NURSE ENDOSCOPY
The British Experience and European Developments

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INTRODUCTION

• British Health Care System

• Pre-requisites for Advanced Practice

• Education + Training

• Developments/Repercussions/Consequences

• European Developments

• ESGENA Statement on Nurse Endoscopy
THE BRITISH HEALTH CARE SYSTEM

• Only Primary Care Physicians (GPs) in offices

• Specialists work only in Hospitals (NHS)
  Large out-patient departments

• UK – Too few doctors and lack of money
  Long waiting lists for endoscopy
  (DoH Aim: ↓ 18 weeks Referral to treat)

• Up to 2006 – no individual payments for service
Are nurses able to endoscope competently?

Appropriately trained nurses are as competent as doctors in carrying out endoscopic procedures (>10 years experience in the UK, >15 years experience in the USA).

Patient satisfaction is increased in Nurse Endoscopy.

BSG recently recommended that all routine endoscopy should be carried out by nurses.

3. BSG Strategy Group “Care of patients with gastrointestinal disorders in the UK”. BSG 2005
CONDITIONS TO BE SATISFIED

NATIONAL

• Medical “Royal Colleges”
• Med. Gastro./Endoscopy Societies
• National Nursing Org.
• National Licensing Body
• Legal Framework §
• National Education Course (e.g. at University)

LOCAL (Hospital)

• Not enough Medical Endoscopists
• Clinical Director agreed need
• Nursing Director agreed (prof issues)
• Agreed indemnity insurance
• Endoscopy Dept is licensed to train endoscopists (min 1000 OGDs / 400 Colonoscopies /year)
• Trained “Trainers”
PERSONAL QUALITIES / PRE-REQUISITES

- University Degree (since 2001)*
- Experience in Gastroent. / Endoscopy
  + (Endoscopy, Stoma care, etc) Specialist Nurse Qualification
- Technical Ability
- Fully responsible for own practice (legally etc)**
- Clear job descriptions (limits of practice + specific responsibilities):
  - obtaining consent
  - prescribing and administering drugs
  - patient management before and after procedures

* “Guidelines for the training, appraisal and assessment of trainees in GI endoscopy 2001”
Joint Advisory Group on GI endoscopy
** “Code of Professional Practice” - United Kingdom Central Council for Nurses & Midwives
Education & Training

1 Year University

- Anatomy + Physiology, Pathophysiology
- Informed Consent
- Professional + Legal issues, etc.
- Pharmacology (Sedation etc)

As “Medics”

- JAG Skills Course in relevant Endo.
- 2x weekly for min of 6-12 Monate
  - in department licensed for training + trained trainer
- 200 OGD- observed (Staff without endo experience)
- Min. 200 OGDs – Under instruction by trainer
- Min. 100 OGDs – Under supervision (Video)
- Instrument Reprocessing (incl doctors!)

*“Guidelines for the training, appraisal and assessment of trainees in GI endoscopy 2004”
Joint Advisory Group on GI endoscopy www.thejag.org.uk
Departmental Training Capacity

Every Endoscopy Trainee min. of 300 OGDs or 100 Colonoscopies/Year

<table>
<thead>
<tr>
<th>OGD</th>
<th>Colonoscopy</th>
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</thead>
<tbody>
<tr>
<td>&gt;600</td>
<td>&gt;200</td>
</tr>
<tr>
<td>&gt;300</td>
<td>&gt;100</td>
</tr>
<tr>
<td>&gt;900</td>
<td>&gt;300</td>
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Trainee Endoscopies
COMPETENCE OGD
(same as doctors)

Competence

• Intubation with minimal Trauma
• Competence in Biopsy/Cytology
• Visualisation of “Blind Spots” (Video)
• Recognition of Pathology
• Recognition of Complications

“Guidelines for the training, appraisal and assessment of trainees in GI endoscopy 2001”
Joint Advisory Group on GI endoscopy
COMPETENCE COLONOSCOPY  
(same as doctors)

- Caecal Intubation Rate >90%
- Ileum Intubation Rate >50% (200 procedures)
- Competence in Biopsy/Cytology
- Visualisation of “Blind Spots” (Video)
- Recognition of Pathology
- Recognition of Complications

