

Panui

Welcome to the latest
edition of NZgNC Panui!

NZgNC
NZNO GASTROENTEROLOGY
NURSES' COLLEGE

September 2025

We hope you will enjoy this new publication to keep you in the loop with the goings on in the committee work projects, education opportunities, and news from around the country - in little snippets for you to share with your teams. Share it, print it for your tea rooms, let us know if you have anything we can include in it to share. *It's for everyone.*

Chairperson update

Karen Kempin

Welcome to the September edition of the NZ Gastroenterology Nurses College Panui, our electronic summary of news and activities for our members.

We have been a bit quiet on the news front of late. Two of our committee members have stepped off due to work and family commitments, so we are working hard with six members getting everything done, with Facebook and the Panui on the back burner. This is my opportunity to ask you all to think about joining the committee, particularly if you are good with social media and have ideas on how we can make our profile stronger through electronic sources.

If you could help us out with this we would appreciate hearing from you through secretaryofnzgnc@gmail.com

Our annual conference in Palmerston North is shaping up well with abstracts for posters and presentations reviewed, an awesome international and national speakers program filling up and hopefully your team planning is well underway for the all-important costume for the conference dinner, with the theme of Reliving Your Youth.

In this Panui we have reproduced the opinion piece written for the NZNO Kaitiaki regarding the change to the National Bowel Screening Program, removing the age extension to 50 for Māori and Pasifika people.

Thanks to you all for your ongoing membership to our college and your dedication to your roles in the gastroenterology specialty.

Karen Kempin, Chairperson

New Zealand Society of
Gastroenterology

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New Zealand dates 2026

20th February - CHRISTCHURCH

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21st August - WELLINGTON

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Kaitiaki Nursing New Zealand – Opinion

Bowel Screening changes will leave gastroenterology nurses and doctors with more cancer diagnoses

A gastroenterology nurse leader says she “cannot fathom” Government moves to condemn more Māori and Pasifika to bowel cancer diagnosis.

One of the hardest parts of being a nurse endoscopist is having to tell a patient and their whanau about a colorectal cancer diagnosis.

I answer their questions, hold their hands, cry with them and try to help them understand the extensive path ahead of them of testing, surgery, chemotherapy and radiation. Sometimes I know that palliative care will be needed too, which means the cancer has advanced beyond cure.

Sadly, as a gastroenterology nurse endoscopist, this is often part of my work day now.

One way to avoid such a horrible diagnosis – to prevent bowel cancer – is through screening. That’s why NZ has a [National Bowel Screening Programme](#). Through screening, and then colonoscopies if there is a positive result, pre-cancerous polyps can be found and removed in the one appointment. It is fast and relatively painless. In fact, many patients say getting ready for the test is worse than the test itself.

The other important fact is that the cost of having a colonoscopy is far, far less than the cost of treating bowel cancer.

As a nurse practitioner – and chair of the Tōpūtanga Tapuhi Kaitiaki o Aotearoa – NZNO Gastroenterology Nurses’ College – my work is dedicated to early detection and saving lives, so I welcome any investment in preventative bowel screening.

So, it is hard to fathom why the Government is reallocating [\\$36 million](#) set aside to help redress a known health inequity by lowering the starting screening age for Māori and Pacific patients from 60 to 50.

This would have caught many more advanced polyps and early cancers and saved more lives. By [moving the funding](#) to instead screening the general New Zealand population from age 58 – two years earlier – we will find fewer polyps and condemn many more Māori and Pasifika people to a bowel cancer diagnosis.

The Government has done this in spite of all the evidence showing that Māori and Pacific patients aged between 50 and 60 are a high risk group – including [advice from its own health officials](#) that would have seen twice as many Māori and Pacific lives saved. In fact, [research by the Royal Australasian College of Surgeons](#) suggests more strategies are needed to boost access to colonoscopies for Māori, who access them at a far lower rate than non-Māori.

Twenty two percent of Māori who are diagnosed with bowel cancer are in their 50’s, compared to 12 percent for New Zealanders overall, according to [Bowel Cancer NZ](#) and early colorectal cancer rates for Māori are growing faster than the rest of the population, at 36 percent compared to 26 percent according to [University of Otago research](#).

