

# JETS Workforce

## JETS Workforce competency framework

Breakdown of competencies,  
sub-competencies and  
evidence requirements

Part of the JAG programme at the RCP

**JAG** Joint Advisory Group  
on GI Endoscopy



Royal College  
of Physicians



Document control	
Version	1
Effective from	April 2025
Review date	April 2026
Owner	JETS Workforce



## Contents

Introduction .....	5
Level one competencies .....	7
Level 1 – Section 1 - Foundation .....	7
Level 1 – Section 2 - Decontamination .....	13
Level two competencies .....	16
Level 2 – Section 3 – Advanced endoscopy .....	16
Level three competencies .....	25
Level 3 – Section 4 – Management and leadership .....	25
Level 3 – Section 5 – Assessing clinical practice .....	27

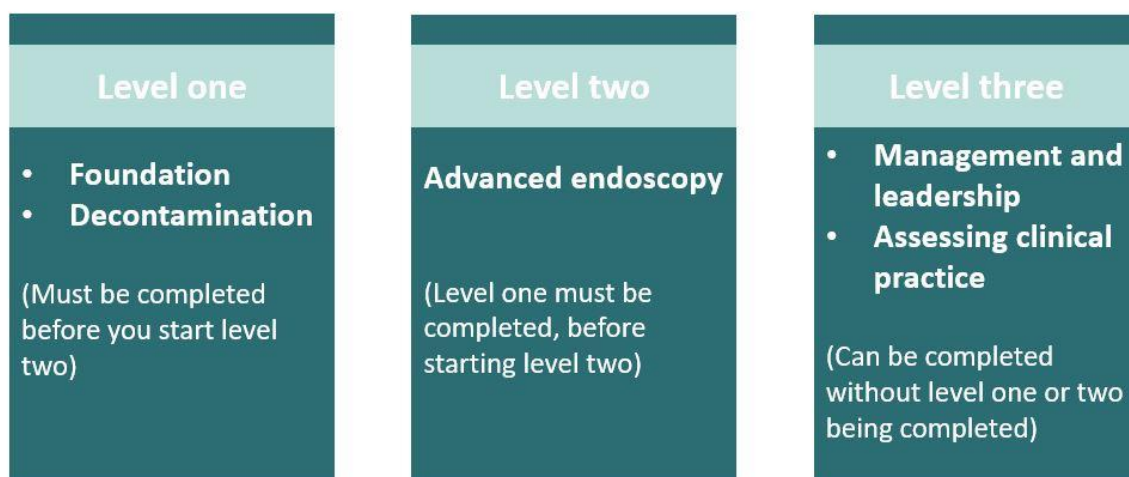


## Introduction

This guide gives a breakdown of each competency in the JETS Workforce competency framework.

The JETS Workforce competencies are an endoscopy-specific competency framework that supports nurses, healthcare assistants, operating department practitioners and other health professionals to demonstrate their endoscopy competence.

The competency framework consists of three levels:



Although the time to complete each competency level will vary for each trainee, below are the recommended timeframes for completing all the elements of the JETS Workforce programme.



Each level has a list of sub-competencies, and within each competency are competency statements. These competency statements are linked to Skills for Health and the Knowledge and Skills Framework (KSF), and are designed to accurately encapsulate endoscopy-specific skills.

For each sub-competency, workforce staff will self-assess by choosing a competency level for each competency statement. They will also need to choose an overall level for the sub-competency. This will then be reviewed/amended by an assessor.

The different levels of competency are as follows:

- 1 – Maximal supervision
- 2 – Significant supervision
- 2 – Minimal supervision
- 4 – Competent for independent practice
- 5 – Teach and assess others

Please note that the minimal level to be marked as competent is level 4 – competent for independent practice.

Competency statements also require a form of evidence to be recorded. The types of evidence are as listed:

- Reflective account
- Witness statement
- Direct observation of procedural skills (DOPS)

An example of each type of evidence can be found on the JETS Workforce website, under [guidance documents](#).

For some members of staff, specific competency statements may not be relevant to their workforce role, eg decontamination staff may not interact with patients, and therefore cannot demonstrate competence for patient-related statements. For these statements, staff can select 'N/A' instead of choosing a level of competence in their self-assessment. They will not be required to provide any evidence for these statements.



## Level one competencies

The level one competencies are designed for endoscopy workforce staff who want to demonstrate their skills in assisting endoscopic procedures. This level of the competency framework must be completed before beginning level two competencies.

Staff are recommended to complete the framework at a pace they feel comfortable with. As a recommended timeframe, this level is expected to take up to 8 months to complete for experienced staff and up to 10 months for new or part-time staff.

Below are the multiple competency statements that make up each sub-competency in this level.

### Level 1 – Section 1: Foundation

Competency statement	Professional values Endoscopy staff will display professional values throughout the patient journey and:	Evidence required
<b>1.1</b>		
1	Comply with the NMC code or equivalent	RA
2	Operate in a professional manner	RA
3	Respect the patient's dignity, privacy, autonomy and equal rights	RA
4	Work within all local and national policies and standards	WS
5	Respect the patient's cultural, gender, spiritual and other needs	RA
6	Safeguard and maintain confidentiality of patients, carers and colleagues.	WS
7	Develop and maintain professional relationships with patients/carers and colleagues	RA
8	Recognise different roles and cooperate effectively with all members of the endoscopy team	WS
9	Act as a healthcare advocate	RA
10	Demonstrate listening and reflection skills	RA
11	Demonstrate compassion and empathy	WS
12	Ensure that spoken and written communication is clear, concise, accurate, and appropriate	WS
13	Identify opportunities to learn from other professionals, patients and carers	RA
14	Have awareness of professional 'duty of candour' or equivalent policy	RA

