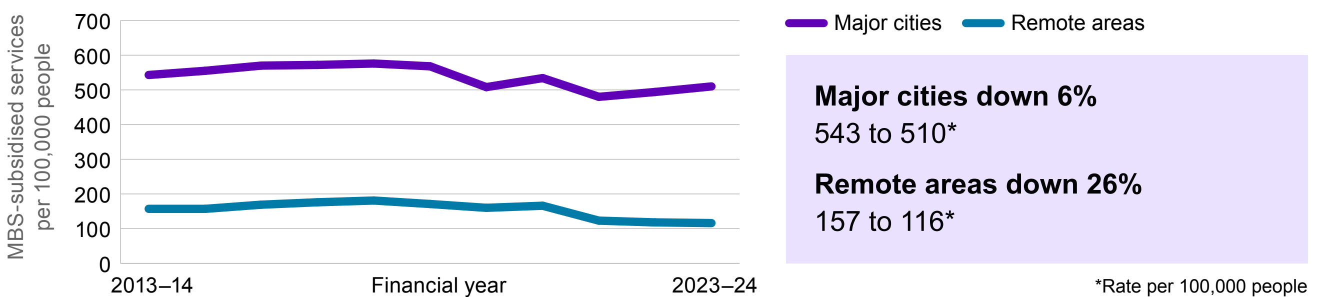
Data trends: Repeat colonoscopy before 3 years (2013−14 to 2023−24)

Over the past decade, national rates of repeat colonoscopy performed before 3 years decreased by 8% (from 500 to 460 per 100,000 people). This may reflect greater adherence to recommended surveillance intervals in some local areas.

At the same time, there was growing disparity between regions. The falls in repeat colonoscopy were much greater in remote areas and socioeconomically disadvantaged areas. Rates in these areas were consistently low over the decade.

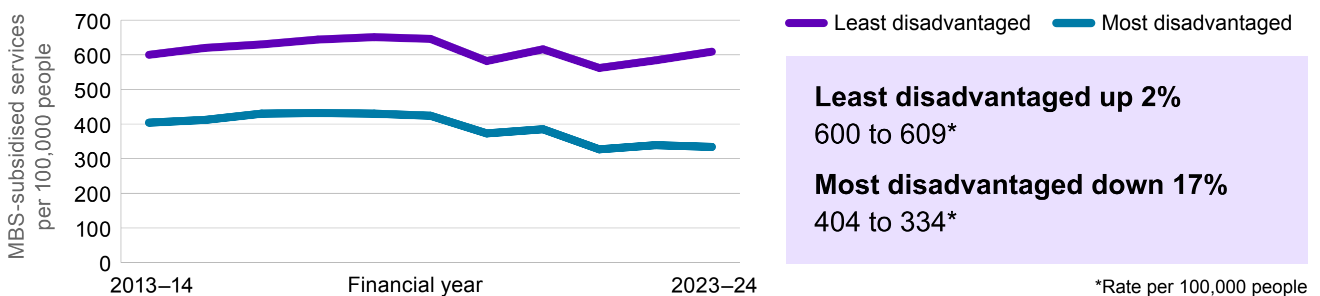
In 2023–24, the rate of repeat colonoscopy was 18 times higher in the area with the highest rate compared to the lowest, also suggesting a widening of the gap in care.

