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

Celebrating 30 years of improvement

The Joint Advisory Group on GI Endoscopy

Annual report 2024



Report at a glance – key messages

517 services across the UK and Republic of Ireland are JAG-registered, 223 of which are accredited. In 2024, JAG undertook 92 site assessments and 134 services completed an annual review.

The proportion of all procedures involving a trainee has increased significantly from 8% in 2023 to 11% in 2024.

Since 2023, 81 colonoscopists have been accredited as bowel cancer screeners by our 40 assessors, taking the total to 652 screening colonoscopists.

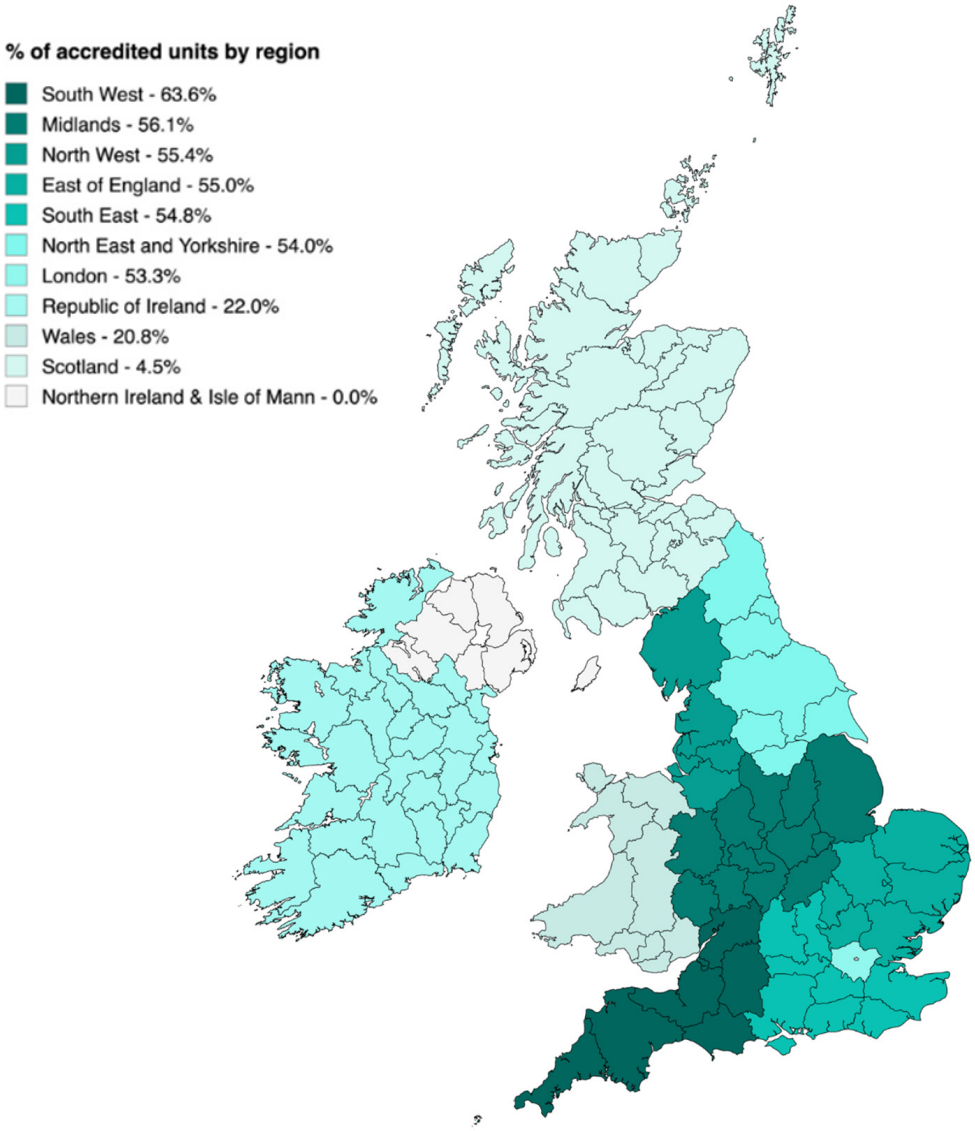
Gastroenterology trainees are gaining certification in a lower year of training in 2024, however, this has not been seen for surgical trainees.

98% of endoscopy sites in the UK (535) are currently uploading procedure data to NED, with over 11 million procedures uploaded, accruing at around 200,000 a month.

There are 9,286 users of the JETS Workforce website from 431 units, with 1,796 delegates attending 104 ENDO courses in 2024.

In 2024, JAG recruited 51 new technical assessors (management, medical and nurse), bringing our total to 96, along with recruiting 20 new lay assessors.

JAG is progressing well against its 3-year development plan of 56 projects – 22 have already been completed and 31 are in progress.



Introduction



It is a privilege to introduce JAG's inaugural annual report.

In the 1990s, the growth and multidisciplinary nature of endoscopy prompted the need for a unified advisory body to standardise and ensure quality in endoscopy training across all specialties. Thus, in 1994, the Joint Advisory Group for Gastrointestinal Endoscopy (JAG) was established under the auspices of the Academy of Royal Medical Colleges. JAG is a clinically led, independent endoscopy stakeholder organisation, hosted by the Royal College of Physicians but representing many organisations including the Royal College of Surgeons, Royal College of Radiologists and Royal College of General Practitioners, along with the British Society of Gastroenterology, the Association of Coloproctology of Great Britain and Ireland, and the Association of Upper GI Surgeons. JAG's strength is that it can speak as an independent voice for all endoscopy delivered in the UK and the Republic of Ireland, supporting the endoscopy community in the delivery of high-quality endoscopy.

Over the past 30 years, endoscopy as a specialty has evolved, and throughout my career JAG has played a pivotal role in modernising UK endoscopy services and ensuring high-quality endoscopy training, adapting to the expanding endoscopy landscape in the UK and the Republic of Ireland. JAG also sets and monitors the standards for the quality of endoscopy services through its service accreditation programme, and runs the endoscopist accreditation programme for the English and Welsh Bowel Cancer Screening Programmes. I've had the privilege of being involved in all of these aspects of JAG, and have learnt much from working with its national clinical experts and the dedicated management team that tirelessly supports UK endoscopy. More recently, two major initiatives have further enhanced JAG's ability to support our endoscopy community: the National Endoscopy Database, established in 2013, and JETS Workforce, supporting training and career development for endoscopy nurses (soon extending to administrative and clerical staff).
JAG's impact has made UK endoscopy a global benchmark, providing patient-centred care of the highest quality. The multidisciplinary endoscopy community remains its greatest asset, with JAG at its heart.

Our first ever annual report serves as an opportunity to demonstrate what JAG has achieved and how we are progressing against our 3-year development plan, both to our stakeholders and the wider endoscopy community. I would like to thank the JAG team for their tremendous work over the past 12 months – it is the synergy of our multidisciplinary team that allows JAG to achieve so much. I am sure you will find the report useful and informative and I hope it may inspire some readers to join the growing JAG community in supporting our endoscopy community in delivering high quality, patient-centred care.

Here's to the next 30 years!

Professor Matt Rutter, JAG chair

JAG staffing

JAG is a large operation and is successful through the collaboration of a range of clinical specialists and the JAG operational team.

The JAG team consists of:

- **17 clinical leads (for a full breakdown see appendix 1)**
- **15 JETS trainee portfolio assessors (13 adult, two paediatric)**
- **JETS Workforce faculty, including 101 ENDO1 faculty, 25 ENDO2 faculty, and 27 ENDO3 faculty**
- **40 assessors for Bowel Cancer Screening accreditation**
- **23 JAG accreditation medical assessors**
- **17 JAG accreditation nurse assessors**
- **12 JAG accreditation management assessors**
- **28 JAG accreditation lay assessors (these are shared across the RCP's accreditation unit)**
- **An operational team of 20 colleagues including programme managers, project managers, data analyst support, digital project manager support, senior project coordinators, project coordinators, and programme administrators (for a full breakdown see appendix 1)**

We work with clinical leads for different pieces of work, as well as with governance committees for each of our programmes.