Competency statement	Communication and patient assessment Endoscopy staff will be competent to communicate with and pre-assess patients undergoing endoscopy procedures and can:	Evidence required
<b>1.2</b>		
1	Obtain a full patient history and plan and implement care for patients	WS

2	Demonstrate knowledge about barriers to communication and be able to resolve any problems	RA
3	Prepare patients for endoscopic procedures including sharing information, eg bowel prep, the procedure, sedation, after care and follow up	WS
4	Carry out patient pre assessment	WS
5	Communicate all pertinent information to the multi-disciplinary team	WS
6	Ensure that all patients have the necessary information to make an informed decision about their care	WS
7	Discuss consent with the patient on arrival and check patient has reviewed their consent form	RA
8	Ensure that processes are followed for patients who are unable to give informed consent	RA
9	Communicate effectively with the team to ensure safe and smooth running of lists including WHO checklist	RA
10	Communicate effectively with patients and their relatives/carers throughout their journeys	WS
11	Ensure that all endoscopy records are completed accurately	WS
12	Ensure that inpatient and emergency care pathways are completed, including communication with ward teams	WS

Competency statement	Pre-assessment	Evidence required
<b>1.3</b>	Endoscopy staff will be able to undertake a pre-assessment of patients and will:	
1	Discuss the benefits of patient pre assessment	RA
2	Review the referral and medical notes and address issues	RA
3	Create an effective environment for pre assessment and provide clear explanation	WS
4	Obtain the patient's history	WS
5	Identify issues and plans care for patients with: <ul style="list-style-type: none"> <li>• Communication barriers, social issues, mobility issues</li> <li>• Allergies or IPC issues</li> <li>• History of myocardial infarction, respiratory issues, diabetes, internal cardiac defibrillators, pacemakers, or joint prosthesis</li> <li>• Cardiac/vascular issues relating to anti-coagulant/anti platelet medication</li> <li>• Cardiac, renal, liver disease, epilepsy and/or evidence of bowel obstruction relating to choice of bowel preparation</li> <li>• Other rarer diseases that may require platelet transfusion, eg, thrombocytopenia</li> <li>• Taking oral contraception relating to bowel preparation</li> <li>• Recent surgery relating to timeliness of endoscopy</li> <li>• Previous endoscopy procedures relating to patient's understanding and expectations</li> <li>• Any other complex medical conditions or nursing issues</li> </ul>	WS



6	Prepare the patient for the endoscopy and provide a realistic expectation of: <ul style="list-style-type: none"> <li>• Bowel preparation and dietary changes</li> <li>• Consent process</li> <li>• Endoscopy procedure</li> <li>• Discomfort</li> <li>• The journey through the endoscopy unit</li> <li>• Recovery, discharge, and aftercare</li> </ul>	WS
7	Raise awareness when needed to endoscopists	RA
8	Communicate with the endoscopy booking clerks regarding the need to proceed to providing the patient with information leaflets, consent form. Only applicable if patient is pre-assessed.	WS

Competency statement	Confirmation of written consent Endoscopy staff will:	Evidence required
<b>1.4</b>		
1	Demonstrate knowledge of the process of confirmation of consent	RA
2	Demonstrate knowledge of accountability and legislation in confirming consent	WS
3	Understand the principles of informed consent, types of consent and optimum timing for taking consent	WS
4	Demonstrate an understanding of: <ul style="list-style-type: none"> <li>• Statutory statements</li> <li>• Living wills</li> <li>• Advanced directives</li> <li>• Other expressions of individual wishes, including legal documents (Power of Attorney for health)</li> </ul>	WS
5	Assess patients' level of understanding and be familiar with the consent process for patients with: <ul style="list-style-type: none"> <li>• Learning difficulties</li> <li>• Psychological needs</li> <li>• Cultural and religious beliefs</li> <li>• Language barriers</li> </ul>	RA
6	Identify that patients have received the correct information prior to admission	WS
7	Provide patients with individualised and realistic explanations so they can make an informed choice	WS
8	Provide patients with time to reflect on the information given and encourages patients to ask questions	WS
9	Request a signature from the patient on the consent form if they have not done so prior to admission (if within scope of practice).	WS
10	Sign confirmation of consent and document the process, if within scope of practice.	WS



<b>Competency statement</b>	<b>Preparation of the procedure room</b>	<b>Evidence required</b>
<b>1.5</b>	Endoscopy staff will be competent in setting up the endoscopy procedure room to meet the demands of each list and:	
1	Assess the endoscopy list and prepare an adequate number of endoscopes and accessories. Discuss any issues in pre-list brief.	RA
2	Check equipment is working and take appropriate action if needed	DOPS 6
3	Fully assemble the endoscope ready for use	DOPS 6
4	Check and ensure an adequate pharmacy stock	DOPS 6

<b>Competency statement</b>	<b>Upper and lower diagnostic endoscopy</b>	<b>Evidence required</b>
<b>1.6</b>	Endoscopy staff will be competent to care for patients undergoing diagnostic and therapeutic upper GI endoscopy (OGD) and:	
1	Discuss the indications and risks associated with diagnostic and therapeutic OGD, colonoscopy and flexible sigmoidoscopy	RA
2	Explain the procedure and the risks involved to patients and carers	WS
3	Demonstrate continuous assessment on patients and anticipates risks	WS
4	Demonstrate effective communication with the patient and members of the team	RA
5	Explain the choices of having a procedure with or without sedation, Entonox or throat spray for OGD and the associated risks	WS
6	Maintain the patient's airway during the procedure	DOPS 4
7	Recognise when the patient becomes distressed and/or unresponsive during the procedure and take appropriate action	RA
8	Give advice to diabetic patients, patients' needs prophylactic antibiotics and patients taking anticoagulant/antiplatelet therapy and discuss their management and control	RA
9	Able to identify medications or lifestyle choices which may affect conscious sedation	RA
10	Monitor comfort level throughout their journey	WS
11	Explain the results to patients and provide safe discharge including follow up instructions	DOPS 4

