

Colonoscopy Clinical Care Standard

Information for healthcare services

About the *Colonoscopy Clinical Care Standard*

The *Colonoscopy Clinical Care Standard* aims to ensure the safe and appropriate use of colonoscopy and to maximise patients' likelihood of benefit from the procedure while reducing their risk of avoidable harm. It relates to the care of adult patients undergoing colonoscopy for screening, diagnosis, treatment or surveillance. The *Colonoscopy Clinical Care Standard* covers the period from when a patient is referred for consideration of colonoscopy through to discharge, including planning for follow-up care.

The *Colonoscopy Clinical Care Standard* contains nine quality statements that describe the care that should be provided to people undergoing a colonoscopy.

It includes a set of indicators to support healthcare services to monitor how well they are implementing the care recommended in this clinical care standard and to support local quality improvement activities.

This information sheet describes what the quality statements mean for healthcare services and lists the indicators.

The definitions required to collect and calculate indicator data are specified online at: meteor.aihw.gov.au/content/803424.

Monitoring the implementation of this Clinical Care Standard will help organisations to meet some of the requirements of the National Safety and Quality Health Service (NSQHS) Standards.

Quality statement 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.

Healthcare services supporting referrals

Use consistent processes to ensure that referrals are accurate and comprehensive to enable assessment and prioritisation. Use an appropriate template, preferably electronic. See the Commission's [Colonoscopy Referral Information](#) for further information.

Healthcare services receiving, allocating or prioritising referrals

Ensure that clear referral guidelines are available for referring clinicians, identifying the type and format of clinical information required. Ensure that processes support the provision of services according to the patient's clinical priority. Using agreed, standardised templates, preferably electronic, can assist the communication of important information between referring clinicians and colonoscopy services.

For open-access services, processes and procedures should ensure adequate consideration of the patient's comorbidities, current medications, risks and suitability for the procedure and:

- Include a process to assess the suitability of the patient for a direct-access procedure
- Include a process to obtain the patient's relevant information, including the dates and findings of previous colonoscopies
- Provide the opportunity for contact between the patient and a suitably trained clinician (including a registered nurse or nurse practitioner) before the day of the procedure to enable the patient to ask questions about the procedure, including about potential risks, benefits, and bowel preparation; this may be via telehealth when appropriate.



Cultural safety and equity for Aboriginal and Torres Strait Islander people

Explain the rationale for assessment, tests and interventions to the patient and their family, carer, or support people in a culturally safe way.

Recognise and address potential barriers to people accessing care, such as language differences or being from a remote or disadvantaged community (see Communication and person-centred care in the Standard for further information).

Consider actions to help reduce wait times and streamline referrals, such as:

- Ensure processes to capture and to act on identification data
- Ensure referrals and service intake processes provide an opportunity to self-identify
- Provide culturally appropriate and codesigned information resources (in local language as appropriate) and the opportunity to have questions answered with a trusted health professional

- Develop streamlined referral pathways, particularly for those from rural or remote communities, and liaise with primary care clinics including ACCHOs to ensure travel arrangements are in place.

Quality statement 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.

Ensure that policies and processes support the timely and appropriate provision of colonoscopy. This includes:

- Supporting and promoting clinicians' use of national evidence-based guidelines, including Cancer Council Australia's *Clinical practice guidelines for the prevention, early detection and management of colorectal cancer* and *Clinical practice guidelines for surveillance colonoscopy*
- Supporting and encouraging clinician participation in quality improvement and peer-review processes.

For healthcare services that receive referrals, ensure that policies and procedures for triage and scheduling of colonoscopy appointments for bowel cancer-related indications reflect guideline recommendations from the Cancer Council Australia in regard to timeliness of follow-up or investigation. Consider state and territory-based colonoscopy categorisation criteria, such as NSW Agency for Clinical Innovation's [NSW colonoscopy categorisation](#) and Victoria Department of Health's [Colonoscopy categorisation guidelines](#), as relevant to the setting.

Indicator for local monitoring

Indicator 2a: Evidence of a locally approved policy that ensures the timely and appropriate provision of colonoscopy.