JAG clinical lead role	Governance committee	Committee members
JAG chair	JAG strategy	17
	JAG stakeholder	28
JAG training group chair, JETS clinical lead, JETS Workforce lead, JETS lead	JAG training group	42
JAG accreditation chair, JAG nurse lead, JAG management lead, JAG head assessor, and JAG improvement lead	JAG accreditation steering group	14
Federation of training centres operational and strategic leads	Federation of Training Centres Committee	60
BCSA panel chair	BCSA panel	18
NED Committee chair; JAG research lead, JETS lead	NED Committee	19

Service accreditation

JAG accreditation is a supportive process of evaluating the quality of clinical services by guiding services through a quality framework of key areas:

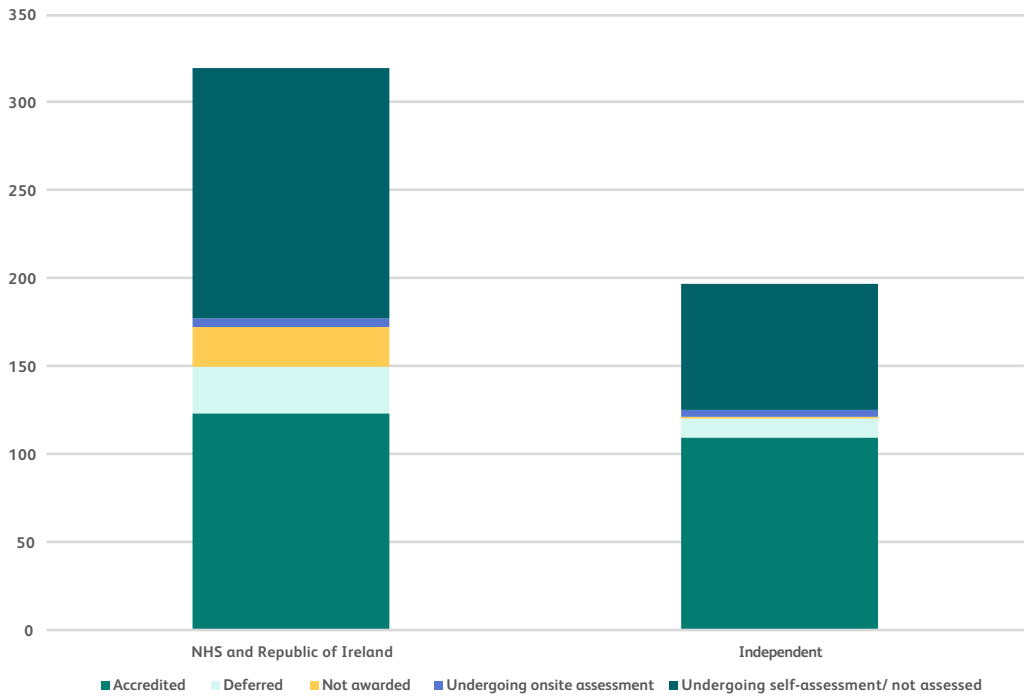
- Clinical quality – the service's role in safe and effective diagnosis, treatments and ongoing management, and service infrastructure including leadership and management.
- Patient experience – providing quality efficient and patient-centred care for all patients, reviewing waiting times, facilities and the environment.
- Workforce and training – effective training and support for staff including recruitment, retentions and continued professional development of team members, as well as reviewing the support and development of trainee endoscopists including appraisal and competencies.

Accreditation promotes quality improvement through highlighting areas of best practice and areas for change, encouraging the continued development of the clinical service. Accreditation is a voluntary process for services to engage in. The JAG accreditation standards consist of 19 domains and have been developed with a multi-professional group of clinicians, managers and patients.

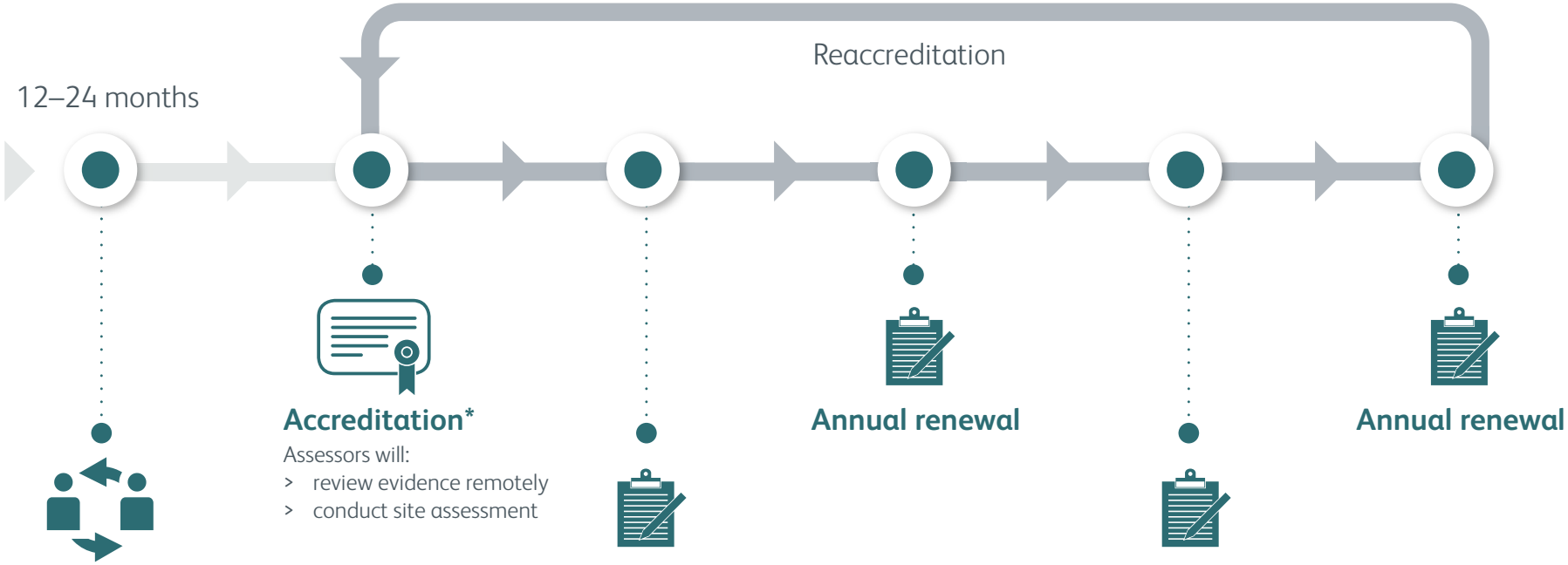
The accreditation pathway involves services self-assessing against the standards and submitting for a site-assessment once the services feel they are meeting the standards. Once accredited, services follow an accreditation pathway to maintain accreditation. Services are required to submit an annual review against key areas of the standards and the evidence is assessed remotely by two assessors. As well as the annual review, accredited services submit for reaccreditation by site assessment every 5 years.

Assessments are undertaken by an experienced team consisting of a medical, nurse and management assessor, one of whom leads the assessment. A lay assessor also joins the team to assess the patient experience.

As of December 2024, 517 services across the UK and Republic of Ireland, both NHS and independent, were registered with JAG – 223 of which are accredited.



JAG pathway

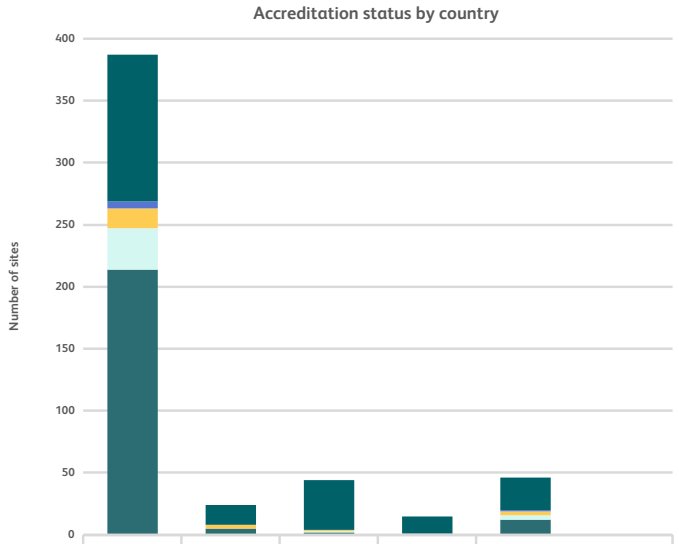


* Services that don't meet or maintain accreditation standards may be granted a period of deferral to resolve some matters.

What have we achieved in 2024?

In 2024, JAG accreditation undertook 92 site assessments. Accreditation was awarded to 14 sites who had submitted for an assessment for the first time. 134 services completed an annual review to maintain their accreditation status. As of the end of February 2025, 222 services are accredited and two services have not been awarded accreditation. To date, we have 50 services on a deferral – 21 are deferred following an annual review and 29 are deferred following a site assessment.

