Guest editorial

Enterostomal therapy education: are we truly shaping the future we advocate?

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Enterostomal Therapy (ET) was born from practice, but it was consolidated through education.[1] This is not merely a historical statement - it is a contemporary warning that must not be overlooked by ET nurses worldwide.

At a time when healthcare systems face increasing pressures, structural inequalities and ever-growing complexity, an uncomfortable yet necessary question arises: are we truly preparing professionals for the real world of care?

The World Council of Enterostomal Therapists® has, throughout its history, played a central role in building global educational standards in Enterostomal Therapy Nursing, maintaining its position as the guardian of the specialty's educational benchmarks. Through the ETNEP (Enterostomal Therapy Nursing Education Programs) and REP (Recognition of Education Programs) guidelines, WCET™ has established a structured recognition model that goes far beyond document review, aiming to ensure quality, consistency and safety in the education of specialists.[2.]

However, guidelines alone do not transform practice. Their impact depends on the understanding of their importance by professionals and educational and healthcare institutions, as well as on the active engagement of all those involved in the process.

The WCET™ recognition process involves rigorous evaluation of educational projects and curricula, balance between theory and practice, faculty qualification, analysis of clinical practice settings and, fundamentally, on-site visits conducted by experienced evaluators - members of the WCET™ Education Committee. This is a process that not only certifies programs but also guides, strengthens and sustains the development of Enterostomal Therapy across diverse global contexts.

It is at this point that education ceases to be an abstract concept and becomes a structured, measurable and, above all, transformative practice. In light of this model, recent data from the Education Committee gain real meaning.

Between 2024 and 2026, the WCET™ Education Committee brought together 53 specialists from 22 countries across five continents, a representation that goes far beyond symbolism, reflecting a genuine effort to build a truly global and participatory educational framework. During this period, multiple programs were evaluated, reaccredited, monitored and hundreds of new professionals were certified.

The numbers are significant. But they are not enough. Because the true impact of education lies not in the number of certificates issued but in the quality of care delivered to individuals living with ostomies, wounds or continence conditions. And it is precisely here that our greatest challenge and our greatest commitment resides.

The global expansion of Enterostomal Therapy brings an inevitable tension: how do we grow without diluting quality? How do we expand access to education without compromising depth of learning? How do we ensure that internationally recognised programs truly prepare professionals for diverse and often challenging clinical realities?

The answer does not lie in lowering standards but in strengthening them with intelligence and responsibility.

The history of Enterostomal Therapy teaches us that the specialty's most consistent advances have always been grounded in rigor, ethical commitment and strong integration between theory and practice.[2] Ignoring this legacy in the name of expansion would not only be a mistake - it would be a step backward. At the same time, remaining static in the face of contemporary transformations is not an option.

New educational models are emerging. Innovative proposals challenge traditional formats. Technologies are expanding access to knowledge and enabling more efficient care. Increasingly, we are called to rethink not only what we teach, but how we teach. Yet innovation without criteria is a big risk. And tradition without evolution is stagnation.

The balance between these forces will be decisive for the future of Enterostomal Therapy Nursing.

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Initiatives such as global webinars, the creation of working groups and the strengthening of active member participation represent important progress. They expand access, foster exchange of experiences and contribute to building an international learning community.

Still, we must go further. We must ensure that every program recognised by WCET™ is not only technically sound, but educationally transformative. That every clinical placement offers meaningful, real world learning experiences. That every student is challenged to think critically, make decisions and act with technical competence, ethical responsibility and deep respect for the needs of each person under our care.

Because educating specialists is not about transmitting content. It is about shaping clinical judgment. It is about forming responsibility and commitment to life.

The future of Enterostomal Therapy will not be defined solely by guidelines or certifications. It will be defined by the ability of its professionals to respond, with competence and sensitivity, to the needs of those they care for.

And that, inevitably, begins with education. The question, therefore, is not whether we are advancing. It is whether we are going in the right direction.

The answer will not emerge solely from guidelines, consensus documents, reports or indicators. It will be revealed in daily practice, in the consistency of the educational decisions we make and in our willingness to revisit our own models whenever necessary. Advancing in the right direction requires more than expansion, it requires intentionality, commitment to quality and global responsibility. It requires recognising that every program evaluated, every student trained and every professional certified carries the responsibility of representing not only a specialty but a global standard of care. And perhaps the greatest challenge and privilege of the WCET™ at this historical moment is precisely this: to ensure that, anywhere in the world, Enterostomal Therapy remains synonymous with excellence, consistency and, above all, dignity in care.

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