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**Report highlights issues that must be addressed**

Bowel Cancer New Zealand is alarmed at new information released through the NZ Society of Gastroenterology (NZSG) workforce analysis report. A lack of gastroenterology specialists is already delaying the National Bowel Screening Programme (NBSP) but the report has highlighted that 42% of that workforce is expected to retire in the next 10 years.

Bowel Cancer New Zealand (BCNZ) spokesperson Professor Sarah Derrett says, “We have been calling for the government to increase workforce capacity since 2010 and yet nothing has been done to address these concerns. We are now in a desperate situation where there are simply not enough gastroenterology specialists to treat patients in NZ. We know people are already experiencing unacceptably long waiting times and yet no plan is forthcoming from the Ministry of Health on how this will be addressed.”

The NZSG report states that the NBSP rollout forecasts are unachievable with the current size of the GE workforce. In June the independent review of the NBSP recommended a workforce development plan. A plan many thought was already well underway. It has become clear more work on training and retention must be made a top priority.

Derrett says, “The lackluster response from the Ministry of Health to increase workforce capacity has been to train four nurse endoscopists a year. Whilst we support this initiative the numbers being trained are too small to make any real difference. It is imperative that the workforce capacity issue is addressed urgently, as crisis point is looming and there seems to be no plan in place.”

Report co-author and Associate Professor Michael Schultz says, “Increases in the prevalence of bowel cancer, inflammatory bowel disease and Hepatitis C, together with the demands of the rollout of the NBSP, are placing huge pressure on the capacity of GE specialists to deliver high quality, timely services to patients. There are simply not enough GE specialists or graduates coming through to meet current needs.”

Currently eight gastroenterology specialists are trained in NZ each year and half of them will leave to take up positions overseas. There is no requirement for DHBs to have a GE specialist, which means most regions have inadequate GE coverage.

Schultz says, “As well as the need to increase overall capacity there is a compelling need to

improve the distribution of the GE workforce to improve equity of access to good quality treatment and reduce regional, ethnic and socio-economic disparities in patient outcomes.

“We want to see NZ match the gastroenterologist/population ratio to the Australian ratio which will mean adding 51 more to match Australia, or 20 more specialists to match Scotland. This is why the likelihood that half of new GE graduates will continue to leave NZ permanently is a serious concern.”

BCNZ encourages open discussion about bowel cancer with medical professionals and avoiding ‘sitting on your symptoms’. Symptoms include:

- Bleeding from the bottom or seeing blood in the toilet after a bowel motion;
- Change of bowel motions over several weeks without returning to normal;
- Persistent or periodic severe pain the abdomen;
- A lump or mass in the abdomen;
- Tiredness and loss of weight for no particular reason;
- Anaemia.

More information on bowel cancer and BCNZ can be found at <http://www.beatbowelcancer.org.nz>

**For further information:**

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**About Bowel Cancer New Zealand**

- Bowel Cancer New Zealand (BCNZ) is a patient and family-led charity organisation.
- The registered charity was founded in 2010 by a group of people affected by bowel cancer, committed to improving bowel cancer awareness and outcomes for people with the disease.
- BCNZ aims to provide clear and up-to-date information about the disease, symptoms, what to do if diagnosed and to support patients and families affected by bowel cancer.
- The ultimate aim of BCNZ is to prevent lives being lost to this disease and to promote the national screening program rollout in New Zealand.