The locally approved policy should specify the processes to:

- Ensure that the referring clinicians are informed of the referral process for colonoscopy and the information required in a referral
- Support the provision of colonoscopies according to the patient's clinical priority
- Triage and schedule patients with bowel cancer-related indications in line with national evidence-based guidelines
- Monitor adherence to the locally approved policy.

METEOR link: meteor.aihw.gov.au/content/803426

More information about this indicator and the definitions needed to collect and calculate indicator data can be found online at the above METEOR link.

Quality statement 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.

Ensure that clear, written information is available to patients for all aspects of the colonoscopy for which the health service organisation is responsible. This may include information about bowel preparation, the colonoscopy and associated sedation or anaesthesia.

When consent is being obtained, ensure protocols and procedures enable patients to receive adequate information to inform their decision, are supported to ask questions, and provide consent before the start of bowel preparation. Ensure interpreter services are accessible, and their use is supported. Ensure policies and procedures support the principles and practices of informed consent and appropriate documentation.



Cultural safety and equity for Aboriginal and Torres Strait Islander people

Provide written and visual information in a way which reflects the literacy, language and cultural needs of the individual patient and builds understanding, engagement and empowerment. Written material for Aboriginal and Torres Strait Islander populations should be developed in partnership with the community and people with expertise in Aboriginal and Torres Strait Islander health issues.

Include family, kin, community members or other trusted healthcare providers in discussions, if the patient desires this. Allow time to build rapport and trust. Consider the need for multiple appointments and methods of communication. Explore and address any concerns or stigma associated with the potential diagnosis, such as for cancer.

Quality statement 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.

Ensure that policies and procedures support best practice for bowel preparation. Support patients by enabling access to information about bowel preparation. Healthcare services with responsibility for providing bowel preparation and advice should ensure processes to:

- Provide clear, written patient information about the bowel preparation procedure
- Provide access to interpreter services or translated materials

- Provide a telephone number for enquiries patients may have during bowel preparation
- Enable clinical staff to periodically review and approve patient information.

Where relevant to the facility, ensure policies support providing extra assistance to patients who are unlikely to manage bowel preparation independently, including overnight admission if needed.



Cultural safety and equity for Aboriginal and Torres Strait Islander people

Provide culturally appropriate written and visual instructions on what to do for bowel preparation before a colonoscopy.

Allow time to yarn about why it is needed and what to expect and consider any complicating factors (such as living arrangements or the need to travel).

Quality statement 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.

Sedation and anaesthesia should be provided in accordance with current ANZCA recommendations such as the *Guideline on procedural sedation (PG09)*, *Guideline for the perioperative care of patients selected for day stay procedures (PG15)* and *Position statement on informed consent for anaesthesia or sedation (PS26)*.

Ensure that local policies and procedures are in place, and services adequately resourced, to implement the ANZCA guidelines. Policies should ensure that pre-sedation assessment is carried out by appropriately trained clinicians to identify patients who are not suitable for intravenous sedation in the absence of an anaesthetist, and to plan for sedation accordingly. Policies should include arrangements for providing colonoscopy without sedation where the managing colonoscopist has assessed this as clinically appropriate for the patient and it is the patient's preference.

Ensure that clinicians who administer sedation or anaesthesia for colonoscopy are credentialed by the health service organisation and are operating within their defined scope of clinical practice. Ensure that clinicians maintain their skills by participating in ongoing professional development and review of performance. Ensure sedationists achieve the Safe Sedation Competencies as described by ANZCA. Implement and ensure compliance with policies and procedures for the safe supervision of trainees, where relevant to the facility.



Cultural safety and equity for Aboriginal and Torres Strait Islander people

Involve Aboriginal and Torres Strait Islander Liaison Officers or Aboriginal and Torres Strait Islander Health Practitioners and Workers where available to address potential concerns about sedation.

Quality statement 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.

Identify credentials that are required for clinicians to perform colonoscopy or provide sedation or anaesthesia for patients undergoing colonoscopy, and ensure credentialing processes are adequate, as set out in *Credentialing health practitioners and defining the scope of clinical practice: A guide for managers and practitioners*.