JAG accreditation has continued to strengthen relationships with the devolved nations in order to support service accreditation in Wales, Scotland and Northern Ireland. JAG launched the GRS in the Republic of Ireland in 2011 and has continued to increase engagement with these services, as seen below.



	England	Wales	Scotland	Northern Ireland	Republic of Ireland	Isle of Man
Undergoing self-assessment/ not assessed	118	16	40	14	26	1
Undergoing onsite assessment	6	0	0	0	1	0
Not awarded	16	3	1	1	3	0
Deferred	33	0	1	0	4	0
Accredited	214	5	2	0	12	0

To support the increasing volume of assessments, JAG recruited 51 new technical assessors (management, medical and nurse) and 20 new lay assessors in 2024.

Five existing assessors are also undergoing training to become lead assessors. In total, JAG now has 96 trained, experienced technical assessors completing assessments.

The annual review questions were revised to strengthen the process and a new training session to support services completing an annual review was launched, further supporting services in maintaining accreditation.

To support future projects and growth of the accreditation programme, the JAG accreditation leadership team has expanded to include an improvement lead and a management lead, as well as the accreditation chair, nurse lead and head of assessors.

Plans for the future

In 2025, JAG expects increased numbers of requested assessments from new services. Seven services confirmed their 2025 assessment in late 2024. 46 reaccreditations and 176 annual reviews are due in 2025, with the assessment team continuing to deliver a high volume of assessments.

The JAG accreditation team expanded in late 2024, recruiting a new coordinator to aid in the management of the assessor cohort and to ensure consistency across assessments. In 2025, a new assessor training strategy will launch, strengthening assessments and providing further support to assessors and services, including the launch of a resource library on the JAG website to make accessing support documents easier.

In 2024, the 5-yearly review of the JAG accreditation standards began with a public consultation to gather feedback on the current standards. In February 2025, JAG invited feedback on the proposed changes which have been created to reduce burden for services whilst continuing to maintain high standards.

JAG accredits independent services who provide outsourcing for NHS services. In 2025, JAG is working on standards to accredit insourcing providers, and further updates will be given on this throughout the year. Public consultation is currently open on the JAG standards adapted for paediatric services. The paediatric GRS will be accessible for paediatric services to self-assess against by summer 2025.

JAG training

In 2009, to improve outcomes and experience for endoscopy patients, the JAG Endoscopy Training System (JETS) was developed to standardise practice and training across the UK. It supports endoscopists through their entire endoscopy training, enabling them to demonstrate their competency progression and apply for JAG certification.

Trainees work towards certification in various endoscopy modalities. JETS was originally launched with three certification pathways: colonoscopy, flexible sigmoidoscopy and OGD. In 2022, these pathways underwent a major revision through a robust Delphi process review to ensure that the pathways are up-to-date and evidence based. In 2014, we launched paediatric versions of OGD and colonoscopy. In 2023, we launched pathways for ERCP and EUS; this was followed by DAE and paediatric diagnostic colonoscopy in 2024.

To achieve certification, trainees must demonstrate competency in both technical and non-technical skills. They must also undergo a summative assessment through the JETS certification pathway.

Trainers are also supported by the JETS system through feedback on trainer skills by Direct observation of training skills (DOTS) and Long-term evaluation of trainer skills (LETS) frameworks.

Each endoscopy service with trainees should have a training lead. Training leads can use JETS to review performance of trainees. JETS also supports dedicated training list allocation meetings and items on the training GRS.

The JETS website also administers JAG regional training centres and JAG approved training courses. Regional training centres can deliver JAG approved courses, such as basic skills, train the trainer and upskilling courses. JAG oversees the quality assurance process for regional training centres, ensuring that endoscopy training is delivered in a high-quality environment and by a skilled and motivated team.

What have we achieved so far?

Overall	
Metric	**Number**
Number of training centres	39
Number of active training courses	46
Number of trainees certified on JETS:	5,256
• OGD	2,787
• Colonoscopy	2,033 (1,712 pre- and 321 post-2022 revised pathway)
• Flexible sigmoidoscopy	423
• ERCP	11
• EUS	2
2024	
Number of new training centres	3
Number of trainees submitting procedures	3,037
Number of trainees certified on JETS:	620
• OGD	317
• Colonoscopy	285 (64 full, 221 new)
• Flexible sigmoidoscopy	5
• ERCP	11
• EUS	2

The proportion of all procedures involving a trainee has increased significantly from 8% in 2023 to 11% in 2024. In 2024, clinical endoscopists averaged 1.5 training lists per week, which was significantly higher than gastroenterology trainees (1.4 lists/week) and surgical trainees (1.3 lists/week).

The overall time to OGD and colonoscopy certification has fallen. By role, clinical endoscopists and gastroenterology trainees have seen a significant reduction in training time. Surgical certification time has also trended downwards. All roles have seen a significant increase in the number of training lists provided per week. Gastroenterology trainees are gaining certification in a lower year of training in 2024 for both OGD (year 1 vs year 3 in 2021) and colonoscopy (year 4 vs year 5 in 2021). This reduction is not seen in surgical trainees in either OGD or colonoscopy. JAG plans to explore these differences with the relevant bodies.

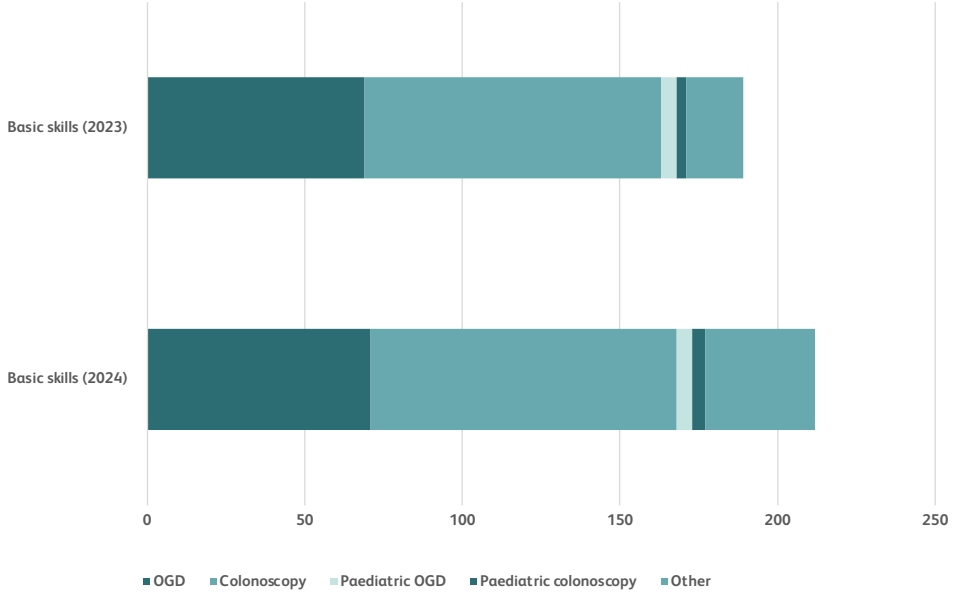
The number of trainees across the seven NHSE regions, Wales and Scotland can be seen in the table below.

