, Right colon = 2						
Polyp type score Pedunculated =1, Sessile = 2, Flat = 3						
Access to Polyp score Easy = 1 Difficult = 3						
SMSA score (Size + Morphology + Site + Access)						
Optimising view of / access to the polyp						
Complete DOPyS form by ticking appropriate box for each item. ALL items must be scored.	DOPYS number					Comments
	1	2	3	4	5	
Achieves optimal polyp views and position						
Determines full extent of lesion						
Adjusts/stabilises scope position						
Chooses appropriate polypectomy technique						
Checks equipment and snare closure prior to insertion						
Checks appropriate diathermy settings						
Photo-documents pre- and post-polypectomy						
Overall: Optimising view of / access to the polyp						
Stalked polyps						
Selects appropriate snare size						
Directs snare accurately over polyp head						
Correctly selects en-bloc or piecemeal removal depending on size						
Advances snare sheath towards stalk as snare closed						
Places snare at appropriate position on the stalk						
Mobilises polyp and applies appropriate degree of diathermy						
Overall: Stalked polyps						

Sessile lesions / Endoscopic mucosal resection

Complete DOPyS form by ticking appropriate box for each item. ALL items must be <i>scored</i> .	DOPyS form number					Comments
	1	2	3	4	5	
Adequate sub mucosal injection						
Checks lesion lifts adequately						
Selects appropriate snare size						
Directs snare accurately over the lesion						
Correctly selects en-bloc or piecemeal removal depending on size						
Appropriate positioning of snare over lesion as snare closed						
Tents lesion gently away from the mucosa						
Uses cold snare technique or applies appropriate diathermy						
Ensures adequate haemostasis prior to further resection						
Overall: Small sessile lesions / Endoscopic mucosal resection						
Cold biopsy						
Lesion is appropriate for technique						
Forceps are directed accurately over lesion						
Overall: Cold biopsy						
Post polypectomy						
Examines remnant stalk/polyp base						
Identifies and appropriately treats residual polyp						
Identifies bleeding and performs adequate endoscopic hemostasis if appropriate						
Retrieves, or attempts retrieval of polyp						
Places tattoo competently, where appropriate						
Overall: Post polypectomy						
ENTS (endoscopic non-technical skills)						
Communication and teamwork						
Situation awareness						
Leadership						
Judgement and decision making						
Overall: ENTS						

DOPyS form descriptors

Optimising view of / access to the polyp	
Achieves optimal polyp views and position	Ensures clear views by aspiration/insufflation/wash and maintains optimal polyp position (5-6'0'clock). Takes appropriate action for position correction and clear views throughout the procedure.
Determines full extent of lesion	Demonstrates assessing and determining full extent of the lesion using adjunctive measures (e.g. bubble breaker, NBI, dye spray etc.) as appropriate
Adjusts/stabilises scope position	Ensures the scope is maintained in a stable position if needed involving an assistant to hold the scope for stable platform before polypectomy
Chooses appropriate polypectomy technique	Chooses appropriate polypectomy technique safely without errors taking into account size, morphology, site and access (SMSA concept)
Checks equipment and snare closure prior to insertion	Ensures the appropriate equipment (e.g. injection, forceps, snare, clips, rothnet etc.) are available and functioning. Ensures the snare is marked appropriately in the handle before attempting polypectomy
Checks appropriate diathermy settings	Ensures the diathermy settings are appropriate for the techniques used and no contraindication for diathermy. Ensures the diathermy is available and functioning. Ensures pads are attached and foot pedal accessible.
Photo-documents pre and post polypectomy	Ensures accurate photo-documentation pre and post polypectomy
Stalked polyps	
Selects appropriate snare size	Demonstrates ability to always choose correct snare size appropriate to the polyp.
Directs snare accurately over polyp head	Demonstrates ability to use angulation controls, torque to steer snare over polyp head accurately and appropriately.
Correctly selects en-bloc or piecemeal removal depending on size	Demonstrates ability to judge and correctly select en-bloc or piecemeal removal of the polyp depending on its size
Advances snare sheath towards stalk as snare closed	Ensures that snare sheath is advances slowly and in a controlled fashion towards the stalk as the snare is closed
Places snare at appropriate position on the stalk	Ensures that snare is appropriately placed midway between polyp head and stalk base
Mobilises polyp and applies appropriate degree of diathermy	Ensures that appropriate amount of tissue is snared and the polyp stalk is mobile. Ensures that the polyp stalk tents away from mucosa towards the contralateral wall. Demonstrates application of appropriate degree of diathermy with no evidence of contra-lateral burns or cutting through too quickly causing bleeding.