“Guidelines for the training, appraisal and assessment of trainees in GI endoscopy 2001”
Joint Advisory Group on GI endoscopy
Additonal Conditions  
(same as doctors)

• Registered as Trainee

• Logbook (Portfolio of Endoscopies carried out)

• Audit

• Regular Continuing Education

• Regular Competency Checks

• Min. Number of Examinations per Year

• Only if Gastroenterologist is in Department

“Guidelines for the training, appraisal and assessment of trainees in GI endoscopy 2001”
Joint Advisory Group on GI endoscopy
LEGAL IMPLICATIONS

Nurses who take on traditional medical tasks:

- have to have the same knowledge and competencies as a doctor carrying out this task.
- remain to be nurses, but will be legally judged as a doctor carrying out this task.
- Nurse Endoscopist are not Endoscopy Nurses (Role confusion)
COSTS
(Value for Money)
Cost-reduction or Cost-neutral?

• Increased Salary for Increased Responsibilities

• Fewer Patients per Session
  (e.g. in 3 hour Session = 15-20 Doctors, 8-10 Nurses)

Not cheaper per examinations than Younger Doctors
SPECIALIST ROLES (GE Nursing)
(Reduction of Medical Workload)

Thousands of normal Endoscopies
GORD Dyspepsia
Stoma PEG
Screening

SPECIALIST ROLES (GE Nursing)
(Reduction of Medical Workload)
# CONTINUING TRAINING

<table>
<thead>
<tr>
<th>Role</th>
<th>Duration</th>
<th>Institution</th>
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</thead>
<tbody>
<tr>
<td>Endoscopy / Stoma Care Specialist Nurse</td>
<td>1 year</td>
<td>@ University</td>
</tr>
<tr>
<td>Departmental Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse Endoscopist (1 year per procedure)</td>
<td>min 1 year</td>
<td>@ University</td>
</tr>
<tr>
<td>Nurse Prescribing</td>
<td>1 year</td>
<td>@ University</td>
</tr>
<tr>
<td>Advanced Nursing Practice (Masters Degree)</td>
<td>2 years</td>
<td>@ University</td>
</tr>
</tbody>
</table>

**Specialist Roles (Advanced Practice)**
Impact on Endoscopy Development

Contributed to the Regulation of Endoscopy

- Nationally Regulated Training for ALL Endoscopists (incl doctors)
- DoH appointed National + Regional Training Centres
- Compulsory Basic + Advanced Skills Courses
- Accreditation of Training Departments (inspection)
- “Train the Trainer” Courses + Accreditation of Trainers

CRCS:
- Additional “Examination” of Endoscopists + Department Requirements
Caution - AVALANGE
DEVELOPMENT - ENDOSCOPY

Diagnostic OGD without Sedation

Diagnostic OGD with Sedation

PEG

Sigmoidoscopy without Polypectomy

Sigmoidoscopy with Polypectomy

Colonoscopy

EUS, Emergency Endoscopy, etc.

Colposcopy

Bronchoscopy

DEVELOPMENTS - MEDICAL

Nurse Endoscopy

Other Health Care Endoscopy

Endoscopy by non-health care background (ex Hairdresser) and Nursing Aids X Uni

Minor Surgery by “Technicians” §

“Physician’s Assistants” from USA replace doctors in Emergency Departments and in Primary Care
DESIRABLE DEVELOPMENT?

Who wins?
<table>
<thead>
<tr>
<th>Country</th>
<th>Program Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Britain</td>
<td>Min 1 year Training – University – Summative Assessment</td>
</tr>
<tr>
<td>Ireland</td>
<td>Decided – currently no need to train nurse endoscopists</td>
</tr>
<tr>
<td>Norway</td>
<td>Ad hoc Pilot – own department - not followed up</td>
</tr>
<tr>
<td>Holland</td>
<td>Ad hoc – own department - Nurses</td>
</tr>
<tr>
<td>Denmark</td>
<td>Ad hoc – own department - Nurses</td>
</tr>
<tr>
<td>Germany</td>
<td>Ad hoc – GP Office – Technician (Arzthelferin), Colonoscopy</td>
</tr>
</tbody>
</table>
The safety of the patient must be paramount and each patient has the right to be investigated and treated by staff that are appropriately trained and are competent to carry out procedures as clinically indicated (EU Convention on Human Rights and Biomedicine 1997).