<b>Competency statement</b>	<b>Assisting with diagnostic OGD</b>	<b>Evidence required</b>
<b>1.7</b>	Endoscopy staff will be competent to assist the endoscopist with diagnostic and therapeutic OGD and:	
1	Discuss the equipment	WS
2	Assist taking biopsies	DOPS 2
3	Manage histology samples	DOPS 2

Competency statement 1.8	Assisting with diagnostic and simple polypectomy (<1CM) lower gastrointestinal endoscopy (colonoscopy and flexible sigmoidoscopy) Endoscopy staff will be competent to assist the endoscopist with colonoscopy and flexible sigmoidoscopy and:	Evidence required
1	Discuss the equipment and specific checks for: <ul style="list-style-type: none"> <li>• Diathermy</li> <li>• Associated drugs and agents, eg, Volplex, spot ink, adrenaline, glue</li> <li>• Access to haemostasis equipment and accessories for management of bleeds</li> </ul>	RA
2	Prepare equipment and assist with: <ul style="list-style-type: none"> <li>• Biopsy samples</li> <li>• Dye spray for IBD</li> <li>• Diathermy</li> <li>• Cold Snare polypectomy</li> <li>• Snare polypectomy including diathermy</li> <li>• Injection techniques for endo mucosal resection</li> </ul>	DOPS 2 DOPS 3 DOPS 8
3	Prepare and assist with retrieval of polyps using: <ul style="list-style-type: none"> <li>• Polyp trap</li> <li>• Grasper baskets</li> <li>• Rothnet</li> </ul>	DOPS 3
4	Prepare and assist with controlling lower GI bleeding through: <ul style="list-style-type: none"> <li>• Injection therapy</li> <li>• Clips</li> <li>• Coagulation graspers</li> <li>• Gold probe</li> <li>• APC</li> </ul>	DOPS 1

Competency statement 1.9	Operation of diathermy Endoscopy staff will operate diathermy equipment and be able to:	Evidence required
1	Demonstrate knowledge about diathermy, patient safety and risks, and discuss the different functions: <ul style="list-style-type: none"> <li>• Cutting</li> <li>• Coagulation</li> <li>• Blended Current</li> <li>• Frequency</li> <li>• Bipolar</li> <li>• Monopolar</li> <li>• Heat probe therapy – APC</li> <li>• Heat probe therapy – Gold/heater probe</li> <li>• Heat probe therapy – Coag graspers</li> </ul>	RA
2	Discuss polypectomy using diathermy	WS



3	Discuss the different diathermy settings for therapeutic procedures carried out in different parts of the GI tract	DOPS 8
4	Demonstrate the correct placement and connection of the patient electrode	DOPS 8
5	Demonstrate the correct changing of diathermy settings	DOPS 8
6	Operate argon beamer and check argon gas cylinder	DOPS 1

<b>Competency statement</b>	<b>Infection prevention and control (IPC)</b>	<b>Evidence required</b>
<b>1.10</b>	Endoscopy staff will understand prevention infection control issues and be able to demonstrate knowledge of:	
1	Infection prevention awareness via local national and manufacturer guidelines	RA
2	Hand hygiene rationale for wearing scrubs and different types of personal protective equipment (PPE)	RA
3	Risks of cross infection and appropriate actions	RA
4	Processes involved in the IPC and green management of endoscopic equipment and waste including tracking and tracing.	RA
5	Use of detergents/disinfectants/sterilants in endoscopy.	WS
6	The precautions needed to prevent the transmission of: <ul style="list-style-type: none"> <li>• TB</li> <li>• MRSA</li> <li>• Bloodborne viruses</li> <li>• CJD</li> <li>• C. difficile</li> </ul>	WS

## Level 1 – Section 2: Decontamination

Competency statement	Decontamination - flexible endoscope manual cleaning	Evidence required
2.1	Endoscopy staff will be competent in flexible endoscope manual cleaning and able to:	
1	Discuss the rationale of the manual cleaning process including the theory of decontamination, microbiology, detergents, disinfectants and endoscopic EWD or equivalent national decontamination guidance	DOPS 5
2	Discuss the endoscope pathway through the decontamination process	WS
3	Identify endoscopes and all their associated channels, design and function including those that have additional flushing channels ie 1T240, razor bridge	WS
4	Discuss the differences and the different reprocessing if endoscopes manufactured by different companies are used	WS
5	Wear appropriate PPE	Manufacturer DOPS
6	Demonstrate effective wiping down and suction of endoscope immediately after extubation from patients if not completed by the endoscopist	WS
7	Carry out safe transportation of contaminated endoscope	Manufacturer DOPS
8	Accurately leak test	Manufacturer DOPS
9	Demonstrate filling the sink with water at the correct temperature with detergent in accordance with the dilution	Manufacturer DOPS
10	Demonstrate correct brushing of the distal end of the endoscope with a soft bristle device, paying particular attention to the air/water outlet nozzle and bridge elevator (where fitted)	Manufacturer DOPS
11	Demonstrate the use of a cleaning device at the right size for the instrument and channel size and proceeds as follows: <ul style="list-style-type: none"> <li>Clean the biopsy channel opening and suction port</li> </ul>	Manufacturer DOPS
12	Clean the cleaning device itself in the detergent each time it emerges and repeat this process until the device emerges free of soil	Manufacturer DOPS
13	Expel all air from the channel to ensure that all internal surfaces are in contact with the detergent solution	Manufacturer DOPS
14	Pay particular attention to internal channels, crevices, and ports to ensure that all internal surfaces are cleaned	Manufacturer DOPS
15	Demonstrate correct application of the all-channel irrigator for manual washes of: Olympus and Fujinon endoscopes	Manufacturer DOPS
16	Demonstrate rinsing endoscopes in the second sink in preparation for placement in the EWD	Manufacturer DOPS

