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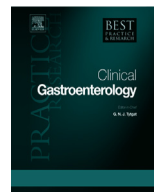

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Assessments and skills improvement for endoscopists

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A B S T R A C T

Different countries employ a range of assessment methods to monitor trainees from novice to independent practice. The optimal method to monitor and assess individuals' training in endoscopy has not been formally determined. The UK has developed a competency based assessment training and certification (credentialing) programme.

The tools developed to provide endoscopy work based assessments (DOPS) have been validated and are used for trainees and independent endoscopists, providing formative feedback for targeted training. Summative assessments are used for trainee certification and independent colonoscopists wishing to provide part of the National Bowel Cancer Screening Programme.

The UK was able to develop both clinical standards and an endoscopy training and certification process applied to all individuals and monitored by a single professional body. The supporting IT system enabled a structured and robust quality assurance process to be applied to all individuals and endoscopy units.

Assessment of practising endoscopists relies on the development and measurement of surrogate measures, which represent key performance indicators for those individuals. These surrogates for performance are still evolving although they are now well established for colonoscopy practice. Monitoring of independent practice is dependent on clinical audit of these key performance indicators. Feedback of data to individuals helps benchmarking and identification of those with sub-optimal performance. Independent endoscopists now recognize the benefit of on-going

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training to help both skills development and to address sub-optimal performance.
This chapter describes how the UK developed a web-based integrated training and certification system.
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Background

Historically, an individual's endoscopy skills have not been systematically evaluated either during or after completion of initial training or subsequently, when independently delivering a clinical service. This chapter outlines the UK approach to skills testing and skills improvement for both trainees and practicing endoscopists. It explains how a unified approach was developed that can be adopted in other institutions, regions or countries.

The goal of an endoscopy training programme should be to develop individuals who have competence in the relevant skills, to enable safe and effective clinical practice. For individual trainees, this training should encompass not only the endoscopic skills training but also the other cognitive and behavioural aspects relevant and necessary for clinical practice. Once assessed as competent for independent clinical practice, there is a need for governance processes to try to ensure that safe, effective practice continues. Individuals should be afforded an opportunity to continue to train and improve after they are established in independent practice.

The UK has been the subject of large-scale transformational change in endoscopy, both in relation to the service and the individuals who provide this service. A series of quality improvement (QI) programmes, with a goal to improve patient experience and outcomes, have now become embedded into routine clinical endoscopy practice in all National Health Service (NHS) endoscopy units. This was only achievable by aligning different projects and initiatives and having an overarching professional body responsible for defining the standards that would underpin clinical practice. The many different streams of work were brought together over several years. The net impact was a dramatic improvement on all aspects of training, service delivery and screening programmes which continues to this day. Undoubtedly the catalyst for much of this change was driven by the need to develop and rollout a high quality Bowel Cancer Screening Programme (BCSP).

The result of the transformational change has led to a high quality clinically effective service, and a workforce which is supported by a robust training infrastructure in endoscopy. This training is not just restricted to medical trainees, but includes nurse endoscopists and further training for those already practising independently. This was achieved primarily by engaging and gaining the support of all the different organisations and professional groups involved in the delivery of endoscopy services. This resulted in a coordinated, cohesive and powerful base to support and implement all of the necessary changes. Strategic implementation was supported by levers and drivers, both of which were aligned to ensure QI and improved patient experience and outcomes. The UK was fortunate to already have a professional body in place to assume an overarching role and bring everything together – the Joint Advisory Group for Gastrointestinal Endoscopy (JAG).

Overview

The JAG was established in 1994 and ensures the quality and safety of patient care by defining and maintaining the standards by which endoscopy is practiced. The JAG is directly responsible for the monitoring of training progression and certification of all trainee endoscopists to enable individuals to practice independently.

The clinical governance of individual independent endoscopists is not the direct remit of the JAG. Governance of independent practising endoscopists is the responsibility of an individual employing hospital or Trust. However, the JAG sets the quality standards that need to be met by individuals. These quality standards are then monitored by the employing organisations. There is also a requirement for

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