

A nursing perspective on the ACPGBI Colonoscopy Clinical Sub-Committee

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The Association of Coloproctology of Great Britain and Ireland (ACPGBI) Colonoscopy Clinical Sub-Committee consists of eight representatives from across the UK: seven colorectal surgeons (consultants and trainees) and an Association of Coloproctology Nurses (ACPN) representative. Although the group is a clinical sub-committee of the ACPGBI, it has strong connections with the Joint Advisory Group on GI Endoscopy (JAG) and the British Society of Gastroenterology (BSG), key organisations in colonoscopy training, delivery and governance in the UK. Several members also sit on endoscopy-related committees within other associations. This article provides a brief overview of the work undertaken by the committee over the past 2 years and considers future priorities. The term 'clinical endoscopists' is used to encompass nurse endoscopists along with endoscopists from other non-medical disciplines.

The article 'Colonoscopy at a crossroads: which direction to take in the UK after the coronavirus pandemic?' (Cripps et al, 2021) was written by four committee members in collaboration with the whole Colonoscopy Clinical Sub-Committee and was published in the journal *Colorectal Disease*. This article considered colonoscopy services before the COVID-19 pandemic, the reduction in the availability of colonoscopies during the pandemic and the consequences of this reduced service. The paper highlighted several issues that have impacted the availability and quality of colonoscopy services:



- Over-use of colonoscopy in low-risk patients
- High volume of endoscopy requests leading to extra weekend and evening lists and the use of outsourcing companies
- Therapeutically inexperienced endoscopists resulting in repeat procedures for patients with level-2 polyps
- An increasing demand on colonoscopy services leading to decreased quality in scoping and an increase in missed cancers, most likely as a result of rushed procedures.

These issues will resonate strongly with nurses working as clinical endoscopists and in supporting endoscopy services more broadly across the UK.

Cripps et al (2021) urged colonoscopy units to consider new ways of working, using new diagnostic tools to help prioritise the influx of colonoscopy referrals. Particularly, there is strong evidence that the use of faecal immunochemical testing (FIT) in symptomatic patients can reduce the number of unnecessary colonoscopies and help to stratify the referrals that are made (D'Souza et al, 2021). The timing of this recommendation aligns well with the formation of a National Institute for Health and Care Excellence (NICE) guideline

group, which has been considering the use of FIT in the symptomatic population; these guidelines are being finalised and are due for imminent publication. The NICE guideline group involves many disciplines, but colorectal surgeons are well-represented, with one of the surgeons sitting on the ACPGBI colonoscopy clinical subcommittee. I also have the privilege of being part of this group, providing a valuable nursing perspective as well as representing the ACPGBI. This opportunity has expanded my own understanding of finding and appraising evidence and considering the applicability of evidence to inform guidelines for clinical practice, as well as providing insight into national priorities in the provision of effective and efficient colonoscopy services, through which I have been able to evaluate and improve my own service and practice.

Cripps et al (2021) also proposed that interventional colonoscopy could become a recognised subspecialty of colonoscopy, supported by dedicated training and fellowships, with colonoscopy defined as 'a predominantly therapeutic tool for the prevention of colorectal cancer and, if needed, to sample colonic mucosa, if needed, to diagnose and manage benign lower-gastrointestinal disease'. This potential move towards subspecialty training in coloproctology is a timely recommendation in the advent of a joint Health Education England and NHS England plan to open regional endoscopy academies to support the delivery of endoscopist training

throughout the country (Health Education England, 2022). These academies may provide a platform for innovation in colonoscopy, with the potential to affect the training and continuing professional development of clinical endoscopists, as well as those based in colorectal surgery and gastroenterology, and to provide opportunities for experienced clinical endoscopists to share their extensive knowledge and expertise in the training of others. The Colonoscopy Clinical Sub-Committee is keen to be represented in the planning and delivery of these academies.