Small sessile lesions / endoscopic mucosal resection	
Adequate sub mucosal injection	Demonstrates accurate injection(injection at 45 degree and gradual withdrawal as lesion lifts) of the submucosa maintaining excellent views of the lesion
Checks lesion lifts adequately	Ensures and checks that lesion is lifting adequately and only proceeds if lesion lifts adequately.
Selects appropriate snare size	Demonstrates ability to always choose correct snare size appropriate to the polyp.
Directs snare accurately over the lesion	Demonstrates ability to use angulation controls, torque to steer snare over lesion accurately and appropriately.
Correctly selects en-bloc or piecemeal removal depending on size	Demonstrates ability to judge and correctly select en-bloc or piecemeal removal of the polyp depending on its size.
Appropriate positioning of snare over lesion as snare closed	Demonstrates ability to position snare appropriately over lesion as snare is closed.
Tents lesion gently away from the mucosa	Ensures no additional tissue is trapped within snare by checking snare marking and tenting lesion away from mucosa mobilising the snare
Uses cold snare technique or applies appropriate diathermy	Demonstrates ability to judge and use cold snare technique or Demonstrates application of appropriate degree of diathermy with no evidence of contra-lateral burns or cutting through too quickly causing bleeding.
Ensures adequate haemostasis prior to further resection	Demonstrates checking for bleeding and always ensures adequate haemostasis is achieved before further resection
Cold Biopsy	
Lesion is appropriate for technique	Demonstrates awareness of size limitation using this technique and can estimate size of lesion before attempting resection
Forceps are directed accurately over lesion	Demonstrates ability to use angulation controls, torque to steer biopsy forceps over polyp accurately and appropriately.

Post polypectomy	
Examines remnant stalk/polyp base	Demonstrates examining remnant stalk/polyp base thoroughly to check for bleeding and any residual polyp tissue
Identifies and appropriately treats residual polyp	Ensures that any residual polyp is identified and appropriately resected or treated (e.g. APC). Demonstrates ability to judge and correctly decide if further biopsies are required to fully resect the polyp if cold biopsy used.
Identifies bleeding and performs adequate endoscopic haemostasis if appropriate	Demonstrates identification of bleeding and ensures appropriate treatment method (e.g. injection, mechanical or thermal or combination) are applied adequately to ensure endoscopic haemostasis.
Retrieves, or attempts retrieval of polyp	Ensures polyp retrieval using appropriate method (e.g. forceps, snare, net etc.) according to size of polyp. Demonstrates checking for complete removal of polyp tissue and confirms retrieval with endoscopy staff
Places tattoo competently, where appropriate	Demonstrates ability to use tattoo in appropriate setting. Ensures raised bleb before switching to appropriate ink and places appropriate number of tattoos
ENTS (endoscopic non-technical skills)	
Communication and teamwork	Gives and receives knowledge and information in a clear and timely fashion. Ensures that both the team and the endoscopist are working together from the same information and understand the 'big picture' of the case. Ensures that the patient is at the centre of the procedure, emphasising safety, comfort and giving information in a clear and understandable fashion
Situation awareness	Maintains continuous evaluation of the patient's condition. Ensures lack of distractions and maintains concentration, particularly during difficult situations.
Leadership	Provides emotional and cognitive support to team members by tailoring leadership and teaching style appropriately. Supports safety and quality by adhering to current protocols and codes of clinical practice. Adopts a calm and controlled demeanour when under pressure. Utilising all resources to maintain control of the situation and taking responsibility for patient outcome.
Judgement and decision making	Considers options and possible courses of action to solve an issue or problem, including assessment of risk and benefit. Chooses a solution to a problem, communicates this to team members and implements it Reviews outcomes of procedure or options for dealing with problems. Reflects on issues and institutes changes to improve practice