

26 August 2021

GESA Board of Directors and CEO

Dear Associate Professor Strasser,

RE: GASTROENTEROLOGICAL SOCIETY OF AUSTRALIA: Nurse Endoscopy for Provision of Colonoscopy Services in Australia, Position Statement of the GESA, April 2021.

The New Zealand Gastroenterology Nurses College (NZGNC) and Nurse Endoscopist specialty group were disappointed to read the position statement addressing the views of GESA towards the Nurse Endoscopist workforce in Australia recently. The statement was not forthcoming with suitable literature to support the views of the organization. In addition, the factors that GESA have drawn upon to come to its position statement are in fact contrary to the landscape and workforce we experience here in New Zealand. However, given the collegial approach to the profession of Gastroenterology that Australia and New Zealand share, we fear that your position statement will have a detrimental impact on our own model of service provision.

In New Zealand, we have an ever-increasing shortage of skilled endoscopists, and while work continues to address this, we have a viable and capable future in our Nurse Endoscopists. Given a robust and well considered framework for practice, Nurse Endoscopists can play an important role in addressing the needs of our ever-growing service delivery demands.

Similar to Australia, training and education for nurses undertaking endoscopy in New Zealand is robust including Master's level post graduate education and practice at Nurse Practitioner level. Credentialing and recredentialing is undertaken to the same standards as medical colleagues. A practice mix of clinic and scoping supports academic skills in prescribing; assessment and diagnostic reasoning including recognition of pathophysiology. Time taken for education and training is valuable, and should be seen as an investment in meeting the needs of the public. In addition to the shortage of Endoscopists in New Zealand, there is a shortage of endoscopy nurses; demonstrating support for expanded roles and the opportunity to fulfil human potential can attract nurses to the specialty. When trained and supported well, it has been seen that Nurse Endoscopists are capable of taking on a valuable role in training future generations of endoscopists, both nursing and medical trainees. This helps to overcome the barrier of

inadequate training capacity- an investment in the future of our specialty of gastroenterology.

While we acknowledge that, as you described, Australia has a different professional landscape, boasting an abundance of endoscopists, we find it disappointing that you should choose to undermine the Nurse Endoscopist workforce you currently have who have served the needs of your community to date. Your statement also undervalues GENCA and their longstanding contribution towards the quality of the endoscopy services in Australia and New Zealand.

Literature has acknowledged that a skilled Nurse Endoscopist performs quality endoscopy, both upper and lower GI, with safety outcomes that equal those of a medically trained colleague (Swarbrick et al, 2005., Pathmakanthan et al. 2005., Durai, D et al. 2005). We endorse and support the skill, expertise and knowledge of Nurse Endoscopists and refute the position statement of GESA.

For and on behalf of the New Zealand Nurses Organisation Gastroenterology Nurses' College and its membership

Yours sincerely



Karen Clarke  
Chairperson  
NZ Gastroenterology Nurses College of NZNO