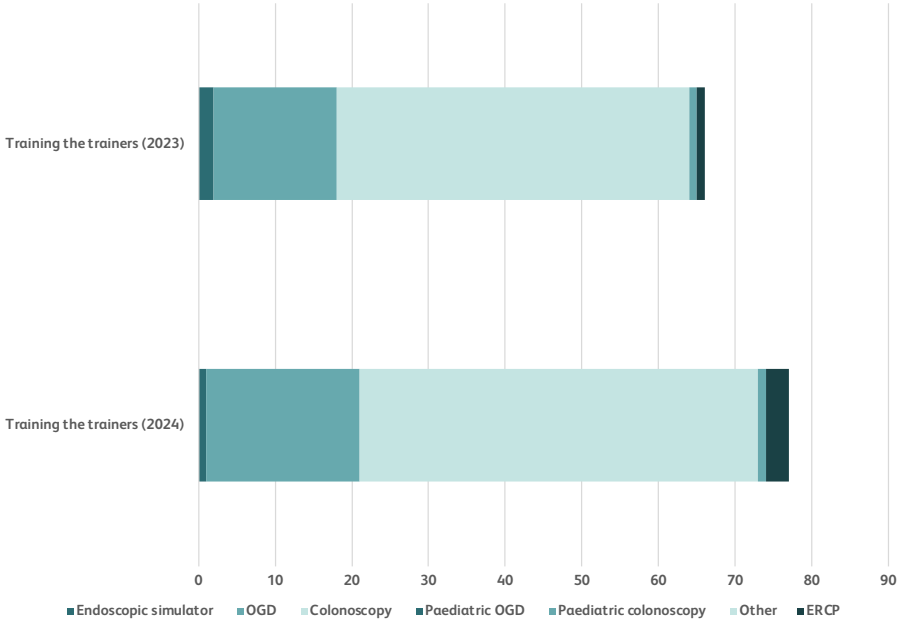
Region	Number of trainees
South West	244
Midlands	524
North West	308
East of England	310
South East	298
North East and Yorkshire	436
London	525
Wales	133
Scotland	258

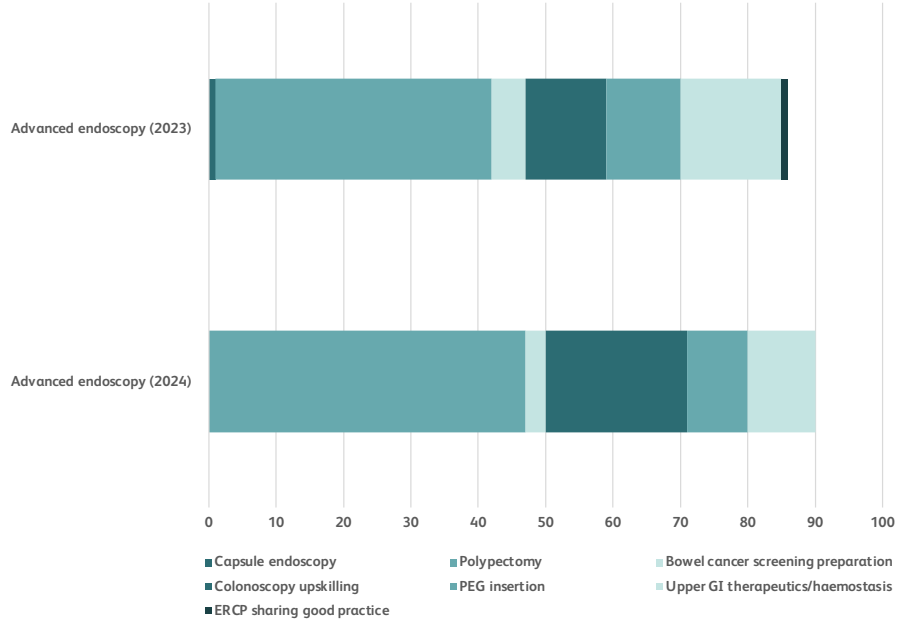
JAG courses

In the second half of 2024, the co-chair of the Federation of Training Centres conducted several visits to regional training centres to shadow basic skills courses to observe their delivery and offer recommendations for future courses. These will continue into 2025. We successfully launched a dashboard for academy leads so that trainees in each modality could be more easily identified and their training needs met.

2024 saw 368 courses delivered across the UK (involving 2,345 delegates), an increase of 9% from 339 in 2023 (see the graph and table below). The median time from booking of a course to attendance was 77 days (73 days in 2023).







Course feedback scores from 2024 were unanimously very high, with no variation between centres or course types.

Course type	Median number delivered per centre 2023 (IQR)	Median number delivered per centre 2024 (IQR)
Basic skills	5 (3–7)	5 (3–8)
Training the trainer	2 (1–4)	3 (1–4)
Advanced endoscopy	3 (2–6)	4 (2–7)

Plans for the future

We have three additional pathways in development for the JETS system, including small bowel capsule, acute upper GI bleed, and colon capsule.

We are currently reviewing the basic skills courses for lower GI, upper GI, and ERCP, as well as the 'train the trainer' courses and the haemostasis course (in collaboration with the British Society of Gastroenterology) to ensure there is consistency in their provision, delivery, and the skills and techniques taught.

We have reviewed and updated the JAG regional training centre annual report for quality assurance which will be launched later in 2025.

In 2024, we started reviewing features for trainers on JETS as well as a pathway for trainers to give more structure for endoscopists delivering training. In 2025, we are planning to return and update features that were originally available on the previous version of JETS. As part of this, we are planning to update the DOTS and LETS forms so each trainer's performance can be more accurately captured, and make faculty peer feedback available. This includes using the Linkert scale for rating each item and providing the outcome of the teaching episode.

For trainers tracking their own activities, the trainer summary pdf was added in December 2024, with the addition of EUS and DAE which should support the training in these modalities, as well as the other pathways. We are working towards returning the trainer dashboard to JETS, also, providing a more in-depth summary of training activities, including the number of DOPS, DOTS and LETS submitted. Alongside this, we are developing a pathway for trainers to enable them to demonstrate their training experience and competencies and ensure clarity on the experience and skills needed to progress as a trainer. The system will prompt trainees to interact with these features after a training activity.

We have started to develop an e-portfolio for independent endoscopists. This will allow endoscopists to easily demonstrate their activity and performance, helping to support under-performance. Two JAG fellows were appointed in September 2024 with a focus on evaluating JETS and NED data to provide insights on workforce developments and developing a portfolio for independent endoscopists to support upskilling. We will be developing this portfolio over the next 2 years.

JETS Workforce

The JETS Workforce Programme enables the endoscopy workforce across the UK and Republic of Ireland to access a standardised, quality assured and updated framework for training. JETS Workforce was launched in 2019, building on the previous Gastrointestinal Endoscopy for Nurses (GIN) training programme and the All-Wales Endoscopy Competency Framework (AWENcf).

It is designed for the whole of the endoscopy workforce from new starters to experienced staff, and for all members, including unit managers, endoscopy nurses, health care support workers, practice educators, and decontamination technicians. It is available for any endoscopy unit registered with JAG.

The programme comprises three levels: foundation and decontamination, advanced endoscopy, and management and leadership.

For each level there are three learning elements to complete:

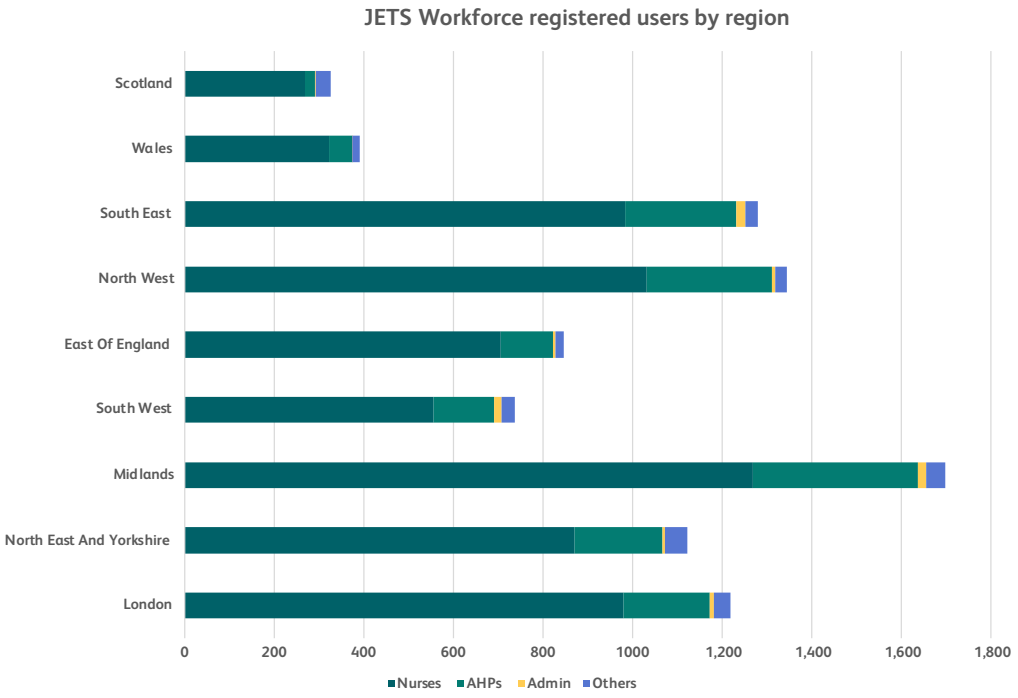
- **E-learning modules:** Developed by endoscopy experts, the modules provide the theoretical underpinning for the courses and the competency framework.
- **Training courses:** The ENDO1 course is designed for the endoscopy workforce to introduce or improve skills in assisting endoscopic procedures and caring for patients. ENDO2 is an advanced endoscopy course aimed at staff who assist with or care for patients undergoing moderate to complex endoscopic procedures. ENDO3 is designed for current or aspiring leaders and managers in endoscopy.
- **Competency framework:** The framework enables users to evidence their skills, knowledge and abilities, using direct observation of procedural skills (DOPS), witness statements and reflective statements.

