

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**

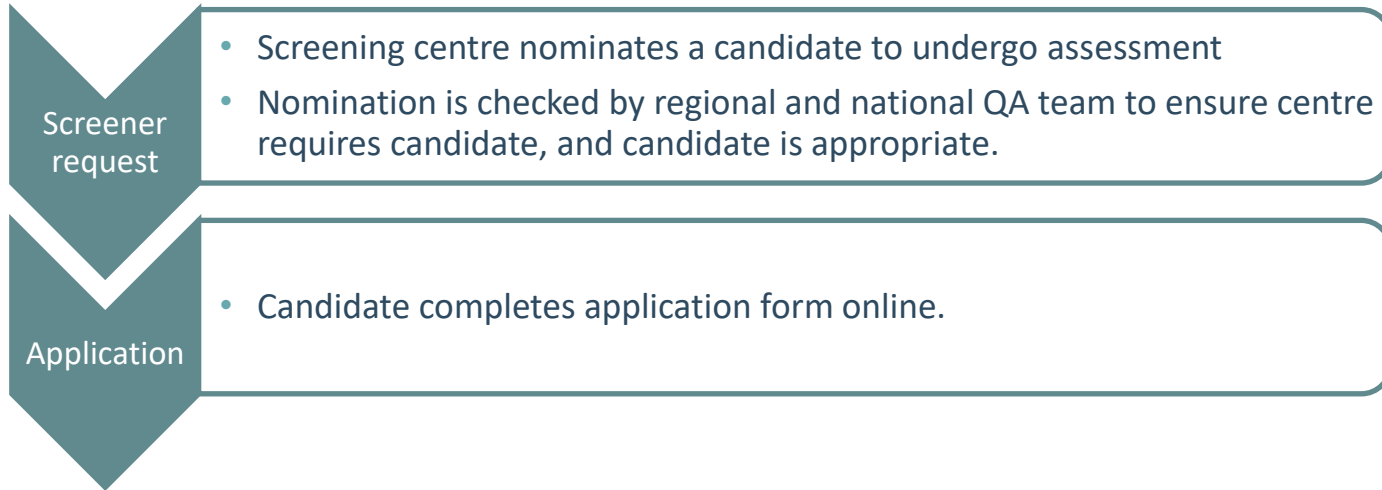
Contents

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.



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, a substantive 12-month (minimum) 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 NHSE 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			

Application

- If a candidate is approved, the BCSA team will create a candidate account on the BCSA website for the individual(s) approved. This website is used to manage the application and accreditation process.
- **The application must be completed online.**
- Once submitted and approved, the next stage of the process is the Multiple Choice Questionnaire (MCQ).

Guidance notes
Please give details of the following.

Colonoscopic experience:	<input type="text"/>	(approximate lifetime colonoscopic experience, minimum 1000)
In an audit of your last 12 months colonoscopic procedures, please provide the following information:		
Number of colonoscopies: (major criteria):	<input type="text"/>	(expected to be greater than 120, but supervised and private endoscopies count)
Polyp detection rate in last 12 months (%): (major criteria):	<input type="text"/>	(Polyp detection rate in last 12 month series expected to be 20% or greater)
Polyp retrieval rate in last 12 months (%): (major criteria):	<input type="text"/>	(Polyp retrieval rate in last 12 month series expected to be 90% or greater)
Documentation of unadjusted caecal intubation rate in this 12 month period %:	<input type="text"/>	(caecal intubation rate in this 12 month period expected to be 90% or greater)

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 – the DOPyS provided must have taken place from within the 12 months before the application is submitted.
- 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
- Clinical incident information – if any clinical incident is specified in the application form, a corresponding document detailing this must also be completed and uploaded in the application form.

