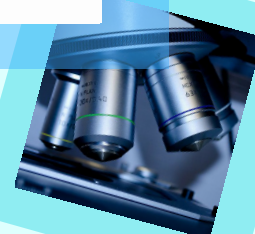
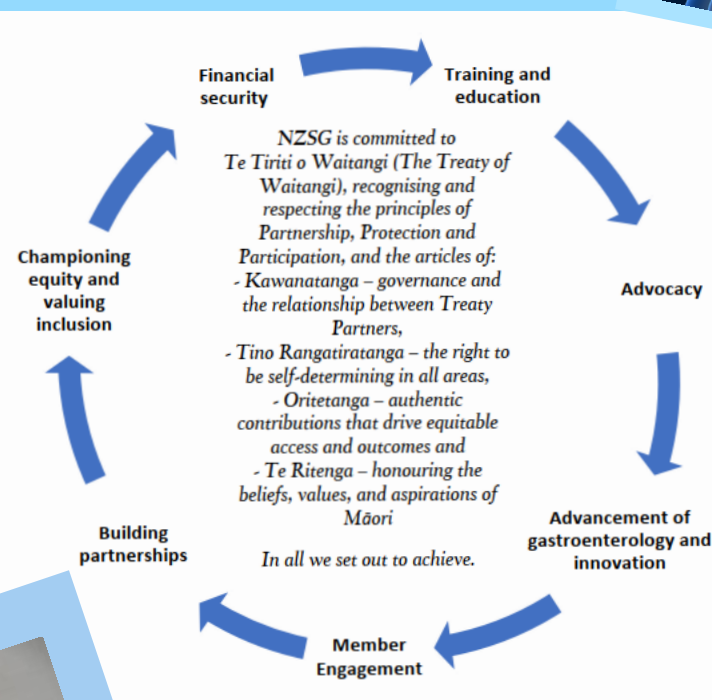


# Annual Report 2022



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# Presidents Report

## Dr Zoë Raos

It has been a productive, hectic, hurdy gurdy of a final year as NZSG President. The Executive put together our Society's first five-year strategic plan, grappled with structural change, stabilised the budget, strengthened high quality educational opportunities, provided research grants, streamlined processes, bolstered governance and achieved great gains for equity. All of this with one staff member, in the context of major healthcare reform and pandemic conditions, with support from our members who contribute so much time, expertise and enthusiasm.

### *New EO in 2022, and new flatmates in 2023!*

Many of you have met on Zoom or email our new Executive Officer, April-Mae Marshall. April-Mae has quickly established herself as a valued part of the gastro whānau – learning our foibles and quirks, and brings organisational experience, New Yorker negotiation skills and project management nous to support and advance our Society's mahi. The R-EXIT working group is transitioning NZSG from a decades-long service arrangement with the Royal Australasian College of Physicians to a more independent set up alongside the New Zealand Society of Anaesthetists. January 1st 2023 will bring a different Wellington address, new flatmates and fresh opportunities for our Society.

### *The Pandemic*

2020 and 2021 required considerable effort to support the specialty through COVID. Many members worked for NZSG to produce resources on PPE in GI Endoscopy, prioritisation guidelines, negotiated vaccine recommendations, and led conversations about immune suppression. We now face COVID related delays in treatment, expanding wait lists, staff shortages and pressure on resource with a growing understanding of health equity. Our profession can be incredibly proud of our cooperative work throughout the COVID response in units all around the country.

### *Equity*

NZSG has focused strongly on equity - recognising our fantastic membership, with considerable diversity that is worthy of celebration. Patients and communities benefit when providers of healthcare reflect the population, especially in areas of significant inequity – inequity driven by systemic bias that is morally and economically costly. NZSG's Equity Working Group produced the Equity Statement and Document to set priorities and develop strategies. The next challenge is increasing diversity through the training journey to specialist level. This challenge is shared with similar RACP specialties, other Colleges, and gastroenterology programmes around the world. NZSG coordinates representatives from each Te Whatu Ora training gastroenterology department to allocate advanced trainees into posts around the country, a system that remains in ongoing

evolution. Data collection, learning from experts and kōrero will continue as part of our Strategic Plan.

NZSG helped to coordinate funding for a rural-peripheral pilot fellowship in Taranaki Base Hospital. The challenge (as always) is how to turn a pilot into permanent posts, so more doctors at the end of advanced training have opportunities to experience a rewarding professional life (and awesome lifestyle) in the peripheries of Aotearoa New Zealand.

NZSG members were present at Government announcements to reduce the bowel screening age for Māori and Pasifika, an evidence-based strategy that we have campaigned for along with other organisations.

### *Professor Eru Pomare Award Launch*

Professor Eru Pomare was a remarkable researcher and gastroenterologist, one of our founding fathers and the first Māori gastroenterologist. We acknowledge Eru's tremendous mahi and wairua (spirit and way of working) by launching the Professor Eru Pomare Award this year. Each year, the Society will seek nominations to acknowledge exemplary NZSG members who go above and beyond to contribute to gastroenterology in Aotearoa New Zealand.

### *Training and Education*

NZSG has worked with our dynamic Trainee Reps on the Exec. The monthly educational sessions have been strengthened, with more senior input and a new platform in 2023 to live stream and save teaching presentations for future review. NZSG is now running Trainees' Day to build this event from strength to strength. Amazing NZSG members provide valued educational opportunities including the Introduction to Endoscopy course and Train the Trainers, with the launch of an Advanced Polypectomy course in February 2023. The Hepatology Network Meeting was very popular this year, and the biennial IBD Symposium is on track for 2023. After two years of pandemic-related restrictions, the NZSG Annual Scientific Meetings will be in

person at last. The programme is packed with educational opportunities, meetings and symposia across the three-day event. Enormous thanks to the convenors of this meeting - current, past and future - who set a kaupapa of excellence for our brilliant ASM.