What have we achieved so far?

There are 9,286 users of the JETS Workforce website from 431 units. 78% are registered nurses, 18% allied healthcare professionals (AHPs), 1% administrative staff, and 3% 'other' (see graph).

Data from the 2023 JAG census exists for 109 sites who provided the number of full time equivalent (FTE) band 2–8 administrative and nursing staff (nurses and AHPs). The census sites have 3,305 FTE nurses and 1,235 FTE admin staff. For these sites, JETS Workforce has 2,444 registered users (71% of which are nursing workforce).

In 2024, 1,796 delegates attended 104 ENDO courses, an increase of 26% delegates and 25% courses from 2023. These consisted of 92 ENDO1 (28 face-to-face and 64 virtual), two ENDO2 and 10 ENDO3 courses. Course feedback for ENDO1 and ENDO3 delivered in 2024 was overwhelmingly positive. All aspects of ENDO1 course content were rated positively by over 90% of delegates. All aspects of ENDO3 course content were rated positively by over 90% of delegates, except for relevance/appropriateness of content (84%).



Nearly 1,800 users are assigned as assessors of the competency framework and over 100 endoscopy workforce members are teaching faculty on ENDO courses. Having so many people on board with our work is leading to a significant change in the culture of endoscopy, with more focus on providing a standardised and structured approach to training, assessments, and appraisals. So much so that there has been national and international recognition of our training programme with presentations over the 5 years to the European Society of Gastrointestinal Nurses Association (ESGNA), course delivery in Bangladesh and the adoption of the programme by the Republic of Ireland.

Another significant achievement for the programme is the mandating of certain elements of the training framework for JAG accreditation. From 1 October 2024, all services in the UK must demonstrate that 10% of their endoscopy workforce (bands 2–8) have completed the ENDO1 e-learning modules and ENDO1 course. This will increase to 25% from 1 October 2025.

Plans for the future

We are striving to make JETS Workforce a sustainable programme, with cyclical updates of content. The programme's reach is broadened through identification of units with low use and engagement with the endoscopy workforce. 2025 will focus on the review of our e-learning for health modules and a light touch review of the competency framework.

ENDO1 is delivered from multiple facilities. This suggests the need to implement a wider structure to support quality assurance. At present, all registered faculty are required to undertake two sessions per year for JAG registered courses to ensure standardisation and quality of training. In addition, we propose to review all feedback from individual areas, highlight any areas of concern or excellence and arrange visits to enable observation, feedback and support.

ENDO2 covers a wide area of advanced skills acquisition in the endoscopy setting, therefore a multi-modal approach was adopted. This enables academies and training centres to develop and deliver knowledge-based education and practical skills that can be adapted according to teaching facilities. Guidance is now in place for course applications to be submitted for the delivery of training and 25 have been approved so far. The ENDO2 faculty training package was produced at the end of 2024 and there will be further rollout of this in 2025.

We recently rolled out our ENDO3 to endoscopy training academies and training centres so that more endoscopy workforce members who are interested in leadership and management can enhance their skills in this area. This is particularly important as it will help to sustain the workforce going forward and further embed good practice into endoscopy services. In 2025 we will be working to support this further.

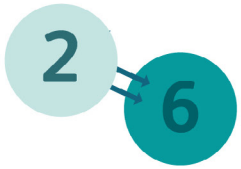
Another key area for the future is developing our faculty. We recently developed the 'senior' faculty role for experienced faculty members to deliver other aspects of the JETS Workforce Programme. We have carried out a mapping exercise to determine where our faculty are located and where more are needed to ensure equity across the four nations and the Republic of Ireland.

There is wide recognition that practice educators and nurse trainers are pivotal in in supporting the training of new staff, upskilling existing staff and embedding a culture of learning within endoscopy. Staff within these positions are often senior members of the team, highly skilled, but with no formal teaching qualifications. We will be developing the Train the Endoscopy Nurse Trainers (TENT) Programme through the adoption of the structure already available within Train the Trainer, which is widely accepted by endoscopist colleagues.

JETS workforce achievements



Addition of the JETS Workforce mandate within the JAG accreditation standards



Increase of available ENDO1 courses from two to six per month



ENDO1 course attendance increase by 25 % since 2019



ENDO1 course content updated in line with changing demands in the workforce



Roll out of JETS Workforce to the Republic of Ireland in 2023



Signed off over 100 active ENDO faculty



Delivery of over 150 courses since the programme's launch





Over 8,000 users and 430 hospitals registered to the programme



ENDO2 competency framework updated in 2024

Bowel cancer screening accreditation

The English NHS Bowel Cancer Screening Programme (BCSP) commenced in 2006, and the Welsh equivalent in 2020. All BCSP colonoscopists need to be accredited. Accreditation ensures all endoscopists providing screening meet a consistent, high standard. JAG, on behalf of the English NHS BCSP, manages the administrative functions of the Bowel Cancer Screener Accreditation (BCSA) web-based application process.

Following submission of satisfactory historical performance data, the candidate must pass an online MCQ prior to attending a DOPS assessment. The DOPS assessments are held at designated assessment centres. Each candidate is assessed over two cases by two assessors.

What have we achieved so far?

There are currently 652 registered bowel cancer screeners across the UK, an increase of 8% from 2023. Since 2023, 81 endoscopists have successfully gained accreditation. The median time from application to accreditation was 319 days.

The MCQ can be taken up to three times in 12 months, after which candidates must wait 12 months from the first attempt before resitting. 120 individuals took the MCQ a total of 156 times in 2023 and 2024 – 96% were ultimately successful (70% passing first time) and 4% were unsuccessful. Of those who were unsuccessful, only two attempted the MCQ more than once, and none attempted it three times.

99 endoscopists sat the DOPS assessment in 2023–24. The first-time pass rate was 66%. Of the 11 candidates who did not pass first time, eight were successful on a second attempt (72% second attempt pass rate). The overall pass rate of the DOPS (and therefore successful accreditation rate) was 74%.

There are 40 BCSA assessors. 25 completed at least one assessment in 2023 and 2024. Of these, the median number of assessments was four. In 2024 we recruited nine new assessors and held an assessor training session for new and existing assessors. We encourage all assessment centres to hold at least three assessment days year and for all assessors to undertake one internal and one external assessment per year.

Assessment centre	Percentage of assessments
Northern General Hospital, Sheffield	51%
Liverpool Assessment Centre	9%
Wolverhampton	10%
Gloucestershire Assessment Centre	4%
Hampshire Assessment Centre	3%
Leicestershire Assessment Centre	5%
St Georges Hospital, London	6%
St Marks Hospital, London	5%
Torbay Hospital, Torquay	5%
Wales - Swansea Bay UHB (Morriston)	2%
Wales - University Hospital Cardiff	1%

2024 saw the relaunch of the MCQ, following an in-depth review which led to the rewrite of 70 questions and removal of several others. Since the relaunch, we have seen the pass rate increase from 63 to 74%. We will carry out a light review of the relaunched MCQ in September 2025 to ensure that it remains fit for purpose.

In 2024 all 12 BCSA/NED pilot candidates achieved accreditation. The pilot was developed in response to projected increase in demand that will accompany age extension and FIT threshold reduction, enabling an accelerated accreditation process utilising NED data without face-to-face DOPS assessment. Pilot candidates had to be performing at least 200 colonoscopies annually, caecal intubation rate ≥ 95% and polyp detection ≥ 40%. To complete the pilot, we are working with the BCSP team to monitor year-1 screening performance of the 12 pilot candidates.

Plans for the future

2025 will focus on changes to improve the candidate accreditation process, including automating manual processes, using NED data for KPIs and providing clearer information about the timeframes for completing the accreditation pathway. We will also be working hard to ensure we can offer enough assessments to meet the demands of the BCSP expansion.

National Endoscopy Database

The National Endoscopy Database (NED) was launched in 2016 to automatically capture live endoscopy data directly from UK endoscopy units' endoscopy reporting systems (ERS). NED aims to improve quality and reduce the burden on services by providing online access to standardised, robust performance analytics.

