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| Advanced Practice Nurse Endoscopist’s (APNE) |
| An Organisational Readiness Checklist |
| OFFICIAL |

This document is a guide for Victorian health services that are considering the value of providing an APNE service and training registered nurses, to meet the needs of such a service.

From 2013-2019, the Victorian Government funded the establishment and further development of a State Endoscopy Training Centre (SETC) at Austin Health. This initiative sought to address increasing demand for endoscopic procedures, in particular colonoscopy, post implementation of the National Bowel Cancer Screening Program. The SETC was structured to deliver APNE training via a multi-site, partnership arrangement with other health services seeking to establish and provide an APNE service.

The Department of Health (the Department) now recommends an APNE training program that consists of two theoretical modules delivered in varied formats, and one practical module.

**Module 1**: University of Hull (2 subjects) – “Theoretical Advanced Endoscopy” and “Investigation and Initial Management of Gastrointestinal disease (II)“– distance education online

**Module 2**: The Practice of Colonoscopy (3 units) – Individual Training Site

**Module 3**: Supervised Clinical Practice – Individual Training Site

The Department is well placed to advise health services interested in pursuing an APNE service. Prior to seeking advice, the Department recommends establishing that there is significant need for an APNE program. In addition, your health service should consider:

* Your organisation’s experience, readiness, and capacity to support an APNE service
* the pre-requisite skills APNE trainees will need to complete the program under the supervision of a supporting medical consultant
* the ongoing professional development and credentialling requirements of APNE recruited to these roles.
* governance arrangements and structures to support trainees and APNE *(Advanced practice committees, experienced in supporting other multidisciplinary advanced practice roles are well suited to co-ordinating educational, project management and policy development requirements).*
* the simultaneous executive, surgical services, medical, nursing, and allied health support and commitment required to address the system and cultural barriers associated with workforce reform of this type.
* how your health service will develop a sustainable, multidisciplinary team-based approach to service delivery.

**Appendix 1** is an *Organisational Readiness Checklist* based upon a version developed by Austin Health.

The Department recommends that you complete this document as a first step towards developing an APNE workforce and implementation of a service model, to meet the needs of your organisation and the Victorian community.

**APPENDIX 1 - Organisational readiness checklist**

This checklist is a tool to assist health services to review their status and monitor their progress against the criteria established to determine organisational readiness and capacity to provide a nurse endoscopy service.