In response to current situation in Europe
Statement from ESGENA on NURSE ENDOSCOPY

Recommendations based on ENNO Framework for Specialist Nurse Education

ENNO (European National Nursing Organisations + European Specialist Nurses’ Societies = European Federation of Nursing):

“Recommendations for a European Framework for Specialist Nursing Education” Brussels 2000 (ALL Nursing Specialities)

References:
Recommendations for a European Framework for Specialist Nursing Education http://www.pcnweb.org
<table>
<thead>
<tr>
<th>ENTRANCE QUALIFICATION</th>
<th>Based on ENNO RECOMMENDATION(^2)</th>
<th>ADDITIONAL ESGENA RECOMMENDATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Qualification</td>
<td>Basic Nurse Training</td>
<td></td>
</tr>
<tr>
<td>Minimum GI Specialist Qualification</td>
<td>Appropriate specialist nurse training (National recognized training)</td>
<td>e.g. Endoscopy Specialist Nurse, Stoma Care Nurses, etc.</td>
</tr>
<tr>
<td>Minimum Clinical Experience</td>
<td>2 years post specialist nurse training</td>
<td>Clinical endoscopy experience is desirable</td>
</tr>
<tr>
<td>SPECIALIST TRAINING</td>
<td>ENNO FRAMEWORK stipulates</td>
<td>ADDITIONAL ESGENA RECOMMENDATION</td>
</tr>
<tr>
<td>Length of Course</td>
<td>Minimum of 12 months minimum of 50% of the total duration dedicated to clinical and/or practice training</td>
<td></td>
</tr>
<tr>
<td>Institution</td>
<td>In an institute of higher education (University or equivalent)</td>
<td></td>
</tr>
<tr>
<td>Education - Theory</td>
<td>720 hours classroom and study</td>
<td></td>
</tr>
</tbody>
</table>
| Education - Clinical Training | minimum of 50% of the total duration dedicated to clinical and/or practice training | - Supervised practice until competency - Documented summative assessment of competency prior to independent practice

*A useful model of structured training can be found in JAG (1)*
ESGENA neither supports nor disapproves the introduction of Nurse Endoscopy.

ESGENA recommends that:

- appropriate training has to be given for any clinical tasks carried out by nurses
- in appropriate educational institutions (theory + practice)
- within an officially approved framework for expanded practice.
Technical Procedures can be carried out proficiently by non-medical staff with appropriate training and defined competencies - TAKES TIME + MONEY.

Procedure Costs are not necessarily reduced due to increased salaries and reduced number of patients per list.

Potential "Deskilling" Fewer Training Opportunities for Young Doctors Once started - Further Development can't be stopped - will have impact on the training of medical endoscopists

In the interest of patient safety - should not be done without a nationally agreed framework and recognised training.
USEFUL WEBSITES


“Non-medical Endoscopists” British Society of Gastroenterology 2005 - www.BSG.org.uk

Department of Health Endoscopy Website: www.endoscopy.nhs.uk

Knowledge Framework for Endoscopy: http://www.grs.nhs.uk/

Statement from ESGENA on NURSE ENDOSCOPY

www.ESGENA.org
ENDOSCOPY PATHWAY

- Referral from Primary Care GP
- NUD with Alarm Symptoms
- Referral to Gastroenterologist
- Diagnostic Investigations
- Treatment e.g. Stricture
- NUD without Alarm Symptoms
- Diagnostic OGD
- Nurse Endoscopist
Endoscopy by **Non-medics:**

>10 Years – Development in Great Britain

- **Personal Conclusion** -

- Medicine is reduced to predominantly manual skills, which can be taught to almost anybody
- Long-term effect – Loss of status of both doctors and nurses
Nurse remains to be a Nurse (but with additional Skills and Knowledge)