17	Discard disposable items appropriately in the correct bins	Manufacturer DOPS
18	Demonstrate cleaning of the stainless-steel sinks at the end of the manual cleaning process of the endoscopes	Manufacturer DOPS
19	Demonstrate changing PPE and handwashing when moving from handling contaminated/socially clean endoscopes to carry out documentation	Manufacturer DOPS
20	Demonstrate the correct process for packing and sending of endoscopes for repair	DOPS 7
21	Create accurate records for tracking and tracing	Manufacturer DOPS

<b>Competency statement</b>	<b>Decontamination of a flexible endoscope – use of endoscopic washer disinfectant (EWD)</b>	<b>Evidence required</b>
<b>2.2</b>	Endoscopy staff will be competent in flexible endoscope decontamination using the EWD and be able to:	
1	Discuss the rationale behind endoscope sterilisation/high level disinfection procedure as per HTM, BSG Guidelines and COSHH regulations	RA
2	Wear appropriate PPE	DOPS 10
3	Demonstrate correct use of EWD and systems used to track/trace/monitor processes	DOPS 10
4	Discuss the self-disinfect/purge cycle in line with EWD manufacturers standard operating procedures (SOP) and operate systems accordingly	WS
5	Demonstrate placing manually cleaned endoscopes into bays and connects the appropriate channels via tube connectors	DOPS 10
6	Demonstrate placing all reusable valves following manual cleaning into the suitable containers and subsequently into appropriate positions within the EWD chamber	DOPS 10
7	Demonstrate understanding to ensure that process chemicals used are positioned correctly	DOPS 10
8	Demonstrate IPC awareness when moving from handling contaminated/socially clean endoscopes to: <ul style="list-style-type: none"> <li>Remove decontaminated endoscopes and sterilised equipment from the EWD bays for reuse or storage document and handling paperwork</li> </ul>	DOPS 10
9	Create accurate records for endoscope release, tracking and tracing	DOPS 10
10	Demonstrate recognition of EWD machine fault and operational problems and complete appropriate reporting	WS

Competency statement 2.3	Decontamination - storage of flexible endoscopes and accessories Endoscopy staff will be competent in storing flexible endoscopes and accessories and be able to:	Evidence required
1	Discuss rationale of the process of correct storage of flexible endoscopes and their accessory equipment	WS
2	Demonstrate disposal of and changing PPEs and handwashing when moving from contaminated/socially clean endoscope area and other equipment to handling decontaminated endoscopes and sterilised equipment	DOPS 9
3	Demonstrate correct storage of endoscopes in drying cabinet(s)	DOPS 9
4	Demonstrate correct storage of reusable accessory equipment	DOPS 9
5	Demonstrate correct storage of single use items	WS
6	Conduct stock checks and check expiry dates on items	WS
7	Demonstrate daily and weekly checks and maintenance of the drying cabinet(s)	DOPS 9
8	Identify faulty endoscopes and process of packaging/sending them for repair	DOPS 10

## Level two competencies

The level two competencies are for advanced endoscopy practice. This level is for staff who assist with or care for patients undergoing moderate to complex endoscopic procedures.

The below criteria are required before you will have access to this level:

- Completion of all level one competencies
- To have uploaded the ENDO1 course attendance certificate
- To have uploaded the eLearning modules certificate

As a recommended timeframe, this level is expected to take up to 8–12 months to complete for experienced staff and 10–12 months for new or part-time staff.

Below are the multiple competency statements that make up each sub-competency in this level.

### Level 2 – Section 3: Advanced endoscopy

Competency statement	Care of patients undergoing complex therapeutic upper gastrointestinal endoscopy	Evidence required
<b>3.1</b>	The endoscopy staff member will be competent to care for patients undergoing complex therapeutic upper GI endoscopy (complex OGD), and:	
1	Discuss the indications and risks associated with complex therapeutic OGD	WS
2	Discuss the importance of 24-hour access to emergency endoscopy facilities	RA
3	Discuss the rationale behind the need for patients to be resuscitated before attending the endoscopy unit for emergency endoscopy procedures	RA WS
4	Explain the choices of sedation/throat spray, general anaesthetic/propofol and the associated risks	DOPS 24
5	Demonstrate knowledge of medications or existing conditions that could affect the patient or planning of the procedure, ie: <ul style="list-style-type: none"> <li>• give advice to patients taking anticoagulant/ antiplatelet therapy</li> <li>• identify medications that may affect or react with sedation</li> <li>• identify medications that are contraindicated in patients who have diabetes and be able to discuss advice for those patients</li> </ul>	RA
6	Explain the use of the following accessories, including the risks: <ul style="list-style-type: none"> <li>• Haemospray</li> <li>• Injection therapy</li> <li>• Banding/glueing of varices</li> <li>• Heater probe therapy APC</li> <li>• Gold/heater probe</li> <li>• Clip fixing device</li> <li>• Dilation</li> <li>• Stent placement</li> <li>• ESD</li> <li>• Fine needle aspiration (FNA)</li> <li>• Danis stents</li> <li>• Bio coag</li> </ul>	RA



7	Maintain the patient's airway	DOPS 24
8	Demonstrate continuous assessment and anticipate potential risks potential risks to the patient	DOPS24
9	Monitor and identify the early signs of pain, infection, haemorrhage, aspiration and perforation	DOPS 24
10	Demonstrate effective communication with the patient, relatives and the whole team: <ul style="list-style-type: none"> <li>• Pre-endoscopy</li> <li>• Peri endoscopy</li> <li>• Post endoscopy</li> </ul>	WS
11	Monitor patient comfort level	DOPS 24
12	Discuss patient recovery	WS
13	Explain the results to patients/ward staff and give appropriate advice	WS