Application advice

i) 4 DOPyS forms:

- These must be completed in the last 12 months.
- All DOPyS must be snare polypectomies; at least one must be $\geq 10\text{mm}$ and at least one using EMR technique.
- All 4 DOPyS must be signed off by a trained BCSP mentor or a TCT trained endoscopist.
- These do not have to be video recorded, but to support applicants to obtain DOPyS, it is permissible for a procedure to be recorded and then for the DOPyS form to be completed using the recording. If a video is used for DOPyS assessment, the applicant and person signing off the DOPyS should both be present when it is completed.
- On the DOPyS forms, all levels of supervision must be scoring 'competent for independent practice'.

ii. Details of any clinical incidents or adverse events in last 12 months (please include all NHS and non NHS work)

To upload documents click select button, locate the file and click the Upload button.

<input type="text"/>	Select	Upload
<input type="text"/>	Select	
<input type="text"/>	Select	
<input type="text"/>	Select	
<input type="text"/>	Select	

2. Assessment process

- There is a 2-stage assessment process
- Candidates must pass both parts of the assessment in order to be accredited
- Details for the MCQ can be found here: <https://www.bcsa.thejag.org.uk/online-knowledge-assessment>
- Details for the DOPS exam can be found here:
<https://www.bcsa.thejag.org.uk/Practical-skills-assessment>
<https://www.bcsa.thejag.org.uk/assessment-outcome>

Online test

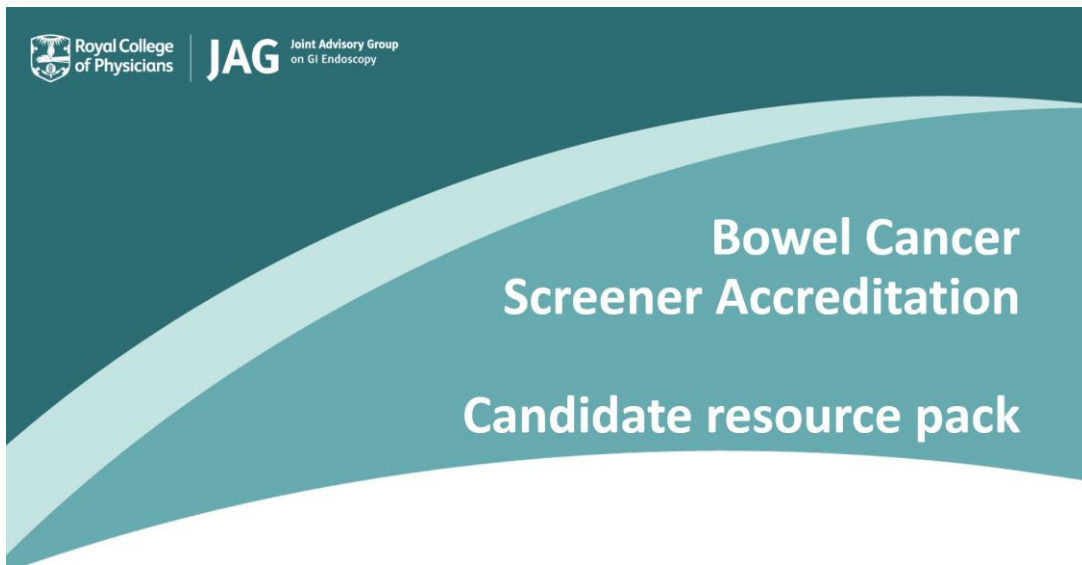
- Candidates must complete the multiple choice questionnaire
- It is a 60 question, multiple choice assessment to test their knowledge
- Candidates have 1 hour for the test and the pass mark is 60% (36/60).

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

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 cover the knowledge base covered in the colonoscopy MCQ



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: _____ (Reg. (DOP/DOPS))
Assessor name: _____ (Reg. (DOP/DOPS))
Outline of case: _____
Difficulty of case: Easy Moderate Complicated
Number of polyps detected: _____ Number of DOPyS items completed: _____
Reason if number of polyps detected and DOPyS differs: _____

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			

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For further information, please contact the BCS Office: enquiries@bcsp.ac.uk | 01203 3075 3020 | www.bcs.ac.uk

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 <https://jetsapp.thejag.org.uk/courses>).

Advice for candidates

> Before assessment:

- Familiarise themselves with assessment forms - available to download from the downloads section of the website.
- Look through the BCSA website for further information: <https://www.bcsa.thejag.org.uk/Default.aspx>

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

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