

# ESGENA Statement on Nurse endoscopists

Christiane Neumann, Diane Campbell, Ulrike Beilenhoff, Michael Ortmann and the ESGENA Education Working Group

Over the last 20 years nursing practice has advanced to include traditional medical roles.

In the UK formalized training has been available for nurse endoscopists for the last 10 years. The professional motivation for nurses to develop this role was provided by their regulatory body (UKCC). The service need incentive for this was to reduce waiting times for endoscopy procedures (BSG). To date most other European countries have not had the same need, as there have been enough medical endoscopists available to cope with the workload. However, with the advent of Colorectal Cancer Screening many health systems in Europe will not be able to implement screening by either sigmoidoscopy or colonoscopy due to a shortage of endoscopists. Opportunities for experienced nurses to undertake endoscopy training have now arisen in other European countries where medical endoscopists have started to train their local nurses on an informal basis. However, none of these countries has put a system in place to formalise either training or endoscopy practice by nurses similar to the UK (1)

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).

Before embarking on training nurses to perform endoscopy the practical and legal risks have to be addressed. The practice of a nurse endoscopist needs to be regulated within the relevant national system for registration of expanded practice and of advanced training. This can only be achieved in co-operation with the national nursing and registration authorities, the national professional societies (medical and nursing), and the relevant ministries of health involved in regulating practice.

To be able to be indemnified for advance practice the nurse endoscopist's job descriptions must define limits of practice and specific responsibilities, including who will obtain consent, prescribe and administer drugs, and patient management before and after procedures (1).

A framework for training nurse endoscopists needs to be established with recognised supervisors, mentors and assessors of practical skills. Trainee nurse endoscopists' education should be at least at a level and depth required to support clinical practical during endoscopic procedures, and overall patient management throughout the episode of care (1). The nurse endoscopist's practice needs to be within the parameters of accountability as defined nationally.

The ENNO-PCN framework stipulates postgraduate specialist training for nurses (2). Based on this ESGENA makes the following recommendations:

ENTRANCE	PCN RECOMMENDATION	ADDITIONAL ESGENA
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QUALIFICATION		RECOMMENDATAION
<b>Minimum Qualification</b>	Basic Nurse Training	
<b>Minimum Endoscopy Qualification</b>	Appropriate specialist nurse training (National recognised training)	e.g. Endoscopy Specialist Nurse, Stoma Care Nurses, etc.
<b>Minimum Clinical Experience</b>	2 years post specialist nurse training	Clinical endoscopy experience is desirable
<b>SPECIALIST TRAINING</b>	<b>ENNO Framework stipulates</b>	
<b>Length of Course</b>	Minimum of 12 months minimum of 50% of the total duration dedicated to clinical and/or practice training	
<b>Institution</b>	In an institute of higher education (University or equivalent)	
<b>Education - Theory</b>	720 hours classroom and study	
<b>Education - Clinical Training</b>		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)

**References:**

1 JAG 2004 (<http://www.thejag.org.uk>)

2 Recommendations for a European Framework for Specialist Nursing Education  
<http://www.pcnweb.org>