As well as the publication of 'Colonoscopy at a crossroads' and the projects inspired by it, the clinical sub-committee has also been working in conjunction with the Dukes' Club, the ACPGBI group representing colorectal surgical trainees. In February 2021, this work led to a joint statement on colonoscopy training for colorectal surgical trainees, published in *Colorectal Disease* (Vaughan-Shaw et al, 2021) and supported by the Association of Surgeons in Training. In this statement, several proposals were made, including increasing the number of training courses with equal access for all trainees; encouraging ACPGBI members to become endoscopy trainers to support their trainees through the JAG training process; increasing collaboration between the BSG, ACPGBI and JAG; and examining ways in which training can be improved. While focused on surgical trainees, these recommendations present an opportunity for experienced clinical endoscopists to advance the education pillar of their practice in the training and development of surgical trainees, as well as clinical endoscopists.

The joint Dukes' Club and ACPGBI statement responds in part to the findings of a multidisciplinary survey of endoscopy training in the UK pre-COVID-19 (Ratcliffe et al, 2022), which examined the experience of endoscopy training and of providing trainer feedback among 129 trainees of all disciplines (including nursing) in the UK. The findings suggest a

difference in experience between surgical, gastroenterology and nurse-endoscopist trainees, particularly in relation to experience of scheduled, formal appraisal and access to training lists. Of those without a scheduled appraisal, 54% were surgical trainees, and 46% were trainee nurse endoscopists, while 38% of surgical trainee respondents had access to one training list per week, as opposed to 70% of gastroenterology trainees with access to two or more lists per week. This qualitative data highlights the challenges faced by surgical trainees. As the work of the ACPGBI Colonoscopy Clinical Sub-Committee demonstrates, we are in a powerful position not just to influence endoscopy training for surgical trainees, but also to support nurses wishing to become clinical endoscopists, and we have a responsibility to do so. The committee is currently working on how we can support this statement and help to facilitate an improvement in endoscopy training, with focus on surgical trainees.

Educational resources for members are also key to the work of the committee and a huge membership benefit for nurses working in endoscopy. The focus on therapeutic endoscopy in the Cripps et al (2021) paper prompted the ACPGBI Colonoscopy Clinical Sub-Committee to host two related webinars: 'Lesion Identification' and 'Polypectomy'. The webinars were presented by Stratis Alexandridis, a gastroenterologist from Bristol, with a supporting multidisciplinary panel from the ACPGBI Colonoscopy Clinical Sub-Committee. These webinars were free to ACPGBI members and attended online by over 250 participants, including specialist nurses and clinical endoscopists. Furthermore, the committee has developed an association with the Gastrointestinal Endoscopy Quality and Safety (GIEQs) Foundation website. The GIEQs Foundation is a not-for-profit organisation dedicated to the education and training of endoscopists, to promote safety and quality in endoscopic practice. In my role as nurse representative on the ACPGBI Colonoscopy Clinical Sub-

Committee, with Olympus Sponsorship, I have secured five substantially reduced annual memberships, which members of the ACPN can apply for. I have also asked that we be considered for supported places on the virtual and face-to-face courses funded by Olympus.

The ACPGBI Colonoscopy Clinical Sub-Committee members have a wealth of knowledge and experience, and my insight and experience as a nurse have been welcomed and used to inform some of the projects discussed in this paper. In the future, the ACPN is keen to support several initiatives. Through these initiatives, we can demonstrate the value of clinical endoscopists as practitioners and trainers; collaborate with nurses working in endoscopic services to drive forward relevant research and development projects; meet the continuing professional development needs of this important group of practitioners; and, most importantly, enhance our patients' experiences and outcomes. **GN**

Note Membership of the Association of Coloproctology Nurses costs just £25 per year and includes the opportunity to apply for one of 50 free places at the 3-day Annual Meeting of the Association of Coloproctology, in addition to a wealth of other CPD and networking opportunities. If you are interested in joining, please contact Nicole Taub (ntaub@acpgbi.org.uk) or chair Gabrielle Thorpe (gabrielle.thorpe@uea.ac.uk) for more information.

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