We appreciate your thoughtful comments about our recent publication on nurse practitioner (NP) performance of colonoscopy. We would like to assure you and all readers that there was fair selection and informed consent for all of the individuals involved in this study.

Of importance to note, this was a retrospective study. The NPs were formally trained, deemed competent, and fully credentialed by our institution and the Maryland Board of Nursing to perform colonoscopies independently prior to the initiation of the study. Therefore, the participants were not subject to an experimental group. Rather, the goal of this study was to evaluate NP performance in colonoscopy following training to demonstrate whether they met quality standard metrics proposed by professional gastroenterology societies, which in this case, they did.

It is also worth noting that Dr. Anthony Kalloo, who developed the NP endoscopy training program at Johns Hopkins and co-authored our paper, is himself African American. His intentions were always to better serve his local community, not to exploit them.

Finally, we would like to bring to mind the potential for professional bias when proposing a “two-tiered system” in regard to NPs performing colonoscopy. This statement passes judgement on title rather than competence, making the assumption that care from an NP is inferior to that of a physician. In our study, the NPs adhered to training guidelines set forth by professional gastroenterology societies and achieved the same national metrics for safety and effectiveness set for gastroenterologists performing screening colonoscopies. Our current focus should be on working together to find effective strategies to meet the rising demands for colorectal cancer screening to better serve the health of our communities and improve access to preventative care for our patients.

Competing interests

The authors declare that they have no conflict of interest.