For clinicians performing colonoscopy, identify accepted certification and recertification processes according to their clinical speciality and professional body and use this when credentialing clinicians and defining their scope of clinical practice. For trainee colonoscopists working towards certification, implement and ensure compliance with policies and procedures for the safe supervision of trainees. Ensure that non-anaesthetist clinicians who provide sedation fulfil the training and competencies outlined in the Safe Sedation Competencies and are targeting an appropriate level of sedation (minimal to moderate sedation), as described in ANZCA's *Guideline on procedural sedation (PG09)*. Support participation by clinicians in peer-review activities.



Cultural safety and equity for Aboriginal and Torres Strait Islander people

Ensure clinicians proactively reflect on their assumptions and biases, and provide care that is holistic, culturally safe, and free of discrimination and racism (see recommendations at Building culturally safe systems in the Standard).

Quality statement 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.

Establish procedures to collect and periodically monitor the quality of colonoscopies at the service level, including caecal intubation, adenoma detection rate, sessile serrated lesion detection rate and adequacy of bowel preparation. Review and share organisation and

clinician-level data findings with clinicians as part of quality monitoring and clinical quality improvement activities (such as clinical review meetings). Ensure that the number of patients booked on each list enables the colonoscopist to undertake a careful and systematic examination of each patient's colon. Review list sizes periodically as part of procedures to monitor the quality of colonoscopies at the healthcare service. Ensure a process is in place to act promptly and effectively on any results suggesting substandard quality.

Provide systems that require and support colonoscopists to maintain accurate records of the colonoscopy. This includes the adequacy of bowel preparation, biopsies taken, polyps removed and retrieved, all diagnostic and therapeutic interventions, details of any adverse events and procedure duration. Ensure complications and adverse events of colonoscopy are reported and monitored in the organisation's incident management system and other relevant systems and investigated appropriately.

Ensure that the standard of equipment provided for colonoscopy supports safe, high-quality colonoscopy, including for visualisation and photodocumentation. Ensure that organisational policies and procedures support the assessment of technology and equipment used for colonoscopy to identify the benefits and consequences of use, and appropriate clinical governance.

Artificial intelligence

Governance for safety and quality in the use of artificial intelligence (AI) in health care is rapidly evolving, with guidelines and regulations regarding safety, effectiveness, security and ethical considerations of new AI technologies emerging or under consideration. While some current organisational policies for assessment of new clinical technologies may include assessment of AI, guidance on the requirements for safe and effective use will continue to evolve and health services may need to assess whether policy allows adequate evaluation of AI. Currently, health services and clinicians are advised to consider ethical considerations outlined by relevant organisations.

Indicator for local monitoring

Indicator 7a: Proportion of patients who had a colonoscopy whose bowel preparation was adequate using a validated assessment tool.

METEOR link: meteor.aihw.gov.au/content/803428

Indicator 7b: Proportion of patients who had a colonoscopy whose entire colon was examined to the caecum and/or terminal ileum.

METEOR link: meteor.aihw.gov.au/content/803430

Indicator 7c: Proportion of patients who had a colonoscopy that detected one or more adenoma(s).

METEOR link: meteor.aihw.gov.au/content/803432

Indicator 7d: Proportion of patients who had a colonoscopy that detected one or more sessile serrated lesion(s).

METEOR link: meteor.aihw.gov.au/content/803434

More information about the indicators and the definitions needed to collect and calculate them can be found online in the above METEOR links.

Quality statement 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.

Ensure that policies and procedures for monitoring, supervising and discharging patients align with current recommendations for post-operative care following sedation or anaesthesia (for example, ANZCA's *Guideline for the perioperative care of patients selected for day stay procedures* [PG15]).

Ensure that procedures are in place for discharging patients into the care of a responsible adult. Exceptions to post-sedation supervision by a responsible adult and transport to their discharge destination (excluding driving or public transport) should be based on the clinical judgement of the clinician managing sedation. Exceptions should take into account the depth of sedation and be in accordance with ANZCA guidelines.

