



# Endoscopy workforce innovation

**Austin Health**

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**HRT 1701 'Improving patient pathways'**

**22-23 Feb 2017**

**Sydney**



# Key Problem

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- Massive increase demand for colonoscopy globally
- In Victoria, 30% of colonoscopy performed in public sector with long waiting lists
- Projected to increase – rollout of NBCSP, increased public awareness
- Increased load of surveillance and follow-up patients
- Capacity impacted by gastroenterologist/surgeon leave and difficulty obtaining VMO cover for backfill

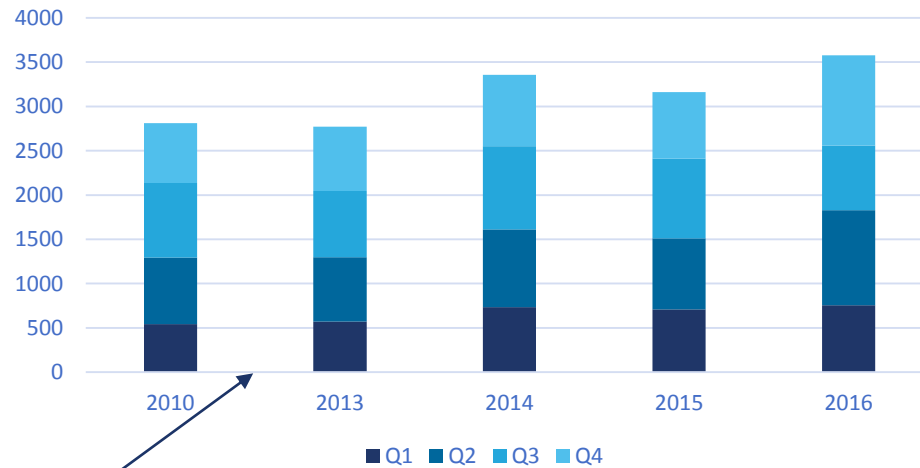
# Aim of this innovation

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- Develop the new role of 'advanced endoscopy fellow'
- Develop the new role of 'advanced practice nurse in endoscopy'

# Baseline Data

Colonoscopy procedures by year



2011: 248 sessions needing backfill, 193 (78%) covered with VMOs

2012: 202 sessions needing backfill, 66 (33%) covered by fellow, 65 (32%) by VMO

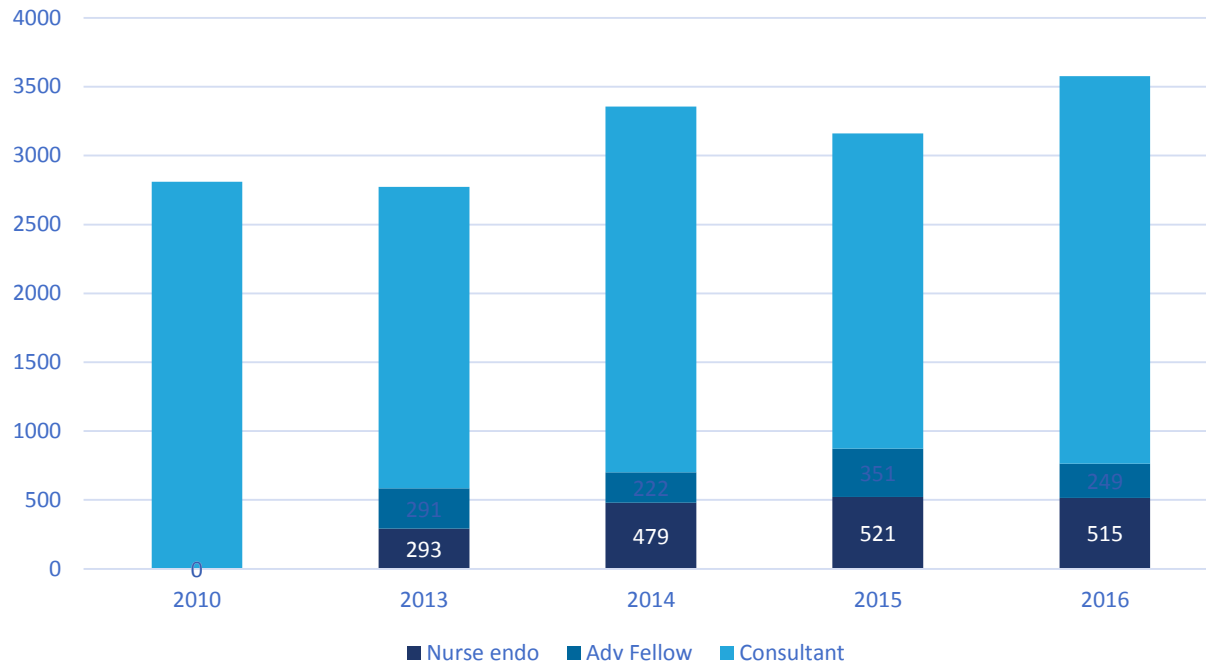
# Key Changes Implemented

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- **Advanced Practice Nurse Endoscopist**
- UK study tour
- Simulation based training
- Training lists – gastroenterologists & colorectal surgeons, logbook
- Competency framework
  
- **Advanced Endoscopy Fellow**
- Meeting requirements for CCRTGE but not FRACP (yet)
- Direct observation of procedural skills and sign off for limited practice
  
- Support onsite and via video streaming (always on)

# Outcomes so far

Colonoscopy by year



21-27% of colonoscopies by fellow or nurse

Far less reliance on VMOs for backfill

# Lessons Learnt

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- Can't underestimate the politics of workforce reform/innovation
  - Using staff already familiar with the patient flow and environment ie endoscopy nurse
  - Important to engage both colorectal and gastroenterology craft groups
  - Guidelines for suitable patients and indications
  - Robust triage and booking office procedures and protocols
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