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**Millions of Australians to benefit from national treatment standard for colonoscopy**

The first nationally agreed standard of care for patients undergoing a colonoscopy says the complex procedure should only be offered if the benefits outweigh the risks.

The number of Australians who have a colonoscopy each year is approaching one million.\(^1\) Despite being frequently performed, colonoscopy is a complex medical procedure, so undergoing the procedure unnecessarily doesn't make sense and may extend the wait time for those who do need it.

The new **Colonoscopy Clinical Care Standard**, to be launched in Brisbane today by the Australian Commission on Safety and Quality in Health Care (the Commission), says patients with a positive bowel cancer screening result should consult their general practitioner to discuss further investigation.

In many cases this will be a colonoscopy. The procedure examines the large bowel (colon) to diagnose and treat a range of bowel diseases including bowel cancer, the second most common cancer diagnosed in both men and women in Australia. Bowel cancer is expected to claim more than 4,000 lives in Australia in 2018.\(^2\)

Commission Clinical Director Professor Anne Duggan, said the new standard offers guidance to patients, clinicians and health services at each stage of a colonoscopy, with the goal of ensuring high-quality and timely colonoscopies for patients who need them. The standard will also help to reduce the number of unnecessary colonoscopies being carried out.

“The Commission’s **Australian Atlas of Healthcare Variation 2015** found stark differences across the country in rates of colonoscopies being performed, with some areas having colonoscopy rates 30 times higher than others,” said Professor Duggan.

“Colonoscopy rates were significantly higher in capital cities and lower in remote areas. In major cities, rates were lower in areas of low socioeconomic status. The clinical care standard supports clinician certification and recertification as requirements for colonoscopy services, and will bring increased rigour to the procedure and shine a light on when and how these procedures are done.

“We asked experts in colonoscopy about how to look after people in the best possible way and used this information to develop guidelines for everyone involved.”

Gastroenterological Society of Australia (GES) spokesperson Mr Iain Skinner is a colorectal surgeon and advanced colonoscopist who co-chaired the Commission’s working group that developed the new standard. He said the guidelines were much needed.

“The clinical care standard further enhances care, focusing on bowel preparation, sedation, the colonoscopy and recovery. The standard also clarifies appropriate use of the procedure based on evidence,” said Mr Skinner.

“This is an advanced procedure and we don’t want it being performed unnecessarily. Fewer unnecessary colonoscopies will free up access to more timely colonoscopies for those who are at moderate or high risk, such as those with a history of polyps or a significant family history of bowel cancer, or those who return a positive bowel screening test.”

The **Colonoscopy Clinical Care Standard** was also developed with the input of consumers and contains advice and information designed to inform colonoscopy patients and their families on shared decision-making so that they can be an active participant in their care delivery.
Ms Susan Morris has Lynch syndrome, a hereditary cancer risk associated with bowel and 11 other cancers. She has undergone annual colonoscopies since she was first diagnosed in 2012.

“In my experience, and speaking to many others like me who need to have regular colonoscopies, it is really important to know you are receiving high-quality care at all stages.

“The clinical care standard will ensure you really understand all aspects of your care, both before and after colonoscopy, and means that you can help make decisions about your care.

“It walks you through the procedure so you can talk to your doctor with confidence to ask the right questions and find out how to best prepare. It is vital people understand what best practice means, and what standard of care they can expect. They also need to ensure they have followed the instructions for the bowel preparation. This makes abnormalities so much easier to detect,” said Ms Morris.

The new clinical care standard will be launched by Commission Chair Professor Villis Marshall at the Australian Gastroenterology Week 2018 conference in Brisbane. It has been endorsed by GESA, the Royal Australasian College of Surgeons, the Colorectal Surgical Society of Australian and New Zealand, the Gastroenterological Nurses College of Australia and other professional bodies.

“It is pleasing to have these professional bodies associated with colonoscopy actively adopt the standard, as well as to have it supported by the Cancer Council, and consumer representatives such as Lynch Syndrome Australia,” said Professor Duggan.

“When undergoing a colonoscopy, it is incredibly important that it is safe and appropriate for the patient. For this to happen, the individual needs to understand the procedure and what is expected from them at each stage. This clinical care standard will make it easier for millions of Australians to do that in the future,” said Professor Duggan.

The Colonoscopy Clinical Care Standard and separate fact sheets for consumers and clinicians can be found on the Commission’s website at: https://www.safetyandquality.gov.au/our-work/clinical-care-standards/colonoscopy-clinical-care-standard/

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Interview opportunities
The following people are available for interview:
- Professor Anne Duggan, Clinical Director, the Commission
- Mr Iain Skinner, GESA member, co-chair Colonoscopy CCS Working Group, member Royal Australasian College of Surgeons (RACS) and colonoscopist
- Ms Susan Morris, consumer with Lynch Syndrome who has regular colonoscopies

About the Commission
The Australian Commission on Safety and Quality in Health Care is an Australian Government agency that leads and coordinates national improvements in the safety and quality of health care based on the best available evidence. By working in partnership with the Australian Government, states and territories, the private sector, clinical experts, and patients and carers, the Commission aims to ensure that the health system is better informed, supported and organised to deliver safe and high-quality care.
About GESA
The Gastroenterological Society of Australia (GESA) is the peak membership organisation for health care professionals and researchers working in the fields of gastroenterology and hepatology. The Society sets, promotes and continuously improves the standards of clinical practice, training, research and patient care in gastroenterology and hepatology in Australia. As the chief advocacy group, GESA works with the Federal and State Departments of Health and other policy setting organisations. GESA is involved in a range of committees and advisory groups that shape the future of gastroenterology and hepatology in Australia.

About Clinical Care Standards
A clinical care standard comprises a small number of nationally agreed quality statements. They describe the care that health professionals and health services should be providing to patients for a specific clinical condition or defined part of a clinical pathway in line with current best evidence. Clinical care standards indicators help health services review the performance of their organisation and make improvements in the care they provide.

The Commission develops clinical care standards in partnership with clinicians, researchers and consumers. Clinical guidelines form the evidence base for the clinical care standards. The Commission has previously released clinical care standards on heavy menstrual bleeding, antimicrobial stewardship, acute coronary syndromes, acute stroke, delirium, hip fracture and osteoarthritis of the knee. Further clinical care standards are planned, with preparations under way for standards on venous thromboembolism and cataract.

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1 Estimate based on national rate of colonoscopy services funded through the MBS and AIHW National Hospital Morbidity Database (NHMD: [Admitted patient care 2016-17: Australian hospital statistics](https://www.aihw.gov.au/reports/patients/patient-care-2016-17-australian-hospital-statistics))