

# Victorian Nurse Endoscopy Program

## Key Features

### Introduction

Austin Health established the first multidisciplinary nurse endoscopist (NE) service in Victoria through the Workforce Innovation Grant Program 2010-11. Building on this project, Health Workforce Australia (HWA) commenced the Advanced Practice in Endoscopy Nursing Program in February 2012 as part of its Expanded Scope of Practice Program. The HWA NE program aimed to identify an innovative model of extended scope of practice for NEs and develop a multidisciplinary team based training program.

In Victoria, the HWA NE program was provided in partnership with the Department of Health through a consortium of health services with Austin Health as the lead organisation and four implementation sites at Alfred, Austin, Western and Monash Health Services. As a lead organisation Austin Health has worked with the Victorian consortium to develop the *HWA NE Training Pathway* and has established a model of co-ordinating and implementing training at Victorian hospital sites.

In 2013-14 the Victorian Government provided funding to establish a State Endoscopy Training Centre (SETC) at Austin Health to lead, coordinate and provide the *HWA NE Training Pathway* for gastroenterology nurses. The SETC is structured in a way that allows NE training to be delivered through a multi-site, partnership arrangement with health services seeking to establish and provide a multidisciplinary team based NE service.

The key features of Victorian NE Program are:

- a multidisciplinary team based approach to service delivery
- health services to demonstrate their readiness as an organisation to support a NE service
- NE trainees to have the necessary pre-requisites to successfully complete the NE training program under the supervision of a medical consultant.

### Multidisciplinary team based approach

Victoria's model of extended scope of practice for NEs is based on a multidisciplinary team based approach to training and service delivery. The NE Program features:

- Gastroenterologist and/or Colorectal Surgeon leadership of training and assessment of NE trainees
- training for supervising Gastroenterologists and Colorectal Surgeons through the Gastroenterology Society of Australia's National Endoscopy Training Initiative - Train-the-Colonoscopy Trainer course. The benefits of this training extends to the medical and surgical trainees under the medical specialist's supervision
- service delivery models with systems for delegating appropriate low risk cases to competent NEs and more complex and advanced endoscopic cases to medical staff
- SETC sponsored communities of practice for NE trainees and competent NEs and joint medical and nursing orientation programs and professional development days
- NE participation in pre and post procedure clinics, clinical and pathology meetings and other relevant meetings within the gastroenterology or colorectal surgical unit
- competent NEs undertaking independent lists with ready access to a medical consultant and emergency services in the event of an emergency

- competent NEs contributing to the efficient operations of the Endoscopy Unit and Quality Assurance processes
- local recognition of training, yearly local assessment and ongoing professional development for NEs.

The multidisciplinary team based approach ensures NE trainees develop the competencies required for the safe provision of colonoscopy procedures.

### Criteria for organisational readiness

In Victoria, health services interested in providing a multidisciplinary NE service are required to demonstrate a level of organisational readiness to participate in and implement a workforce reform program with a specific focus on role redesign and expanding the scope of existing health workers in an acute care setting.

A range of criteria have been developed to determine the capacity and organisational readiness of a health service to establish a NE service. The engagement and support of key stakeholders, particularly medical and nursing staff, the executive team and surgical services staff, are key factors in determining organisational readiness. The criteria are as follows:

#### Commitment to establish a nurse endoscopy service

The health service must have established the need for a NE service, identified and engaged the relevant stakeholders, developed a service delivery model and supportive clinical governance structures for the NE service and show commitment to providing a sustainable NE service over the longer term.

#### Capacity to provide and support training of NE trainees

The health service must have the required physical facilities and equipment, is able to provide ongoing employment, supervised clinical practice for NE trainees, policies and project management support and have a strong supportive culture of training for staff.

#### Organisational commitment to workforce reform

The health service must be prepared to reform 'on behalf of the system' and be able to demonstrate strong, simultaneous executive support and medical and nursing clinician led support and a preparedness of the health service and gastroenterology/surgical unit to undergo organisational change. There must also be a willingness for executive, medical, nursing and surgical services staff to work with and accept support from others including the SETC, other participating health services, the Department, training organisations and consumers and carers.

These criteria ensure the ongoing support of medical and nursing champions, clinical leaders and the medical practitioners within the gastroenterology units or colorectal surgical units is gained and maintained.

### NE Program Entry Requirements

In Victoria, the entry requirements for nurses undertaking the *HWA NE Training Pathway* are:

- five years clinical experience as a Registered Nurse (post registration)
- three years nursing experience within the gastroenterology specialty including two years (concurrent) experience in endoscopy
- a relevant post graduate qualification.

These NE course pre-requisites ensure NE trainees have the maturity and experience to undertake a new workforce role, are familiar with the gastroenterology and colorectal service environment and can undertake post graduate study and contribute to research outcomes. Highly experienced nurses can also act as an ambassador and provide professional leadership for other nurses aspiring to advance practice roles. Extensive experience in gastroenterology nursing also enhances the likelihood of successful training outcomes which are vitally important in the early stages of introducing a new workforce role.

## Conclusion

To date, the HWA NE Program has attracted the support and interest of key medical and nursing stakeholders as evidenced by the endorsement of the *NE Training Pathway* by the HWA Project Advisory Group and the commitment of the Victorian Government to significantly expand the NE services into the future.

Victoria supports the *HWA NE Training Pathway* and its course pre-requisites as the most appropriate approach for the next few years as the workforce reforms are established and mainstreamed across the health system. In Victoria, the SETC will be establishing a community of practice for nurse endoscopy trainees and Nurse Endoscopists together with medical personnel, as required, to foster the further development of NEs and a multidisciplinary team approach to care.

In July 2014, at the conclusion of the HWA NE Program, Victoria will have five competent NEs available to work in multidisciplinary gastroenterological teams. The SETC will also be supporting two new NE trainees at participating health services in 2014.

The national evaluation of the HWA NE Program will provide timely Australian based evidence on the internationally proven NE role. The Centre for Health Service Development (CHSD), University of Wollongong, is assisting health services with national evaluation activities, synthesising data and monitoring evaluation outcomes to inform future policy and practice and facilitate further program roll-out. Each health service from the Victorian consortium has conducted a local project evaluation and has contributed to the national program evaluation through a range of data collection and evaluation activities. CHSD will produce the final evaluation reports by 30 June 2014. The Victorian NE Program will be evaluated in three years.

As the Commonwealth Government moves to full implementation of the National Bowel Cancer Screening Program with biennial screening offered to all Australians aged 50 to 74 years in 2020, the Victorian Government, in conjunction with Austin Health and other participating health services, is focused on expanding the state's NE services and ensuring it has a suitably skilled multidisciplinary workforce to address the increasing demand for screening and surveillance colonoscopies. The advanced nursing roles will also improve access to, and the capacity and productivity of, specialist gastroenterology and colorectal surgical services, by freeing up medical staff to focus on more complex clinical tasks.