Endoscopists can access their procedural key performance indicators (KPIs). Clinical leads can access both organisation- and individual-level data and download a JAG audit spreadsheet for JAG assessments. NED data also feeds into JETS for trainee endoscopists to monitor their performance and log DOPS/DOPyS.

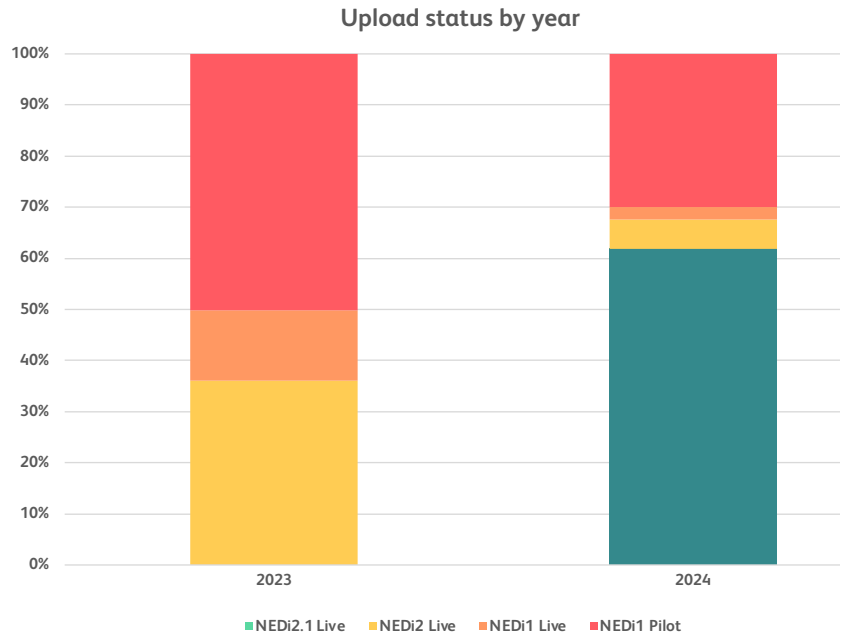
What have we achieved so far?

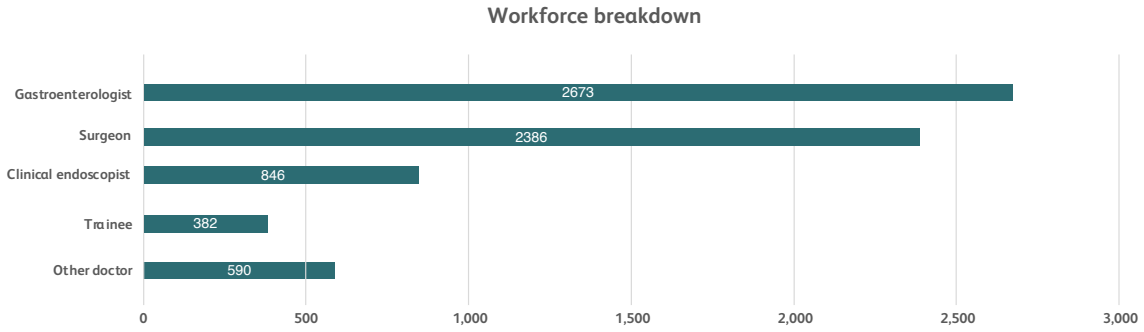
Since NED commenced, over 11 million procedures have been uploaded, accruing at around 200,000 procedures per month. In 2021, NEDi2 was launched following extensive consultation with the UK endoscopy community and ERS companies, capturing richer datasets on a broader range of procedures. A further revision in 2023 (NEDi2.1) included a field for a Faecal Immunochemical Test (FIT) result, enabling local and national auditing of FIT use in the lower GI pathway.

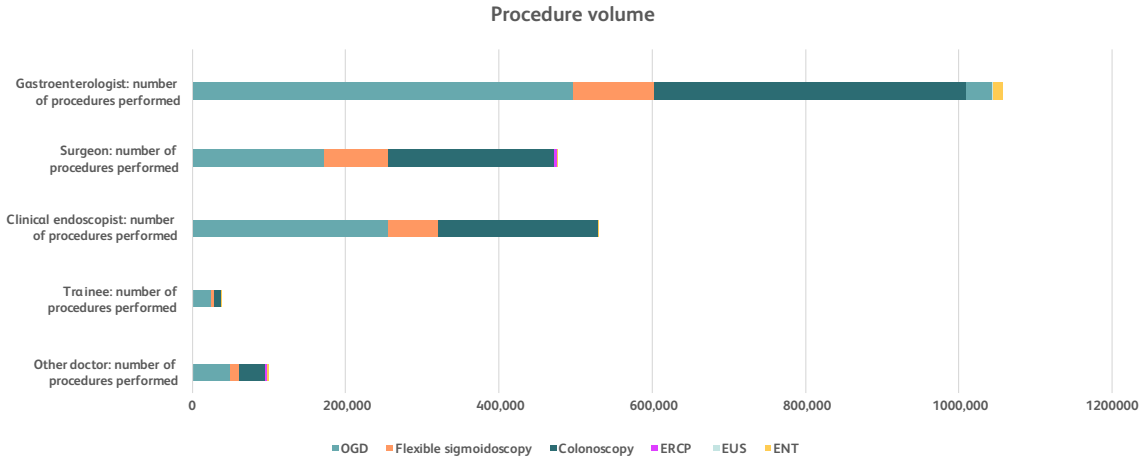
98 % of endoscopy sites in the UK (535) are uploading to NED (315 NHS, 220 independent), an increase from 96 % (528) in 2023. 68 % of sites are now uploading to NEDi2 (see graph opposite) and in 2024, 61 % of procedures came from NEDi2.1 sites. There are currently 13 ERSs uploading to NED (see appendix 2).

Procedure	Total 2023	Total 2024	% increase
OGD	926,230	993,797	7 %
Colon	848,352	873,573	3 %
Flexible sigmoidoscopy	267,532	271,254	1 %
ERCP	34,809	40,737	17 %*
EUS	3,875	16,005	313 %*
Enteroscopy	337	964	186 %*
Total	2,081,135	2,196,330	6 %
% with trainee	8 %	11 %	

*Due to increased adoption of NEDi2 which mandates capture of these procedures for the first time.


Upload status by year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2023
2024
NEDi2.1 Live
NEDi2 Live
NEDi1 Live
NEDi1 Pilot


Workforce breakdown
Gastroenterologist
2673
Surgeon
2386
Clinical endoscopist
846
Trainee
382
Other doctor
590
0
500
1,000
1,500
2,000
2,500
3,000


Procedure volume
Gastroenterologist: number of procedures performed
Surgeon: number of procedures performed
Clinical endoscopist: number of procedures performed
Trainee: number of procedures performed
Other doctor: number of procedures performed
0
200,000
400,000
600,000
800,000
1000,000
1200000
OGD
Flexible sigmoidoscopy
Colonoscopy
ERCP
EUS
ENT

Procedure	KPI (minimum target)	2023	2024
OGD	D2 intubation rate (≥95%)	93.4	95.5
	Median procedure duration (minutes)	10.4	9.9
	Median % of procedures using greater than recommended sedation for age	2.5	2.4
	Median % of procedures with moderate/severe discomfort	2.7	2.6
	Median % of procedures unsedated	38.5	37.5
Flexible sigmoidoscopy	Polyp retrieval rate (≥90%)	87.5	88.4
	Median % of procedures using greater than recommended sedation for age	0.9	0.9
	Median % of procedures with moderate/severe discomfort	2.7	2.8
	Median % of procedures unsedated	71.0	69.2
Colonoscopy	Caecal intubation rate (≥90%)	92.5	94.5
	Rectal retroversion rate (≥90%)	90.6	93.0
	Polyp detection rate (≥15%)	36.3	38.2
	Mean number of polyps detected	0.9	1.0
	Polyp retrieval rate (≥90%)	91.8	93.0
	Acceptable bowel preparation (≥90%)	89.1	87.6
	Median withdrawal time (>6 mins)	9.1	10.3
	Median % of procedures using greater than recommended sedation for age	3.5	3.2
	Median % of procedures with moderate/severe discomfort	4.6	4.4
	Median % of procedures unsedated	29.3	29.5
ENT	Median % of procedures using greater than recommended sedation for age	16.8	14.4
	Median % of procedures with moderate/severe discomfort	4.4	4.4
ERCP	Successful cannulation rate (≥85%)	83.7	86.1
	Complete stone clearance rate (≥75%)	37.1	38.9
	Stricture cytology taken rate (≥80%)	39.1	44.1
	Median % of procedures using greater than recommended sedation for age	31.0	32.0
	Median % of procedures with moderate/severe discomfort	4.4	6.0
EUS	Median % of procedures using greater than recommended sedation for age	22.5	23.5
	Median % of procedures with moderate/severe discomfort	7.0	2.5

Workforce proportions remain similar to those reported by Beaton[1] in 2022 and the JAG census in 2023. The second graph shows a breakdown of endoscopist and procedural numbers. Notably, while clinical endoscopists only form 12% of the workforce, they perform almost a quarter of all procedures.