Provide written instructions about early post-procedure care and resumption of normal activities, including medicines. Ensure that there is a response plan for patients in the event of problems arising post-discharge. Provide patients with discharge information, including specific health service contact details after hours.

Pre-admission procedures should identify patients who genuinely cannot identify a responsible adult to accompany them home and stay with them overnight and allow for suitable arrangements to be made, according to their risk. Policies should allow for extended recovery periods and overnight admission, if needed, for patients who have comorbidities and cannot be cared for adequately at home in the immediate period post-discharge or who do not meet discharge criteria (as appropriate to the type of facility).



Cultural safety and equity for Aboriginal and Torres Strait Islander people

Ensure that information given to patients is provided in a way that the patient understands and is culturally safe. Allow time for explanation and questions. Use plain language and visual aids where appropriate. Involve family or kin, Aboriginal and Torres Strait Islander Liaison Officers and translators where needed.

Quality statement 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.

Ensure that policies and procedures clearly delineate responsibilities for managing patient recall and follow-up for the colonoscopist, the health service and the GP. Ensure that policies and procedures for information management and communication reflect these arrangements. To ensure complete reporting of colonoscopy, policies should:

- Include arrangements for the reporting of all histology results if any tissue was removed, regardless of the histological findings
- Ensure surveillance intervals are updated based on histology results
- Ensure histology results, updated surveillance intervals and other recommendations are uploaded to the facility records and other shared record systems such as the My Health Record
- Ensure the colonoscopy report, histology outcomes and surveillance intervals are provided to referring clinicians (GPs), other relevant clinicians and the patient
- Support reporting to the National Cancer Screening Register for patients referred through participation in the National Screening Program.

Ensure systems are in place for the prompt communication and management of histologically confirmed colorectal cancer or high-risk lesions. Support and promote clinicians' use of national evidence-based guidelines, such as the Cancer Council Australia's *Clinical practice guidelines for the prevention, early detection and management of colorectal cancer* and *Clinical practice guidelines for surveillance colonoscopy*, when making recommendations for future surveillance and follow-up.



Cultural safety and equity for Aboriginal and Torres Strait Islander people

Ensure documentation, including results, follow-up and future management, is provided to the referring primary healthcare provider or ACCHO in a timely fashion.

Ensure clinicians have sufficient cultural competence to support Aboriginal and Torres Strait Islander peoples' participation in bowel cancer prevention and treatment and use culturally appropriate materials.

Indicator for local monitoring

Indicator 9a: Evidence of local arrangements to ensure information about a person's colonoscopy is recorded and shared to enable accurate follow-up.

The local arrangements should specify the:

- Policy that defines responsibility for managing patient recall and follow-up
- Process to ensure all histology results for any tissue removed, regardless of the histological findings, are recorded in the patient's healthcare record, facility record and other shared electronic record systems, such as My Health Record
- Process to ensure any surveillance intervals and recommendations are revised based on histology results and updated in the patient's healthcare record, facility record and other shared electronic record systems such as My Health Record, to facilitate patient recall
- Process to ensure the colonoscopy report, histology outcomes and surveillance interval are provided to the referring clinician (GP), other relevant clinicians and the patient
- Process to support reporting to the National Cancer Screening Register for patients referred through the National Bowel Cancer Screening Program.

METEOR link: meteor.aihw.gov.au/content/803436

More information about this indicator and the definitions needed to collect and calculate indicator data can be found online at the above METEOR link.

For more information



Find out more about the Colonoscopy Clinical Care Standard and other resources for consumers, clinicians and healthcare services. Scan the QR code or use the link:

safetyandquality.gov.au/colonoscopy-ccs



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The Australian Commission on Safety and Quality in Health Care has produced this clinical care standard to support the delivery of appropriate care for a defined condition. The clinical care standard is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, when applying information contained within the clinical care standard. Consumers should use the information in the clinical care standard as a guide to inform discussions with their healthcare professional about the applicability of the clinical care standard to their individual condition.