Why is the Government cutting a life-saving approach?

Finding pre-cancerous colon polyps and removing them while having a colonoscopy check stops cancer developing. So why is the Government cutting a programme extension that gives early access to life-saving testing for this high-risk group? This government has instructed public health-care providers to tighten their belts and spend their limited budgets in a way that will maximise the value for the taxpayer. Yet they don’t follow their own edicts.

The government should do the right thing and reinstate the planned age extension for Māori and Pacific patients.

It should also go further and follow through with Prime Minister Christopher Luxon’s [pre-election promise](#) to bring the National Bowel Screening Programme up to the same standard as other countries we compare ourselves to. Australia and many European countries provide bowel screening to everyone from the age of 50 and New Zealand should too.

Why should nurses like me and my medical colleagues be left to pick up the pieces when a patient has to be told they have bowel cancer, when we could have stopped it earlier through screening?

The Government has condemned many more New Zealanders to hearing the worst news.

Karen Kempin, June 11 2025

Sustainability Awareness Matters (SAM) in Endoscopy at BOPDHB

At Tauranga Hospital’s Endoscopy Department, our commitment to sustainability is taking meaningful shape. As part of the Sustainability Awareness Matters (SAM) initiative, we’re making immediate, practical changes to reduce our environmental footprint while maintaining high-quality patient care.

We’ve already begun transitioning to washable and reusable alternatives across the department. Bed-cleaning cloths, absorbent sheets, surgical drapes, and towels are now laundered and reused, reducing the reliance on single-use disposables. Staff have also been encouraged to bring and use personal cups, cutting down on unnecessary waste from single-use items.

In line with this shift, we’ve removed non-essential disposables, including the routine issue of disposable underlays for all patients which was identified as high-waste.

Another focus is the appropriate use of clinical and general waste bins. Clearer signage and staff reminders ensure that items are disposed of correctly, preventing unnecessary landfill contributions. Ongoing education supports a focus in sustainability and recycling awareness in all aspects of life.

To keep patients informed and involved, we’ve updated our patient information booklet to include details about the department’s sustainability practices and how they align with the hospital’s broader environmental goals by way of

- Bringing in their own bag for their clothing
- Denture pottle
- Cases for glasses & hearing aids
- Appropriate footwear

However, the challenge continues as the health system is yet to establish a clear pathway for addressing recycling & sustainability issues especially when it comes to soft plastics. This is also compounded by most medical manufacturers who are not focused on recyclable packaging.

By making these changes together, we’re taking proactive steps toward a more sustainable healthcare system—one small action at a time.

Caroline McKeon

Endoscopy Unit, Tauranga Hospital

Gastroenterology Nurse Leaders Study Day

On Friday 1 August the annual NZNO GNC sponsored Leaders Day was held in Wellington at the Harbourside Function Centre.

This is our annual opportunity to gather gastroenterology service managers, co-ordinators and senior nurses together for education, problem solving and networking.

As we were in the capital this year, we took the opportunity to invite senior NZNO and NZNC leaders to provide us with updates on the action plans to address nursing and broader health shortfalls that are affecting both the public and private sector. It was also a chance for these leaders to hear about our problems and concerns regarding the loss of senior experienced nurses in our specialty to Australia and a general shortage of nurses with skills in endoscopic procedures. This affects a departments training burden and decreases numbers of nurses who have time and skill to move up in the PDRP process.

We also try to have presentations from within the leaders group to highlight team management and unit processes, which this year looked at PlenVu bowel preparation, staff orientation and training, recognising and managing the "big personalities" in your team and the plan for training more Nurse Endoscopists.

Given the difficult times we are experiencing now, the NZGNC committee decided to invest in our leaders and organise a Mindfulness training session, provided by Lucy Schwabe from Mindfulness Works NZ. Lucy took us through a guided mindfulness session and gave us some very helpful tips for maintaining calm and managing stress in a busy health care environment.

We plan to repeat the Leaders Day in 2026, in Christchurch in around August. Keep an eye out for advertising via email and on the NZGNC webpage.



Kerri Nuku, NZNO



Paul Goulter, NZNO



Angela Joseph, NZ Nursing Council