Competency statement	Care of patients undergoing complex therapeutic lower gastrointestinal endoscopy	Evidence required
<b>3.2</b>	Endoscopy staff will be competent to care for the patient undergoing complex therapeutic lower gastrointestinal endoscopy, including: <ul style="list-style-type: none"> <li>• Endoscopic mucosal resection (EMR)</li> <li>• Colonic stenting</li> <li>• Endoscopic submucosal dissection (ESD)</li> </ul>	
1	Discuss the indications for the above procedures	WS
2	Explain the procedures and the risks involved and discuss how the staff member can contribute to minimise the patient risk	WS
3	Ensure that all patients have the necessary information to make informed decisions about their care	WS
4	Explain the differences of medication options used for complex endoscopic procedures, including: sedation/Entonox/propofol/general anaesthetic and the associated risks of each	DOPS 24
5	Explain the procedures for using the following accessories, and the risks involved when using them: <ul style="list-style-type: none"> <li>• Haemospray</li> <li>• Injection therapy</li> <li>• Banding/glueing of varices</li> <li>• Heater probe therapy APC</li> <li>• Gold/heater probe</li> <li>• Clip fixing device</li> <li>• Dilation</li> <li>• Stent placement</li> <li>• ESD</li> <li>• Danis stents</li> <li>• Bio coag</li> <li>• EMR</li> </ul>	WS

6	Demonstrate knowledge of medications or existing conditions that could affect the patient or planning of the procedure, ie: <ul style="list-style-type: none"> <li>• give advice to patients taking anticoagulant/antiplatelet therapy for the above procedure</li> <li>• identify medications that may affect or react with sedation</li> <li>• identify medications that are contraindicated in patients who have diabetes and be able to discuss advice for those patients</li> </ul>	RA
7	Demonstrate continuous assessment and anticipate potential risk	DOPS 4
8	Demonstrate effective communication with the patient, relatives and the whole team: <ul style="list-style-type: none"> <li>• Pre-endoscopy</li> <li>• Peri endoscopy</li> <li>• Post endoscopy</li> </ul>	RA
9	Monitor and identify the early signs of haemorrhage, and perforation	DOPS 24
10	Give psychological support to patients undergoing: <ul style="list-style-type: none"> <li>• EMR</li> <li>• ESD</li> <li>• Colonic stenting</li> </ul>	RA
11	Discuss the importance of patient recovery	RA
12	Give specific post-procedural advice to patients and discharge patients safely	RA

Competency statement	Care of patients undergoing placement of enteral feeding tubes	Evidence required
<b>3.3</b>	Endoscopy staff will be able to care for patients undergoing placement of enteral feeding tubes, and:	
1	Explain the contraindications and risks associated with placing enteral feeding tubes including: <ul style="list-style-type: none"> <li>• Percutaneous endoscopic gastrostomy (PEG) tube</li> <li>• Percutaneous endoscopic jejunostomy (PEJ) tube</li> <li>• Nasojejunal tube</li> </ul>	WS
2	Explain the different types of feeding tubes	WS
3	Explain the procedures and the risks involved to a patient or carer	WS
4	Demonstrate knowledge of medications or existing conditions that could affect the patient or planning of the procedure, ie: <ul style="list-style-type: none"> <li>• Give advice to patients taking anticoagulant/ antiplatelet therapy for the above procedure</li> <li>• Identify medications that may affect or react with sedation</li> <li>• Identify medications that are contraindicated in patients who have diabetes and be able to discuss advice for those patients</li> </ul>	RA
5	Demonstrate continuous assessment and anticipate patient risks	DOPS 23
6	Identify how sedation may pose a higher risk for patients undergoing a PEG	RA
7	Safely care for and monitor a patient	DOPS 23

8	Identify the early signs of haemorrhage, aspiration and perforation	RA
9	Explain the results to a patient/carer/ward staff and give post-procedural advice as per unit protocol	WS

Competency statement	Care of patients undergoing endoscopic retrograde cholangio-pancreatography (ERCP)	Evidence required
<b>3.4</b>	The endoscopy staff member will be competent to care for patients undergoing ERCP, and:	
1	Demonstrate knowledge of the indications for carrying out ERCP	WS
2	Demonstrate knowledge of the indications, use and administration of pre-ERCP Voltarol	WS
<b>Demonstrate knowledge of the risks associated with ERCP, including:</b>		
3	Pancreatitis	WS
4	Bleeding	WS
5	Perforation	WS
6	Radiation (to patient and staff)	WS
7	Explain to the patient and/or carer, the procedure and the risks involved	WS
8	Give advice to patients on the need for prophylactic antibiotics	WS
9	Demonstrate knowledge of medications or existing conditions that could affect the patient or planning of the procedure, ie: <ul style="list-style-type: none"> <li>• Give advice to patients taking anticoagulant/ antiplatelet therapy for the above procedure</li> <li>• Identify medications that may affect or react with sedation</li> <li>• Identify medications that are contraindicated in patients who have diabetes and discuss advice for those patients</li> </ul>	RA
10	Demonstrate effective communication with the patient and the whole team	RA
11	Demonstrate continuous assessment for patients and demonstrate anticipation of risks	DOPS 18
12	Safely care for and monitor patients throughout their journey, including maintaining a clear airway	WS
13	Recognise when a patient becomes unresponsive during the procedure and take appropriate action	WS
14	Give post procedure advice and handover/discharge a patient safely	WS
15	Initiate appropriate post-procedural follow-up for each individual patient as indicated by the endoscopist	RA

Competency statement	Care of patients undergoing endoscopic ultrasound (EUS)	Evidence required
<b>3.5</b>	Endoscopy staff will be competent to care for patients undergoing endoscopic ultrasound (EUS) linear and radial, and:	

