

POSITION STATEMENT

GESA is committed to the best practice and service delivery for optimum patient care. GESA Council and the AGEA committee have considered the matter of nurse endoscopy in Australia noting that there are different proposals in place in different states.

GESA has had multiple discussions with interested agencies and people including Health Workforce Australia, the Grattan Institute, The Queensland Chief Nurse (Dr. Frances Hughes), RACS, RACP, members who have participated or are participating in extant programmes in Victoria and Queensland, and other interested parties. GESA has been provided with the *Joint Statement of all Directors of Departments of Gastroenterology of Public Hospitals in Queensland* and is cognisant of the considerable body of literature on the subject. GESA is aware of the successful placement of nurse endoscopists in other countries where provision of medical endoscopy has been more limited.

It is the view of GESA that no additional resources should be committed to nurse endoscopy unless and until there has been a complete review of the outcomes of existing programmes.

To the extent that nurse endoscopy is to continue, GESA is of the firm view that it should always be performed under direct medical supervision, and is conditionally supportive of that situation. There is no place for independent nurse-led training and service provision without medical supervision as was initially proposed in Queensland.

There is no shortage of medically trained endoscopists in Australia and workforce predictions at this stage foresee a steady increase in supply until at least 2024. The factors limiting the provision of endoscopy in Australia relate more to the utilisation of endoscopy services, not to a lack of endoscopists. Accordingly, attention should be first directed to optimising the efficiencies and utilisation of the medical model to provide maximal throughput without compromising best practice, patient care and safety. To this end, resources should be provided for facilities, secretarial and management support, anaesthetic services, recovery room space and staff, and endoscopy nurses (rather than nurse-endoscopists).

It is also acknowledged that it is incumbent on endoscopists themselves to contribute to the process and take responsibility for the efficiency of their own practices. They should also be sufficiently flexible to ensure the optimal use of lists that would be otherwise unused for a variety of reasons such as leave. The importance of this should be recognised and supported by hospital administrators.

State governments should be encouraged to make the provision of timely endoscopy services a Key Performance Indicator.

GESA is also of the view that there is an unmet need for support of other areas of specialist gastrointestinal nursing and that these should be fully resourced before additional funds are diverted to nurse endoscopy training. These areas include IBD, TPN, liver and research nurses for which there is strong evidence for both need and efficacy.

GESA will continue to be involved in the ongoing and evolving discussions with the relevant parties in this very important area.

Don Cameron

President, GESA

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