Remoteness



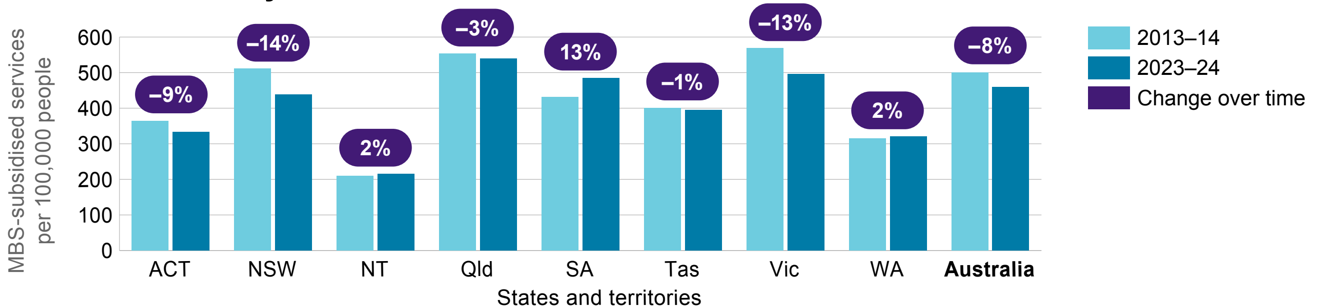
*Rate per 100,000 people

Socioeconomic disadvantage



*Rate per 100,000 people

State and territory rates



For interactive data dashboard and local area (SA3) data, see safetyandquality.gov.au/atlas-colonoscopy

Inequity of access

A lack of access to colonoscopy services in some areas may be contributing to the low rates in remote areas and in areas with the most socioeconomic disadvantage.

Where planned follow-up is necessary (based on guidelines), missing a repeat colonoscopy may result in delayed diagnosis and treatment for bowel cancer and other diseases.

What can be done

Policy makers

- Introduce consumer education programs on bowel cancer screening in underserved areas.
- Increase access to Aboriginal Community Controlled Health Organisations (ACCHOs).
- Offer financial incentives for endoscopists to work in underserved areas.
- Expand outreach programs to underserved areas.[2]
- Establish exchange programs for regional/remote endoscopists with metropolitan colleagues.

Clinical societies and colleges

- Create trainee gastroenterologist positions in underserved areas, with flexible training models if necessary.
- Offer training in colonoscopy for rural generalists, general practitioner (GP) endoscopists and nurse endoscopists.[2]

Increasing access for Aboriginal and Torres Strait Islander people

Compared with non-Indigenous Australians, Aboriginal and Torres Strait Islander people are more likely to be diagnosed with and die from bowel cancer, and have a higher rate of positive immunochemical faecal occult blood tests (iFOBTs) through the National Bowel Cancer Screening Program – yet a lower rate of follow-up with colonoscopy.[3]

This indicates Aboriginal and Torres Strait Islander people are not getting access to appropriate care.

The revised Standard includes specific new actions to improve cultural safety and equity of access for colonoscopy.

Current guidance

The *Colonoscopy Clinical Care Standard* (2025) outlines nine quality statements describing high-quality care.

1. **Initial assessment and referral**
2. **Appropriate and timely colonoscopy**
3. **Informed decision making and consent**
4. **Bowel preparation**
5. **Sedation**
6. **Clinicians**
7. **Procedure**
8. **Discharge**
9. **Reporting and follow-up**

Repeat colonoscopies performed too soon

Colonoscopies may be repeated earlier than usually recommended when:

- surveillance guidelines are not followed
- previous results cannot be accessed
- previous colonoscopy is unsuccessful (for example, due to poor bowel preparation).

The Standard

- Was first released in 2018 to ensure the safety and quality of colonoscopy nationally
- Supports evidence-based care
- Must be implemented by all health services providing colonoscopy
- Has been revised and strengthened – which includes guidance to improve information sharing and follow-up including health service indicators.

What can be done

Colonoscopists

- Locate previous reports and confirm appropriateness of colonoscopy before arranging.
- Follow the Standard's guidance for appropriate colonoscopy:
  - Align intervals with Clinical practice guidelines for surveillance colonoscopy.[1]
  - Provide colonoscopy reports (with histopathology) to be recorded in facility records.
  - Upload final reports to accessible shared electronic record management systems such as My Health Record, to enable accurate follow-up.
  - Communicate the reason for the colonoscopy, findings, histology results and recommended follow-up in writing to the person, their primary care provider and other clinicians.[4]

Health services

- Use the Self-Assessment Tool to review your service's implementation of the Standard.
- Audit surveillance colonoscopies to ensure interval recommendations are aligned with Clinical practice guidelines for surveillance colonoscopy[1] and provide feedback to clinicians.

Policy makers

- Mandate uploading of colonoscopy reports to My Health Record.
- Require justification of repeat colonoscopy intervals not aligned with guidelines to qualify for payments.

Find out more

Visit the Colonoscopy hub for more information.

References are available at Highlights Report: Colonoscopy.