

Colorectal nurse specialists: taking health care forward

In recent years, the role of nurse specialists has become established in the UK. Nowhere is this more dramatic a change than in the field of colorectal surgery. It has become widely accepted that, with suitable training and adequate support, colorectal nurse specialists can manage many areas of diagnosis and treatment in the field of coloproctology, and there is a general perception of the need for expansion of their numbers. In addition, there is a need to expand the role of the nurse practitioners. Current Nursing and Midwifery Council recommendations (Duff et al, 1996; United Kingdom Central Council for Nursing, Midwifery and Health Visiting, 1997) focus on the need to extend nursing practice, provided this is supported by clear protocols.

The main political focus of colorectal nursing developments have been initiatives in early diagnosis of colorectal cancer. This has resulted in a massive expansion of nurse endoscopists. In this issue of *Hospital Medicine* Ms McCallum describes the role of the nurse endoscopist and the impact of the government 2-week rule. Government targets have increased the numbers of nurse endoscopists, but have also resulted in parallel development of other colorectal nurse specialists. Ms Wright and Dr Sun Myint describe the role of the nurse in providing support and coun-

selling during adjuvant chemotherapy and radiotherapy. Mrs Fitzgerald-Smith and colleagues describe an innovative nurse-led colorectal cancer follow-up clinic which has clearly enabled better patient satisfaction.

Although the developmental drive for colorectal nurse specialists has been mainly political and therefore focussed in the field of colorectal cancer, colorectal nurse specialists have also expanded their role in other non-colorectal cancer areas. Miss Blackwell describes how the nurse-led pelvic floor clinic can function effectively by a suitably supported nurse specialist, who has been encouraged to develop her own protocols. This has enabled the development of nurse-led therapy in the field of alteration of lifestyle and pelvic floor exercises. Finally Ms Duncan and colleagues describe the nurse specialist's role in biofeedback. In this situation, the colorectal nurse specialist is, with suitable support, providing both a diagnosis and a therapy.

CONCLUSION

The colorectal nurse specialist is here to stay, and in the future there will be an increase in the number of colorectal nurse specialists and indeed colorectal nurse consultants. These developments should be seen as important positive initiatives and must not be perceived as any threat to the medical community. Coloproctologists and gastroenterologists should welcome these initiatives and must provide proper support and training if we are to rationalize the provision of colorectal health care. **HM**

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Duff LA, Kitson AL, Seers K, Humphris D (1996) Clinical guidelines: an introduction to their development and implementation. *J Adv Nurs* **23**(5): 887-95

United Kingdom Central Council for Nursing, Midwifery and Health Visiting (1997) *Scope of Professional Practice*. United Kingdom Central Council for Nursing, Midwifery and Health Visiting, London

KEY POINTS

- The role of nurse specialists is established, especially in colorectal surgery.
- This role needs to expand.
- There is a need for suitable training, adequate support and clear protocols.