|  | **Yes** | **No** | **Notes** | **Review date** |
| --- | --- | --- | --- | --- |
| **Commitment to establish a Nurse Endoscopy (NE) service** | | | | |
| The health service has established the need for a NE service and identified the benefits for the organisation, staff, and consumers. | | | | |
| The health service has a documented business case that addresses the future demand for public endoscopy services, access and productivity issues and analyses the benefits of a NE service to the organisation, its staff, patients and other parts of the health system. |  |  |  |  |
| The health service has developed a service delivery model for the NE service | | | | |
| The health service has a documented business case that outlines:   * the type and level of clinical services that can be safely provided by the organisation * a model of service delivery that clearly outlines the elements of the service * the nature of the support required within the health facility for a NE service, including staffing profile and structure, facilities, equipment, support services and minimum safety standards * a change management plan for introducing a NE service which considers the timeframes required for cultural change and the processes around providing endoscopy services * the proposed role of the nurse endoscopist based on organisational need and capability, evidence-based criteria on competence and performance and established training and experience. |  |  |  |  |
| The health service is committed to providing a NE service that is sustainable over the longer term | | | | |
| Health service has undertaken to provide ongoing employment to NE trainees and support the transition to independent colonoscopy lists, once the nurse endoscopist is qualified. |  |  |  |  |
| The health service has a clear process for ongoing data collection and evaluation that will provide evidence of the sustainability of the NE service in the longer term. |  |  |  |  |
| The health service has established the clinical governance structures and arrangements required to support a NE service | | | | |
| The health service has a clear process for establishing an accreditation and peer review committee that includes nursing representation that will:   * oversee the quality and safety of the procedures performed within the unit * undertake the credentialing and re credentialing of nurse endoscopists * oversight the NE trainee’s involvement in clinical audits, peer review activities and continuing education programs since the previous declaration * review the NE trainee’s activity logbook or a summary of clinical activity undertaken over specified period and where available, objective data on the outcomes of that clinical activity. |  |  |  |  |
| The health service has identified and engaged relevant stakeholders required to support a NE service | | | | |
| The health service has a documented business case that includes arrangements for engaging and maintaining stakeholder involvement in the establishment and operation of a NE service (e.g. site steering committee). |  |  |  |  |
| The health service’s NE project governance arrangements include key internal stakeholders. |  |  |  |  |
| **Capacity to provide and support training of NE trainees** | | | | |
| The health service has the physical facilities and equipment required for the supervised clinical practice for NE trainees | | | | |
| The health service can ensure endoscopy training lists are undertaken in a day surgery or endoscopy centre with timely access to an acute hospital that provides intensive care or emergency service if required. |  |  |  |  |
| The physical facilities and equipment provided by the health service are compliant with the minimum [GESA *Standards for Endoscopic Facilities and Services*](https://www.gesa.org.au/public/13/files/Education%20%26%20Resources/Clinical%20Practice%20Resources/Endoscopy%20Standards/Endoscopy_Standards.pdf)and specific state regulations. |  |  |  |  |
| The health service can ensure NE trainees have access to equipment required for training including scope guide and insertion simulator model (e.g. via College of Surgeons). |  |  |  |  |
| The health service can provide the supervised clinical practice for NE trainees | | | | |
| The health service can provide at least two medical practitioners to supervise and assess the NE trainee. The medical practitioners are to have:   * completed or are willing to complete the Train the Colonoscopist Trainer course, early in the NE Program * dedicated training, supervision, assessment, and mentoring time for NE trainees. |  |  |  |  |
| The health service can provide each NE trainee with at least two training colonoscopy lists per week (four patients per list compared to a ‘standard’ colonoscopy list of 6-8 patients) and has supporting organisational processes such as patient triage and allocation to direct appropriate patients to the NE list. |  |  |  |  |
| The health service can provide NE trainees with access to pre and post procedure clinics and clinical, pathology and other relevant meetings within the gastroenterology or colorectal surgical unit. |  |  |  |  |
| The health service provides employment and appropriate support for NE trainees | | | | |
| The health service can employ NE trainees in a 0.5 EFT to 0.8 EFT position. This provides health services with flexibility around the provision of project management and/or administrative support for the NE role.  The **minimum** employment time for the NE trainee position is 0.5 EFT. |  |  |  |  |
| The health service can provide NE trainees with the opportunity to complete the theoretical component of NE Skills Training Program. |  |  |  |  |
| The health service can provide NE trainees with access to office space, computer and other resources. |  |  |  |  |
| The health service can ensure NE trainees participate in training and any communities of practice that may emerge. |  |  |  |  |
| The health service is to ensure project management skills are available to support the establishment phase of a NE service | | | | |
| The health service can provide dedicated project time to establishing and providing a NE service. This may be incorporated as part of the NE trainee EFT and should be explicitly recognised as such. Project EFT will be in addition to the NE trainee’s **minimum** employment time of 0.5 EFT. |  |  |  |  |
| The health service has a documented record of undertaking successful projects that required well developed project management skills. |  |  |  |  |
| The health service has established policies and procedures to obtain patient consent for endoscopy procedures undertaken by NE trainees | | | | |
| Health service has a clear process for obtaining informed consent from patients for endoscopy procedures undertaken by NE trainees. |  |  |  |  |
| Health service has a clear process for training NEs to obtain informed consent from patients in accordance with GESA *Standards for Endoscopic Facilities and Services* and specific state regulations. |  |  |  |  |
| The health service has a strong supportive culture of training and professional development for staff | | | | |
| The health service has a documented record of providing ongoing training of medical, nursing, administrative and other staff within its organisation and appraising the competence of staff following training prior to unsupervised practice. |  |  |  |  |
| Establishing a NE service aligns with strategic objectives of the health service and its Statement of Priorities. |  |  |  |  |
| **Organisational commitment to workforce reform** | | | | |
| The preparedness of the health service to reform ‘on behalf of the system’ and drive national and state-wide transferability of the new workforce model | | | | |
| The health service has previously piloted or successfully introduced an advanced practice nursing and/or allied health role to deliver key services currently undertaken by medical clinicians. |  |  |  |  |
| There is strong, simultaneous executive support and medical and nursing clinician led support and commitment to address the system and cultural barriers associated with workforce reform | | | | |
| The health service has identified medical and nursing champions or sponsors who are considered clinical leaders within the unit and /or organisation. |  |  |  |  |
| The health service has obtained the support of a group of medical practitioners within the gastroenterology unit or colorectal surgical unit. |  |  |  |  |
| The health service has the explicit, informed and documented support and commitment of the CEO and executive for a NE service and has an identified Executive Sponsor. |  |  |  |  |
| The preparedness of the health service and gastroenterology/surgical unit to undergo organisational change | | | | |
| The health service is stable and not undergoing a period of significant organisational change. |  |  |  |  |
| The health service and the gastroenterology/ surgical unit have established change management processes and documented past record of successful service and workforce redesign and innovation. |  |  |  |  |
| The industrial framework is supportive of advanced practice nursing role and facilitates implementation. |  |  |  |  |
| The willingness of executive staff, medical and nursing clinicians and surgical services staff to learn with and accept support from others including health services, the Department, training organisations, consumers and carers | | | | |
| The health service has a successful documented record of working in partnership and collaboration with other health services, professional bodies, educational institutions and consumers and carers in service and workforce redesign and innovation projects. |  |  |  |  |
| The health service has a good working relationship with the Department of Health. |  |  |  |  |

**Signed:**

**Date:**

**Chief Executive Officer**

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