

# Rural Adaptive Networked Colonoscopy Service (RANCS)

*A scalable model improving equitable access to colonoscopy for rural and remote Queensland*

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## Service Problem

- In-equitable access to colonoscopy in rural and remote Australia.
- Leads to delayed colorectal cancer diagnosis and lower participation in the National Bowel Cancer Screening Program.

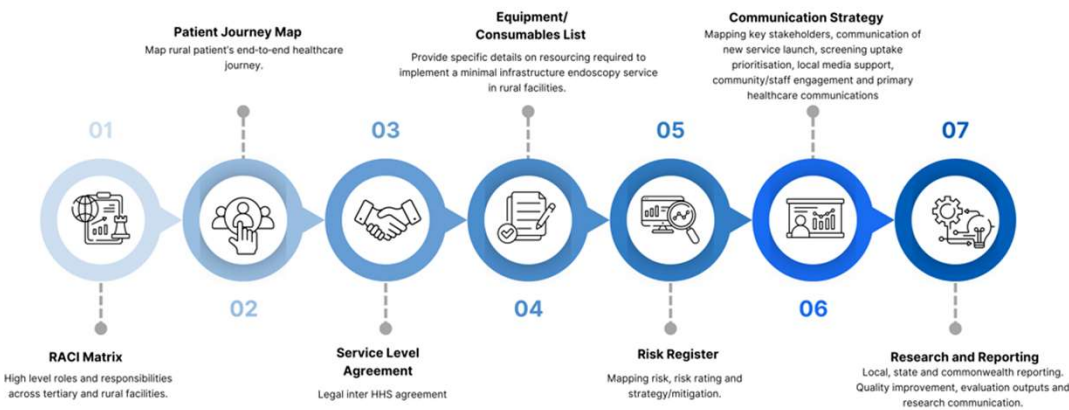


## Innovative health-system solution: Rural Adaptive Networked Colonoscopy Service (RANCS)

- Improves access to colonoscopy for rural and remote Queensland communities.
- Enables local delivery by rural generalists via structured training, credentialing, and gastroenterology-led mentorship, supported by tertiary hospital governance.
- Uses off-site endoscope reprocessing.
- Upskills and optimises local health staff
- Addresses infrastructure and workforce barriers.



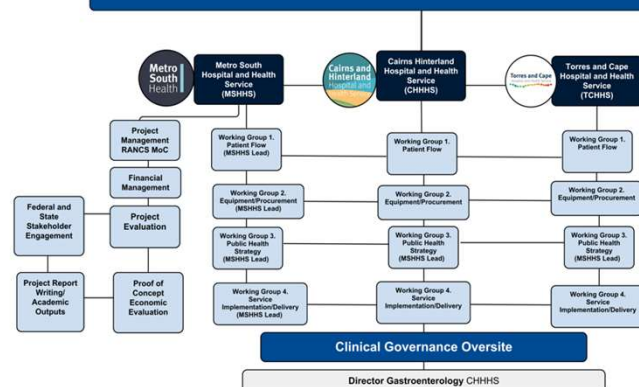
## RANCS Planning & Reporting Workflow



## Objectives of RANCS Pilot

- Design and implement a rural generalist-led, low volume colonoscopy model with tertiary governance and off-site endoscopy reprocessing.
- Assess feasibility in a remote hospital setting.
- Evaluate implementation outcomes: protocol adherence, governance, activation time and system integration.
- Assess safety and operational viability via routine surveillance and audit.
- Inform broader adoption in similar low-volume, remote settings.

## RANCS Networked Governance Structure



## Outcomes of RANCS Pilot

- RANCS pilot confirmed feasibility of a rural generalist-led, low-volume colonoscopy service in a remote hospital.
- Implemented within 113 days from site assessment to first procedure, demonstrating practicality of the staged protocol.
- Co-designed protocol delivered with high fidelity, supported by audit and feedback.
- All core components established pre-launch: readiness assessment, training and credentialing, tertiary governance, outsourced reprocessing, and standardised pathways.
- Service delivered as planned: six lists completed, 35 patients treated.
- Model accepted by clinicians, integrated into existing infrastructure, and increased referrals – indicating unmet need and scalability to other rural settings.

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