1	Discuss the technical aspects of the equipment used for EUS linear and radial	RA
2	Explain the procedure and the risks involved to the patient and carer	WS
3	Demonstrate knowledge of medications or existing conditions that could affect the patient or planning of the procedure, ie: <ul style="list-style-type: none"> <li>• Give advice to patients taking anticoagulant/ antiplatelet therapy for the above procedure</li> <li>• Identify medications that may affect or react with sedation</li> <li>• Identify medications that are contraindicated in patients who have diabetes and discuss advice for those patients</li> </ul>	RA
4	Prepare and set up the endoscopy room with all appropriate equipment in readiness for EUS	DOPS 26
5	Explain the procedure for setting the correct needle gauge	DOPS 26
6	Assist the endoscopist effectively during the procedure	WS
7	Demonstrate continuous assessment of the patient	DOPS 26
8	Monitor and identify the patient for early signs of haemorrhage, and communicate these findings with the endoscopist	DOPS 26
9	Monitor the patient's comfort level	DOPS 26
10	Demonstrate effective communication throughout the patient pathway. Provide accurate and reflective written documentation.	WS

Competency statement	Assisting with complex therapeutic upper gastrointestinal endoscopy (OGD)	Evidence required
<b>3.6</b>	Endoscopy staff will be competent to assist the endoscopist with complex therapeutic OGD, and:	
1	Discuss the technical aspects of the equipment	WS
<b>Prepare and assist with the control of upper GI bleeding through:</b>		
2	Management of variceal therapy: <ul style="list-style-type: none"> <li>• Glue</li> <li>• Danis stents</li> <li>• Banding</li> </ul>	DOPS 14
3	Management of non-variceal therapy: <ul style="list-style-type: none"> <li>• Adrenaline</li> <li>• Haemospray</li> <li>• Clips</li> <li>• Heater probe therapy</li> <li>• Bio coag</li> </ul>	DOPS 13
<b>Prepare and assist with endoscopic treatment of upper GI strictures through:</b>		
4	Balloon dilatation	DOPS 11
5	Stent placement	DOPS 15
<b>Other intervention:</b>		
6	Prepare and assist with dye spray agents	DOPS 12

<b>Competency statement</b> <b>3.7</b>	<b>Assisting with endoscopic mucosal resection (EMR)</b> Endoscopy staff will be able to assist the endoscopist undertaking an endoscopic mucosal resection (EMR), and:	<b>Evidence required</b>
1	Discuss the technical aspects of the equipment used for EMR	WS
2	Set up the endoscopy room in readiness for an EMR	DOPS 16
3	Prepare and assist with: <ul style="list-style-type: none"> <li>• EMR injection needle</li> <li>• Injection solutions</li> <li>• Snare</li> <li>• Retrieval devices</li> <li>• Endo loops</li> <li>• Clips</li> <li>• Coag-grasper</li> <li>• Endo-cutters</li> <li>• Other</li> </ul>	DOPS 16

<b>Competency statement</b> <b>3.8</b>	<b>Assisting with colonic stent placement</b> Endoscopy staff will be able to assist the endoscopist with colonic stent placement, and:	<b>Evidence required</b>
1	Discuss the technical aspects of the equipment used for colonic stent placement	WS
2	Set up the endoscopy room with appropriate equipment in readiness for a colonic stent placement	DOPS 15
3	Prepare and assist with: <ul style="list-style-type: none"> <li>• Balloon dilatation</li> <li>• Stent placement</li> </ul>	DOPS 11, DOPS 15

<b>Competency statement</b> <b>3.9</b>	<b>Assisting with endoscopy submucosal dissection (ESD)</b> The endoscopy staff member will be able to assist the endoscopist with ESD, and:	<b>Evidence required</b>
1	Discuss the technical aspects of the equipment used for an ESD	WS
2	Set up the endoscopy room with appropriate equipment in readiness for an ESD	DOPS 17
3	Assist the endoscopist during the procedure	DOPS 17



4	Prepare equipment and assist with endoscopic treatment of lower GI structures through: <ul style="list-style-type: none"> <li>• IT knife</li> <li>• Flush knife</li> <li>• Spray catheter</li> <li>• EMR mix solution</li> <li>• Injection needle</li> <li>• ESD cap</li> <li>• Coag grasper</li> <li>• Clips</li> <li>• Other</li> </ul>	DOPS 17
---	---	---------

Competency statement	Assisting with placement of enteral feeding tubes	Evidence required
<b>3.10</b>	The endoscopy staff member will be able to assist the endoscopist as second assistant during PEG and PEJ tube placements, and:	
1	Discuss the technical aspects of the equipment	WS
2	Prepare equipment and assist endoscopist with placement of: <ul style="list-style-type: none"> <li>• Percutaneous endoscopic gastrostomy (PEG) tube</li> <li>• Percutaneous endoscopic jejunostomy (PEJ) tube</li> <li>• Nasojejunal tube</li> <li>• Other</li> </ul>	DOPS 23

Competency statement	Assisting with endoscopic retrograde cholangio-pancreatography (ERCP)	Evidence required
<b>3.11</b>	The endoscopy staff member will be competent to assist the endoscopist with ERCP, and:	
1	Discuss the technical aspects of the equipment including the various wire systems available	WS
2	Prepare equipment and assist with injection of radio opaque contrast into common bile duct /pancreatic duct	DOPS 18
3	Prepare equipment and assist with sphincterotomy and control of sphincterotomy knives as per instructions	DOPS 18
4	Prepare equipment and assist with removal of biliary calculi and/or debris using: <ul style="list-style-type: none"> <li>• Basket</li> <li>• Balloon</li> </ul>	DOPS 19
5	Prepare equipment and assist with insertion of: <ul style="list-style-type: none"> <li>• Straight biliary stent</li> <li>• Pigtail biliary stent</li> <li>• Metal biliary stent</li> </ul>	DOPS 20
6	Prepare equipment and assist with: <ul style="list-style-type: none"> <li>• Removal of stent</li> <li>• Change of stent</li> <li>• Biliary brushings</li> </ul>	DOPS 20
7	Prepare equipment and assist with biliary dilatation using: <ul style="list-style-type: none"> <li>• Graduated cannula</li> <li>• Dilatation balloon</li> </ul>	DOPS 21