The JAG census revealed that in 2022 there was a significant increase in the proportion of procedures being performed by the independent sector for all modalities except trans-nasal endoscopy (9% in 2018 vs 12% in 2022). NED 2023/24 data shows the proportion is significantly higher (13%) than 2022. The table provides procedure-specific KPIs with national averages for 2023 and 2024. National KPIs for OGD and colonoscopy remain above the minimum standard and have improved from 2023 to 2024, apart from bowel preparation which remains below 90% and has fallen since 2023.

Plans for the future

In 2025 we will improve the NED website based on feedback from our 2023 engagement survey. We will produce more targeted dashboards and improve endoscopist outputs so that the true potential of NED can be experienced by all users. We will also be refining data capture to ensure that the data is accurate as possible, including monitoring and improving the use of the FIT fields and working with services and ERS companies to support upload to NEDi2. In addition, we will be looking to improve NED engagement with endoscopists and services via podcast episodes, blogposts and training sessions.

JAG research

The JAG collects data from multiple JAG workstreams, including the National Endoscopy Database (NED) and the JAG Endoscopy Training System (JETS). External researchers, JAG clinical leads and JAG stakeholders can request extracts of JAG data for workforce planning, evaluation of interventions, and endoscopy research.

The NED APRIQOT (Automated Performance Reports to Improve Quality Outcomes Trial) study started in March 2018 and ran for 3 years. NED APRIQOT was funded by the Health Foundation and conducted by Newcastle University and the JAG. It focused on the use of automated performance reports to improve quality outcomes in colonoscopy. A positive effect on polyp detection was observed as a result of the intervention. An implementation pilot is planned for launch in 2025.

What have we achieved so far?

To date JAG data has been used for a range of research pieces, including:

- UK endoscopy workload and workforce patterns
- diagnostic yield from symptomatic upper GI endoscopy in the UK
- generating upper GI endoscopy KPIs from provider post endoscopy upper GI cancer rates
- upper GI endoscopy biopsy practice in the UK
- the impact of pre-medication for percutaneous endoscopic gastrostomy insertion on provider level aspiration pneumonia rates
- improving triage in upper gastrointestinal bleeding
- UK ERCP sedation practices, patient comfort and endoscopist characteristics
- the use of nationally automated colonoscopy performance feedback to increase polyp detection
- the impact of the NED on colonoscopy withdrawal time.

In 2023 and 2024, JAG received a total of 26 data extraction requests:

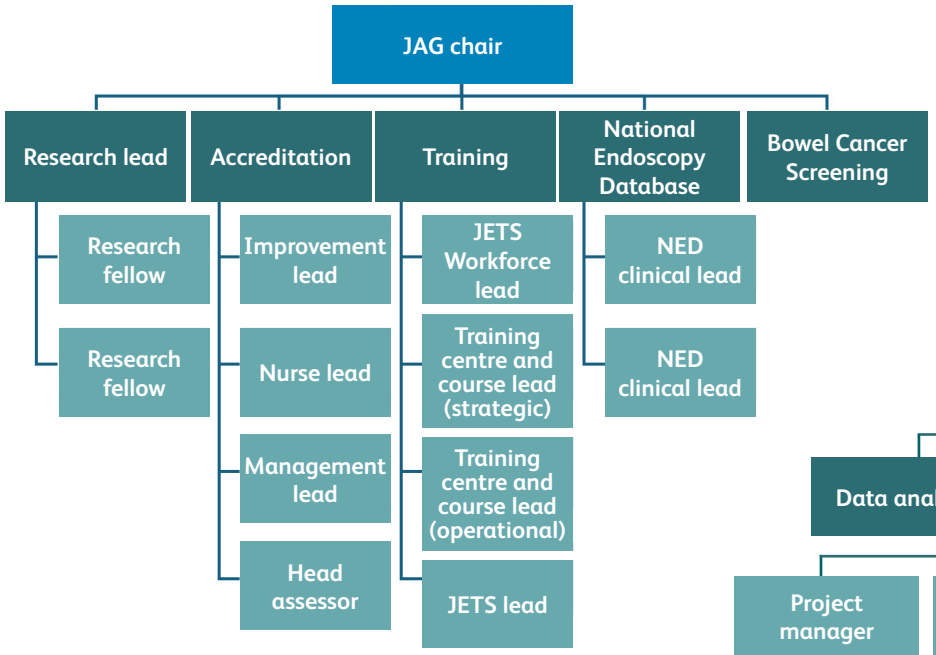
- 14 requests were from external sources
- Four requests related to research, of which two were external to JAG
- The other requests either related to JAG projects (eg data to inform the planning of the next stage of the NED-APRIQOT pilot) or to answer specific queries (eg a trust wishing to see the impact of the creation of endoscopy academies on its trainee certifications)
- Published papers include:
  - 'Improving triage in upper gastrointestinal bleeding: insights from the UK National Endoscopy Database (NED)'
  - 'Diagnostic yield from symptomatic gastroscopy in the UK: British Society of Gastroenterology analysis using data from the National Endoscopy Database'
  - 'Diagnostic yield from symptomatic lower gastrointestinal endoscopy in the UK: a British Society of Gastroenterology analysis using data from the National Endoscopy'
  - 'Nationally automated colonoscopy performance feedback increases polyp detection: The NED APRIQOT randomized controlled trial'
  - 'What is the current provision of service for gastronomy insertion in England?'
  - 'UK ERCP sedation practices, patient comfort and endoscopist characteristics: National Endoscopy Database (NED) analysis on behalf of the JAG and BSG'

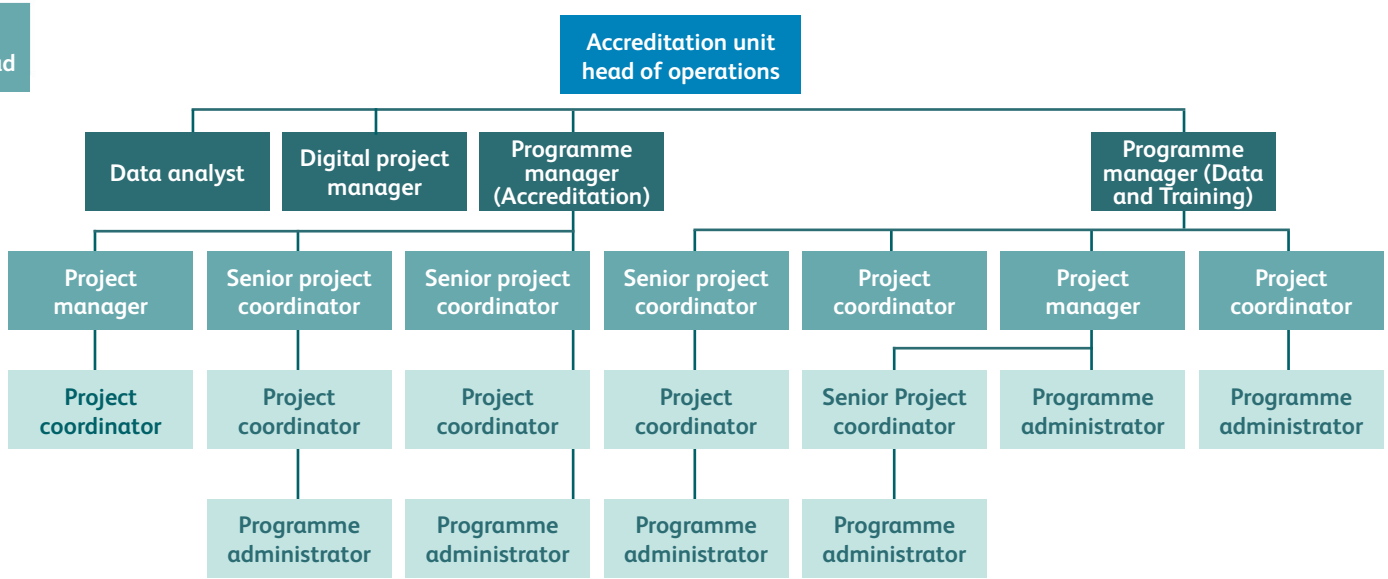
Plans for the future

In 2025 we will be highlighting some of the research projects undertaken using JAG data via podcast episodes and blogposts and providing links to previous publications, as well as promoting use of JAG data for future research work.

