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Gap widens for colonoscopy access across Australia

A new data report by the Australian Commission on Safety and Quality in Health Care suggests a growing disparity in colonoscopy rates according to where people live and their socioeconomic status.

Australians undergo around 1 million colonoscopies each year. Colonoscopy is a vital tool to prevent and detect bowel cancer and is recommended after a positive bowel cancer screening test or key symptoms.

While some people may only need one colonoscopy to rule out potential bowel problems, others need repeat colonoscopies to monitor the large bowel (colon) for cancer risk or recurrence.

Timing of a repeat colonoscopy depends on previous results and risk factors. If Cancer Council [guidelines](#) are followed, only a small proportion of people need a repeat colonoscopy before 3 years.

Yet the Commission's latest findings indicate some people may be having repeat colonoscopies too soon, while others may be missing out on colonoscopies altogether.

The [Atlas Focus Report: Colonoscopy](#) examines MBS-subsidised* rates of colonoscopy and repeat colonoscopy before 3 years; while an updated [Colonoscopy Clinical Care Standard](#) (2025) provides the latest guidance to ensure procedures are safe and high-quality.

The data report and updated Clinical Care Standard for colonoscopy are being launched today at the [World Congress of Gastroenterology and Australian Gastroenterology Week 2025](#) in Melbourne.

Bowel cancer is Australia's fourth most commonly diagnosed cancerⁱ, with an annual cost of \$1.7 billion.ⁱⁱ While survival rates continue to improveⁱ, mortality rates are higher outside major cities and in lower socioeconomic areas. Colonoscopy rates are consistently lower in these areas.

The report shows the national rate of repeat colonoscopy before 3 years decreased by 8% in the past decade to 2023–24. Rates fell the most in remote areas (down 26%) and areas of most socioeconomic disadvantage (down 17%).

The disparity was also seen in overall colonoscopy rates in 2023–24, which were four times as high in major cities than remote areas (2,550 compared with 633 per 100,000 people), while rates in more affluent areas were nearly double those in areas of most socioeconomic disadvantage (3,067 compared with 1,675 per 100,000 people).

* Interactive national trend data on Medicare Benefits Scheme (MBS) subsidised colonoscopy and repeat colonoscopy use, 2013–14 to 2023–24

Conjoint Professor Anne Duggan, CEO of the Commission and a gastroenterologist, said it was crucial that all Australians undergo colonoscopy at the right time, for an initial or a repeat colonoscopy.

“The Atlas Focus Report highlights a widening gap in colonoscopy rates. People living in cities and more affluent areas are having more MBS-subsidised colonoscopies than those in both rural and disadvantaged areas,” Professor Duggan said.

“Colonoscopy is one of the most powerful tools to prevent and detect bowel cancer early. We want to make sure every colonoscopy is done for the right reason, at the right time and to the highest quality.”

Updated clinical guidance to improve communication

The latest standard, which is mandatory for health services, emphasises following guidelines on who needs colonoscopy. Key changes in the standard address difficulties in accessing previous results which can lead to confusion and at times, unnecessary repeat colonoscopy. Better communication at referral and sharing of reports with patients and GPs, plus in My Health Record, are advised.

Dr Phoebe Holdenson Kimura, Medical Advisor for the Commission and a general practitioner, said more education was needed for patients to know when a colonoscopy was appropriate.

“We know that bowel cancer screening rates are lower in remote areas.ⁱⁱⁱ The same trend is reflected in our colonoscopy data, showing wide disparity between remote and city regions,” she said.

“It is important to understand the role of colonoscopy in preventing and detecting bowel cancer. You may not have cancer, but the colonoscopy might find pre-cancerous growths that can be removed. To reduce your risk, do the [bowel cancer screening](#) test if you are 45 to 74 years, and have a colonoscopy if the test is positive. After that, have repeat colonoscopies when recommended.”

Professor Ben Devereaux, gastroenterologist at Royal Brisbane and Women’s Hospital and School of Medicine, University of Queensland, said people in rural areas and those with most socioeconomic disadvantage faced challenges with access due to distance or financial constraints.

“When colonoscopy services are limited, such as in rural areas, it’s even more important that we provide services to those with greatest need. We also need to inform patients about risk and benefit.

“As health practitioners, we need to educate people about symptoms, while emphasising these don’t always mean bowel cancer. GPs have a crucial role in referring patients for colonoscopy,” he said.

“Talk with a trusted healthcare provider about symptoms if you have a change in bowel habits. Also request your colonoscopy report to know if you need a repeat in the future. If we follow surveillance guidelines, investigations with this important procedure will only be done when truly necessary.”

ENDS

More information: safetyandquality.gov.au/colonoscopy

- [Colonoscopy in Australia - infographic](#)
- [Highlights Report: Colonoscopy](#)

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About the Commission

The Australian Commission on Safety and Quality in Health Care leads and coordinates national improvements in the safety and quality of health care based on the best available evidence. By working in partnership with patients, carers, clinicians, the Australian, state and territory health systems, the private sector, managers and healthcare organisations, the Commission aims to ensure that the health system is better informed, supported and organised to deliver safe and high-quality care. [safetyandquality.gov.au](https://www.safetyandquality.gov.au)

ⁱ Australian Institute of Health and Welfare. [Cancer data in Australia](#). Canberra: AIHW, updated 9 Dec 2024
ⁱⁱ AIHW. [Health system spending on disease and injury in Australia 2022–23](#). Canberra: AIHW, updated 20 Nov 2024
ⁱⁱⁱ AIHW. [National Bowel Cancer Screening Program monitoring report 2025](#). Canberra: AIHW, updated 13 June 2025.

When to have a colonoscopy	
First Colonoscopy	Repeat Colonoscopy [^] (if required)
<ul style="list-style-type: none">positive bowel cancer screening test ('poo test')*genetic or family historysymptoms, assessed by doctor e.g. rectal bleeding, change in bowel habits, weight loss	<ul style="list-style-type: none">previous colonoscopy findings, e.g. polypsafter bowel cancer treatmentmonitoring for inflammatory bowel diseasenew symptomsgenetic risk or high risk

* Immunochemical faecal occult blood test (iFOBT) – home kit
[^]Timing depends on previous colonoscopy results and risk factors
Follow-up timing may range from a few months to 1, 3, 5 or 10 years

Source: ACSQHC