Royal College of Physicians | JAG Joint Advisory Group on GI Endoscopy

Guidance Documents

ERCP performed in independent hospitals

To be accredited, it is expected that an independent provider, offering ERCP, will meet KPI and clinical governance standards for ERCP services as laid out in the JAG guide to the quality and safety standards.

Demonstrating compliance can be challenging as independent sector services differ in key areas from those within the NHS:

- Clinical/nursing staff at that site may perform fewer than the required number of procedures annually, perhaps gaining additional experience elsewhere.
- Because of low procedure numbers obtaining/maintaining appropriate nursing skill mix requires ingenuity.
- Embedded governance processes to robustly obtain/review/action whole practice and local performance indicators including complications and to support benign/malignant MDT processes may not be established

This document provides clarity for assessors and Independent Sector ERCP providers looking to obtain or renew JAG accreditation.

The minimum number of procedures for an individual ERCPist is 75 per year, with 100 as an aspirational target. Where targets are not met in a private setting, it is reasonable to consider whole practice figures. Under these circumstances it is expected that both local and whole practice KPIs and complications are reviewed by the clinical lead with evidence of actions as required.

Process should be in place to robustly identify/review/action whole practice and local performance indicators including complications.

There must be ready access to benign and malignant MDT for appropriate patients.

Minimum annual ERCP numbers for a unit is 150, with 200 as an aspirational target. This is particularly pertinent to nursing and support staff whose highly skilled role is vital. Where a

shortfall exists relevant training and experience through NHS work and other private providers may be provided as evidence. Compelling evidence must be submitted that assisting staff as individuals and as a group have undergone sufficient training and have the correct skill-mix and experience. Units where only a small number of procedures are performed (50/year) are unlikely to become accredited.

ERCP – The Way Forward, A Standards Framework - The British Society of Gastroenterology (bsg.org.uk)

221129 - document- JAG guide to the quality and safety standards for UK services 1.0.pdf (thejag.org.uk)

ERCP service specification NHSE

Supporting evidence requirements for nursing competencies

- Evidence to support defined/specific training, competencies and skill mix in delivering ERCP – this should include the whole patient pathway (pre procedure/assessment, admission, intra procedure and recovery/ post procedure).
- We recommend minimum staffing requirements to support patient needs, acuity and procedural complexity.
- The Unit's (staff) competency matrix should identify which members of the workforce are competent to assist in ERCP.
- There should be sufficient procedural numbers within the unit to ensure that the workforce is assisting and thus maintaining their competencies when assisting with ERCP.
- The endoscopy workforce participating in ERCP should be actively assisting in ERCP on a regular basis and this should be evidenced in the ERS/rosters/ allocations etc