Attachment 1: Providers and responsibilities for Quality Statement

The guidance on roles and responsibilities of clinicians involved in colonoscopy, set out in Attachment 1, are consistent with codes of conduct of health professionals including *Good Medical Practice: A Code of Conduct for Doctors in Australia*. Senior clinicians have primary responsibility for the oversight and coordination of the processes of patient care and the outcome of care including the patient's experience, even when some care tasks are delegated to other clinicians.

Colonoscopists have primary responsibility for ensuring the appropriateness of a colonoscopy, including:

- shared decision making
- informing patients of risks and benefits of procedures
- assigning clinical priority
- assessing and preparing patients for a colonoscopy
- performing the procedure and any required follow-up.

Key: - not responsible; **+/-** may or may not be responsible depending on the type of service; **+** responsible for part of the process; **++** primarily responsible

Responsibilities	Referring general practitioner	Colonoscopist		Sedationist*		Nurse (non-proceduralist)		Health service administration	
		Public	Private	Public	Private	Public	Private	Public	Private
1. Initial assessment and referral									
When a patient is referred for consideration of colonoscopy, the referring clinician provides sufficient information for the receiving clinician to assess the	++	-	-	-	-	-	-	-	-

appropriateness, risk and urgency of consultation.									
The receiving clinician or service allocates the patient an appointment according to their clinical needs.	-	++	++	-	-	-	-	++	-
2. Appropriate and timely colonoscopy									
A patient is offered timely colonoscopy when appropriate for the investigation of signs or symptoms of bowel disease, surveillance or screening, as consistent with national evidence-based guidelines. Decisions are made in the context of the patient's ability to tolerate the bowel preparation and colonoscopy, and their likelihood of benefit. If colonoscopy is not appropriate, the receiving clinician advises the patient and their referring clinician of alternative recommended management.	-	++	++	-	-	-	-	++	+/-
3. Informed decision making and consent									
Before starting bowel preparation, a patient receives comprehensive patient-appropriate information about bowel preparation, the colonoscopy, and sedation or anaesthesia. The patient has an opportunity to discuss the reason for the colonoscopy, the risks, benefits, financial costs and alternative options before deciding to proceed. Their understanding is assessed, and the information provided and their consent to	-	++	++	+	+	+	+	+	+/-

sedation, colonoscopy and therapeutic intervention is documented.									
4. Bowel preparation									
A patient booked for colonoscopy receives a bowel preparation product and dosing regimen individualised to their needs, comorbidities, regular medicines and previous response to bowel preparation. The importance of good bowel preparation for a quality colonoscopy is discussed with the patient. They are provided with consumer-appropriate instructions on how to use the bowel preparation product and their understanding is confirmed.	**-**	**++**	**++**	**-**	**-**	**-**	**-**	**+**	**+/-**
5. Sedation									
Before colonoscopy, a patient is assessed by an appropriately trained clinician to identify any increased risk, including cardiovascular, respiratory or airway compromise. The use of sedation is planned accordingly. The risks and benefits of sedation are discussed with the patient. Sedation is administered and the patient is monitored throughout the colonoscopy and recovery period in accordance with Australian and New Zealand College of Anaesthetists guidelines.	**-**	**-**	**-**	**++**	**++**	**-**	**-**	**+**	**+**
6. Clinicians									
A patient's colonoscopy is performed by a credentialed clinician working within their scope of clinical practice, who meets the	**-**	**++**	**++**	**++**	**++**	**+**	**+**	**++**	**++**

requirements of an accepted certification and recertification process. Sedation or anaesthesia, and clinical support are provided by credentialed clinicians working within their scope of clinical practice.									
7. Procedure									
When a patient is undergoing colonoscopy their entire colon – including the caecum – is examined carefully and systematically. The adequacy of bowel preparation, clinical findings, biopsies, polyps removed, therapeutic interventions and details of any adverse events are documented. All polyps removed are submitted for histological examination.	-	++	++	-	-	-	-	+	+
8. Discharge									
Following recovery and before discharge, the patient is advised verbally and in writing about the preliminary outcomes of the colonoscopy, the nature of any therapeutic interventions or adverse events, when to resume regular activities and medicines, and arrangements for medical follow-up. The patient is safely discharged into the care of a responsible adult, in accordance with Australian and New Zealand College of Anaesthetists guidelines.	-	++	++	+	+	+	+	+	+
9. Reporting and follow-up									
The colonoscopist communicates the reason for the colonoscopy, its findings, any	-	++	++	-	-	-	-	+	+

histology results and recommendations for follow-up in writing to the general practitioner, any other relevant clinician and the patient. This information is recorded in the facility records and other electronic shared record management systems to enable accurate follow-up by other clinicians. Recommendations for surveillance colonoscopy, if required, align with national evidence-based guidelines. If more immediate treatment or follow-up is needed, the colonoscopist makes appropriate arrangements.	

*May be an anaesthetist or a non-anaesthetist sedationist. Note that Responsibilities may differ in some models of care according to scope of practice e.g Endoscopist-Directed Nurse-Administered Propofol Sedation.