



New Zealand Society of Gastroenterology Position Statement on Nurse Endoscopy

15 November 2012

The NZSG supports the introduction of Nurse Endoscopists in line with the recommendations of the Gastroenterology Health Workforce Review. An agreed practice framework in which training, practice and supervision of Nurse Endoscopists has to be established and issues of quality, safety, standards and competencies addressed before this can commence.

In New Zealand, gastrointestinal endoscopy is traditionally only performed by medically trained endoscopists. Most endoscopists are either gastroenterologists or gastrointestinal surgeons. A smaller number of general physicians/surgeons with a special interest in gastroenterology also perform endoscopy. Endoscopy training is undertaken during or after advanced training in medicine (FRACP or equivalent) or surgery (FRACS or equivalent). A conjoint committee for recognition of training in endoscopy exists. This committee has defined the minimum number of procedures required to attain recognition of completion of training in endoscopy.

New Zealand has a high incidence of colorectal cancer. Accordingly, the early diagnosis and treatment of colorectal cancer are recognised as areas of high priority by the Ministry of Health. Over the past decade, endoscopy units have been faced with an increasing demand for endoscopic investigations, particularly colonoscopy. Currently waiting times for patients throughout the country are unduly long. A number of strategies to address this are being considered, one of which is the need to increase the endoscopic workforce. Consequently, Health Workforce NZ convened an eight-member Gastroenterology Health Workforce Review Group in late 2010 - four of the eight members were from the New Zealand Society of Gastroenterology.

During its deliberations, the Gastroenterology Health Workforce Review Group recognised that in some countries, such as the United Kingdom, nurses have been trained to perform both diagnostic and therapeutic gastroscopy and colonoscopy. Subsequent studies have reported that nurses can be trained to the same technical skill level as their medical counterparts with regards to adequate completion of procedures, diagnosis, treatment and patient safety.

In March 2011 the Health Workforce New Zealand Board (HWNZ) published its report and made nine recommendations (<http://www.nzsg.org.nz/cms2/news-2/>).

After reviewing the roles of gastroenterologists and nurses, the group recommended that nurse specialisation within wider clinical gastroenterology practice be facilitated. In relationship to nurse endoscopy, it recognised that "There may be a case for developing Nurse Endoscopists for particular procedures in a team environment. It is recommended that HWNZ work with the Nursing Council of New Zealand, NZNO, DHBs, educational training providers and relevant professional bodies to set in place the means by which registered nurses can train to become Nurse Endoscopists in supervised roles in larger centres."

Following publication of the Gastroenterology Health Workforce Review in 2011, the NZSG conducted a survey of its membership regarding Non Specialist Endoscopy. More than half of the respondents would support the appointment of Nurse Endoscopists to perform diagnostic and therapeutic upper and lower endoscopies and most would be willing to train nurses to perform these procedures.