<b>Other (not mandatory to be deemed competent for the whole as these procedures are very rarely carried out by the endoscopy staff member):</b>		
8	Use of mechanical lithotripter: <ul style="list-style-type: none"> <li>• Knowledge of use of emergency kit</li> <li>• Knowledgably discuss the indications for carrying out this procedure</li> </ul>	DOPS 22
9	Combined procedure (PTC): <ul style="list-style-type: none"> <li>• Knowledgably discuss the indications for carrying out this procedure</li> </ul>	DOPS 25

<b>Competency statement</b>	<b>Assisting with endoscopic ultrasound (EUS)</b>	<b>Evidence required</b>
<b>3.12</b>	The endoscopy staff member will be competent to assist the endoscopist with EUS linear and radial, and:	
<b>Prepare equipment and assist with linear EUS:</b>		
1	Prepare and assist with EUS needle biopsy	DOPS 26
2	Prepare correct size of EUS fine needle aspiration and assist with aspiration	DOPS 26
3	Appropriately attach accessories when instructed, and confirms that accessories are operational: <ul style="list-style-type: none"> <li>• Balloon</li> <li>• Syringe</li> </ul>	DOPS 26
4	Ensure correct specimen collection and labelling	DOPS 26
<b>Prepare equipment and assist with radial EUS:</b>		
5	Prepare equipment and assist with biliary dilatation using: <ul style="list-style-type: none"> <li>• Graduated cannula</li> <li>• Dilatation balloon</li> </ul>	DOPS 21
<b>Other interventions if carried out:</b>		
6	ERCP/EUS pseudocyst drainage: <ul style="list-style-type: none"> <li>• Demonstrate knowledge of the indications for carrying out this procedure</li> <li>• Discuss the technical aspects of the equipment required for the procedure: <ul style="list-style-type: none"> <li>○ Hot-axios stent</li> </ul> </li> <li>• Diathermy setting</li> </ul>	DOPS 22

<b>Competency statement</b>	<b>Assisting with emergency GI bleeds</b>	<b>Evidence required</b>
<b>3.5</b>	The endoscopy staff member will be competent to assist the endoscopist with emergency GI bleeds, and:	
1	Discuss the technical aspects of the equipment	WS
2	Discuss the indications and risks associated with complex therapeutic OGD for emergency GI bleeds	RA
3	Discuss the importance of 24-hour access to emergency endoscopy	RA

4	Discuss the rationale for resuscitation prior to emergency endoscopy	RA
5	Prepare the room and equipment for an emergency GI bleed in the scoping location, eg endoscopy room, ITU, theatre	WS
6	Liaise with the referring team and scoping location team to ensure readiness for the procedure	WS
7	Explain the choices of sedation/ throat spray and the associated risks	DOPS 27
8	Explain the procedures for using the following accessories during an emergency GI bleed: <ul style="list-style-type: none"> <li>• Injection therapy</li> <li>• Haemospray</li> <li>• Banding of varices</li> <li>• Glue</li> <li>• Gold probe therapy</li> <li>• Clips</li> <li>• Danis stents</li> <li>• Snare</li> <li>• Irrigation</li> </ul>	WS
9	Maintain the patient's airway throughout the procedure	DOPS 27
10	Prepare and assist with the control of GI bleeding using: <ul style="list-style-type: none"> <li>• Injection therapy</li> <li>• Haemospray</li> <li>• Banding of varices</li> <li>• Glue</li> <li>• Gold probe therapy</li> <li>• Clips</li> <li>• Danis stents</li> <li>• Snare</li> <li>• Irrigation</li> <li>• Sengstaken tube</li> </ul>	DOPS 27 WS
11	Demonstrate continuous assessment on patients undergoing endoscopy for an emergency GI bleed and anticipate potential risks to the patient	DOPS 27
12	Monitor and identify the early signs of aspiration, worsening haemorrhage, perforation and deterioration of the patient, and feedback to the endoscopist if required	DOPS 27
13	Explain the results and outcomes to the patient/ward/unit and give appropriate post procedure care	WS
14	Safely dispose of all equipment	WS
15	Effectively decontaminate the scope	WS



## Level three competencies

The level three competencies are designed to support leaders and managers in endoscopy. You do not have to complete any previous levels of the competency framework to complete level three.

As a recommended timeframe, this level is expected to take up to 8–12 months to complete for experienced staff and 10–12 months for new or part-time staff.

Below are the multiple competency statements which make up each sub-competency in this level.

### Level 3 – Section 4: Management and leadership

Competency statement	Endoscopy unit management	Evidence required
<b>4.1</b>	Endoscopy staff will display effective management skills, including the ability to:	
1	Discuss management difficulties and potential solutions	RA
2	Prepare and implement appropriate staff duty rota	WS
3	Demonstrate effective deployment of staff and equipment in the endoscopy unit and ensuring safe staffing levels	RA
4	Demonstrate efficient day-to-day management of the endoscopy unit and adopt a problem-solving approach: <ul style="list-style-type: none"> <li>• Contributing to the vetting process</li> <li>• Start and finish off endoscopy lists</li> <li>• High-quality patient journeys</li> <li>• Break times for staff</li> <li>• Care of endoscopes</li> <li>• Stock control</li> <li>• Budgetary control</li> <li>• Effective relationships and communications with the unit leaders, staff and associated services, eg ward managers, booking clerks, consultant secretaries etc</li> <li>• Team briefing and de-briefing, giving feedback and rewarding team members</li> </ul>	RA
5	Update staff and patient carers with information about changes in unit timing	WS
6	Ensure that care quality standards are adhered to, including evidence of quality improvement cycle	WS
7	Coordinate the wider team	RA
8	Monitor absences, recruitment retention, succession planning and work with others to address these	RA
9	Contribute GRS returns and JAG accreditation process	RA