Appendix 1: JAG staffing

The below diagrams detail both clinical and office staff involved in the day-to-day running of JAG.





Appendix 2: NED ERS suppliers and upload status

	2023		2024		
ERS supplier name	Newest compatible NED version	Number of sites (% of total)	Newest compatible NED version	Number of sites (% of total)	% of sites uploading to NEDi2.1
Medilogik EMS	NEDi2	260 (49.3%)	NEDi2.1	279 (52.1%)	100%
HD Clinical Solus	NEDi2	79 (15.0%)	NEDi2.1	89 (16.6%)	57.5%
Endosoft	NEDi2	38 (7.2%)	NEDi2.1	40 (7.5%)	59.4%
HICSS	NEDi2	33 (6.3%)	NEDi2.1	32 (6.0%)	21.4%
Olympus	NEDi2	35 (6.6%)	NEDi2.1	32 (6.0%)	3.7%
Cantel (bespoke)	NEDi2	1 (0.2%)	NEDi2.1	1 (0.2%)	100%
EPIC Lumens	NEDi2	7 (1.3%)	NEDi2	6 (1.1%)	
Unisoft	NEDi1	48 (9.1%)	NEDi1	38 (7.1%)	
Infoflex	NEDi1	10 (1.9%)	NEDi1	7 (1.3%)	
CPD	NEDi1	3 (0.6%)	NEDi1	3 (0.6%)	
Newgate	NEDi1	3 (0.6%)	NEDi1	3 (0.6%)	
Aquilant (no longer supported)	NEDi1	6 (1.1%)	NEDi1	3 (0.6%)	
Bespoke system (Bespoke)	NEDi1	2 (0.4%)	NEDi1	2 (0.4%)	

Appendix 3: Progress against 3-year development plan

Programme	Project	Stage	Progress %
Accreditation	Propose to BSG that they produce guidance on transnasal endoscopy	Complete	100
Accreditation	Recruit and train management assessors for independent sector	Complete	100
Accreditation	Produce updated guidance on endoscopic procedural points allocation, with the BSG	In progress – on track	90
Accreditation	Biennial census	Complete	100
Accreditation	Develop accreditation process for in-sourcing companies	In progress – on track	40
Accreditation	Engagement exercise to explore why some endoscopy units are not engaged/accredited, and to develop a strategy to improve this	Not started	0
Accreditation	Create a guide to temporary service accommodation (mobile units)	In progress – delayed	30
Accreditation	Paediatrics standards (pGRS)	In progress – on track	70
Accreditation	Consider feasibility of rolling out paediatrics accreditation programme	Not started	0
Accreditation	Develop training strategy for services in preparation for accreditation	In progress – on track	70
Accreditation	Review GRS standards	In progress – on track	60
Accreditation	Review the current service accreditation cycle (5yr visits and annual review) – analyse cycles, plan for potential increase in accreditation	In progress – on track	50
BCSA	BCSA MCQ review	Complete	100
BCSA	BCSA information governance processes – review and revise	Complete	100
Data	Data requests and costing framework	Complete	100
Data	Increase the potential of JAG data by appointing: NED improvement clinical lead, research chair, digital project manager, data analyst	Complete	100
Data	Academies dashboard	Complete	100
Data	Develop and establish JAG research processes (submissions, updates etc)	Complete	100
Data	Information governance/data management review	In progress – delayed	50
Data	Explore the potential of NED as a quality improvement platform/NED APRIQOT	In progress – on track	10
Data	Consider future role of biennial census, and best way to run it	In progress – on track	50
Data	Develop an annual/biennial JAG report, for stakeholders and the wider endoscopy community	In progress – on track	60

Programme	Project	Stage	Progress %
Data	Collate the varying JAG data sources to expand and enhance JAG/NED data outputs (dashboards)	In progress – on track	10
Data	NED FIT project with NHSE	In progress – on track	70
Data	NEDi2 rollout and rationalising to one NED	In progress – on track	70
Data	Explore the pros and cons of adding patient-identifiable data into NED	In progress – on track	10
Data	NED regional/devolved nation dashboard development	In progress – on track	80
Data	Develop NED dashboard for in-sourcing companies	Not started	0
General	Improve succession-planning of JAG clinical roles	Complete	100
General	Automation of administrative tasks (finances, purchase orders, auto-emails)	Complete	100
General	Zendesk - enhance online enquiries system	Complete	100
General	Revise JAG governance documents (including MOU) and processes	In progress – delayed	70
General	Improve JAG's ability to meet overarching aims by better financial oversight, forward-planning and new project approvals processes	In progress – on track	80
General	Develop a JAG communication strategy	In progress – on track	50
General	Develop and undertake an engagement exercise with the endoscopy community	In progress – on track	25
General	Explore with RCP about potential international JAG opportunities	Not started	0
JETS Workforce	Data collection and amalgamating academy/JETS Workforce data	Complete	100
JETS Workforce	Mandate of ENDO1	Complete	100
JETS Workforce	ENDO2 development	Complete	100
JETS Workforce	JETS admin and clerical project	In progress – delayed	30
Training	ERCP pathway	Complete	100
Training	EUS pathway	Complete	100
Training	Device-assisted enteroscopy pathway	Complete	100
Training	Review of existing training pathways – OGD/Flexi/Colon	Complete	100
Training	Consider whether we should develop a clinical leadership framework, specifically for endoscopy leads	Complete	100

Programme	Project	Stage	Progress
Training	Academies/JAG collaboration	Complete	100
Training	Paediatric pathway	In progress – on track	95
Training	Small bowel capsule pathway	In progress – delayed	20
Training	Colon capsule endoscopy pathway	In progress – delayed	20
Training	Basic skills courses review	In progress – on track	80
Training	TTT course review	In progress – on track	80
Training	Acute UGI bleed pathway	In progress – delayed	20
Training	Upskilling framework	In progress – on track	5
Training	Create e-portfolio for trained endoscopists	In progress – on track	10
Training	Developing/revising quality assurance of training centres guidance/processes	In progress – on track	90
Training	Develop processes and roll out quality assurance of trainers and courses	In progress – on track	90

JAG annual report

This report was prepared by the JAG team: Matt Rutter, Tom Lee, Mark Donnelly, Paul Dunckley, Lindsey Scarisbrick, Mark Jarvis, Keith Pohl, Sally Rix, Laura Bewley, and Jessica Butler.

With thanks to the JAG stakeholder group and JAG strategy group.

JAG

JAG is an independent endoscopy stakeholder organisation, hosted by the Royal College of Physicians but representing many organisations including the Royal College of Surgeons, Royal College of Radiologists and Royal College of General Practitioners, along with the British Society of Gastroenterology, the Association of Coloproctology of Great Britain and Ireland, and the Association of Upper GI Surgeons

JETS

JETS is an online ePortfolio and certification portal for trainee endoscopists (doctors and nurse endoscopists), covering several endoscopy modalities including OGD, colonoscopy, and flexible sigmoidoscopy.

Bowel Cancer Screening Accreditation

The BCSA provides accreditation for endoscopists to work in the Bowel Cancer Screening Programme in England and Bowel Screening Wales.

JETS Workforce

JETS Workforce is a training programme that provides the endoscopy workforce (nurses and other healthcare professionals in endoscopy) a structured approach to training, assessments and appraisals.

NED

The NED is populated by data extracted automatically from the endoscopy reporting system (ERS) at endoscopy services in the UK, providing insight into endoscopists' performance.

The Royal College of Physicians

The Royal College of Physicians is a registered charity that aims to ensure high-quality care for patients by promoting the highest standards of medical practice. It provides and sets standards in clinical practice, education and training, conducts assessments and examinations, quality assures external audit programmes, supports doctors in their practice of medicine, and advises the government, the public and the profession on healthcare issues.

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Reference

1 Beaton D, Sharp L, Trudgill N *et al*. UK endoscopy workload and workforce patterns: is there potential to increase capacity? A BSG analysis of the National Endoscopy Database. *Frontline Gastroenterology* 2022.

Get in touch

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