<b>Competency statement</b> 4.2	<b>Leadership</b> Endoscopy staff will display leadership skills, including the ability to:	<b>Evidence required</b>
1	Discuss leadership skills and roles	RA
2	Effectively delegate	WS
3	Maintain effective communication within the team and other relevant agencies and act as a role model for others	RA
4	Promote openness, reflection on practice and free discussion	RA
5	Lead the endoscopy team and to ensure high-quality evidenced-based patient care This should include promoting team briefings, WHO checklist, debrief and huddles.	RA
6	Promote best practice	WS
7	Initiate investigation or take corrective action when problems occur, complaints are made and/or concerns are raised	WS
8	Lead in applying clinical governance processes, including incident reporting, risk management and clinical audit	RA
9	Search for new ways of working to constantly improve patient care and service delivery and encourage team members to be forward thinking and innovative	RA
10	Recognise and celebrate success in team performance	WS
11	Recognise deficiencies in team or individual performance and take action as required	RA
12	Support others to develop leadership skills	WS
13	Plan and delegate priorities in workload to team members according to their ability, confidence and competence	RA

<b>Competency statement</b> 4.3	<b>Clinical leadership</b> Endoscopy staff will be competent in storing flexible endoscopes and accessories and:	<b>Evidence required</b>
1	Provide clinical knowledge acting as a resource for the department in relation to: <ul style="list-style-type: none"> <li>• Holistic patient care</li> <li>• Pre, intra and post endoscopy procedures</li> <li>• Infection control</li> <li>• Control of substances hazardous to health (ie COSHH)</li> </ul>	WS
2	Provide support and information, acting as the patient's advocate at all times and support others to do the same	RA
3	Demonstrate high level clinical skills to assist endoscopists during complex diagnostic and therapeutic endoscopy procedures	RA
4	Be proficient in intermediate life support. Certificate/record of completion of ILS course.	WS
5	Together with others, develop evidence-based local policies, guidelines, procedures and protocols	WS



<b>Competency statement</b> 4.4	<b>Teaching</b> The staff member will display teaching skills:	<b>Evidence required</b>
1	Facilitate a robust learning environment including study sessions	WS
2	Actively participate in teaching	WS
3	Actively participate in supervision	WS
4	Actively participate in assessing endoscopy staff	WS
5	Prepare and give presentations with confidence	RA
6	Develop the teaching, supervising, assessing and presenting skills of other team members	WS
7	Member of JETS Workforce faculty	RA

<b>Competency statement</b> 4.5	<b>Audit and use of data</b> The endoscopy staff member will display research and audit skills:	<b>Evidence required</b>
1	Can discuss endoscopy related clinical audits and research	WS
2	Involved in Global Rating Scale (GRS) projects and JAG accreditation audits and use the National Endoscopy Database (NED) data effectively	RA
3	Undertake endoscopy research or clinical audit, feedback to the endoscopy user group and formulate action plans	RA
4	Bring the latest endoscopy guidelines or clinical reviews and benchmark the unit against current best practice and formulate action plans to	WS
5	Support medical research projects when required.	RA
6	Where applicable present unit best practice via publication and conference	WS

### Level 3 – Section 5: Assessing clinical practice

<b>Competency statement</b> 5.1	<b>Assessing clinical practice</b> The assessor will have completed the JETS Workforce competency framework and is competent to Level 5 (able to teach others) in each competency they will assess:	<b>Evidence required</b>
1	Demonstrate in-depth knowledge and understanding of local policies and JETS Workforce and apply this when assessing competencies	RA
2	Set effective professional boundaries and create dynamic and constructive assessor–trainee relationships	WS
3	Be accountable to pass, fail or refer a trainee endoscopy staff member and demonstrate evidence base behind decisions	RA
4	Keep sufficient records to support and justify decisions on whether a trainee endoscopy staff member working towards competence	WS
5	Provide constructive feedback	WS

6	Address individual areas for development (competency level below 4) and set realistic action plans to aid improvement	RA
7	Be accountable for confirming that the trainee endoscopy staff member has met/not met the desired level of competency	RA
8	Communicate individual achievements/non achievements to the unit manager or appropriate colleague	WS
9	Actively seek feedback on own performance as an assessor	WS

<b>Competency statement</b>	<b>Giving constructive feedback</b> The assessor will display the ability to give constructive feedback:	<b>Evidence required</b>
<b>5.2</b>		
1	Clearly state the purpose of the feedback and indicate what needs to be covered and why it is important	RA
2	Describe the learning activity and individual performance that was observed	RA
3	Give the trainee endoscopy staff member an opportunity to reflect on their own performance	WS
4	Maintain good eye contact and effective communication	WS
5	Offer specific, useful and feasible examples of learning activities that will contribute to improving performance	RA
6	Contribute to setting agreed SMART objectives with the individual endoscopy staff member	RA
7	Summarise the situation and express support for the individual endoscopy staff member	WS
8	Take part in the appraisal of endoscopy trainers using DOTS (Direct Observation of Teaching Skills) or LETS (Trainer assessment)	RA
9	Has completed DOPS (Direct Observation of Practice Skills) for trainees/as part of assessing competence	RA

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

JAG Office  
Royal College of Physicians  
11 St Andrews Place  
London  
NW1 4LE  
0203 075 1222  
[askjag@rcp.ac.uk](mailto:askjag@rcp.ac.uk)  
[www.thejag.org.uk](http://www.thejag.org.uk)