### *IBD - great gains for medication equity*

A massive triumph has been the great strides towards medication equity for New Zealanders living with Inflammatory Bowel Disease. NZSG has advocated for this for a decade. Recent work has included partnering with Crohn's Colitis New Zealand to present a petition to parliament and participating in the systemic review of Pharmac. Over 2022, NZSG met with Pharmac to articulate the inequity, find common ground and interact within the system positively to enable change. We have met with the NZ Rheumatology Association President to understand their processes, and quickly stood up a Medication Working Group to formally write submissions, communicate with Pharmac, and work collaboratively with pharmaceutical companies to support the process in the context of a funding boost. We are delighted that vedolizumab and ustekinumab have both gone out for final consultation - the last step before funding. NZSG will review how to evolve this model to ensure an ongoing pipeline of evidence-based therapeutics and pathways, to continue to address treatment inequity in other areas of need in gastroenterology in Aotearoa.

### *Gastroenterology, GI Endoscopy and IBD Nurse workforce challenges*

NZSG and NZAGS (The New Zealand Association of General Surgeons) leaders met with the transition team of Health New Zealand. At their request, a high-level document was produced outlining major regional inequities, expanding waiting lists and lack of consistent acute and chronic care models that our patients and teams experience every day. We set out systemic challenges, and shared practical ways in which these can be overcome through collaboration and consistency. Another challenge is the severe shortage of IBD nurses.. NZSG and NZgNC have worked for

months on a letter to advocate to strengthen IBD nurse numbers and roles across the country.

The Planned Care Taskforce – Reset and Restore Plan for Te Whatu Ora contains many aspects of direct relevance to gastroenterology, such as First Specialist Assessment, prioritizing, addressing the post-code lottery and expanding the role of primary care. GI Endoscopy is highlighted, including implementation of FIT for symptomatic lists and increasing capacity. Our Society will need to read, reflect and respond in coming months.

*Home and Away - groups and committees  
...getting back in touch with overseas gastro  
whānau*

Along with the major achievements, all the usual work of NZSG has continued at pace, including support associated groups such as the Conjoint Committee, NEDS and EGGNZ. Delivering the Trans-Tasman lecture was a welcome opportunity to mihi with international societies after two years of introspection, with climate change a common cause that unites our profession around the world.

## Climate Change

The Society is stepping up to this enormous challenge - a reversible catastrophe that compounds inequity and threatens our only home. Gastroenterology is the third biggest healthcare polluter behind theatres and anaesthesia. NZSG has a Sustainability Working Group, collaborating with colleagues from the World Gastroenterology Organisation, the British Society of Gastroenterology and the Gastroenterology Society of Australia. Relationships, publications and plans unfold. We have launched a Sustainability Award as part of our ASM abstracts and seek to weave sustainability best practice into our Society's mahi, as well as endorse guidelines that members and departments in our profession can implement around the motu. If you're interested, join the Green Endoscopy Whatsapp group for instant global

collaboration.

### *A moment for sponsors of NZSG initiatives*

It is important to take a moment to thank companies who support NZSG's mahi. The Bowel Screening Programme, Ferring Pharmaco, Abbvie, Janssen and Olympus have been ongoing supporters of educational and research initiatives. We remain so appreciative of our generous sponsors for the ASM, as well as Conference Innovators for coordinating so many events.

*E Noho ra!*

It is just about time to pass the steering of this nuggety, feisty, brave, can-do little waka that is the New Zealand Society of Gastroenterology to the excellent hands of our new president, Catherine Stedman and a fantastic Executive in evolution. I have, like many presidents before me, written submissions, stared at spreadsheets, held the hands of others, had my own hand held, edited documents, led hui, attended hui, forgot about hui until the Zoom chime goes, checked minutes, read the rules, forgot about the mute button, lost emails, found emails, edited slides, signed documents, made mistakes, eaten rats, over-committed and made the odd breakthrough. As I reflect, the most outstanding thing is te tangata te tangata te tangata – you lot! I've appreciated many robust discussions, and am humbled by those who have courageously supported the Society to get things done during these extraordinary times. As the whakataukī goes - ehara taku toa, he takitahi, he toa takitini – these successes belong to all of us. I hope you know who you all are. That so many contribute so generously, as individuals and as groups, to NZSG reflects the respect and friendship we have with one another. Thank you. Aroha mai, aroha atu to you all.



Dr Zoë Raos  
NZSG President

## Secretary Report

*Professor Andrew Day*

## Membership

We currently have 203 members, comprising:

- 139 full members,
- 30 trainees,
- 21 researchers and
- 13 honorary members.

Overall numbers have decreased from 210 members in November 2021.

### *President International Engagement*

Dr Zoë Raos delivered an excellent talk as the Trans-Tasman Lecturer at AGW in Sydney in September 2021.



## Research Activity

### Small Research Grant

\$5000 has been awarded as a Small Research Grant (SRG) so far this year. The Recipient was Professor Richard Gearry and team, with a project entitled “Evaluation of faecal myeloperoxidase in response to treatment for inflammatory bowel disease”

The second round of the SRG program for 2022 is pending currently and will be made available on the NZSG Website in due course.

*NZSG Janssen Research Fellowship*

The NZSG Janssen Research Fellowship for 2022 was awarded to Dr Akhilesh Swaminathan for his project entitled “Evaluation of myeloperoxidase as a biomarker of non-alcoholic fatty liver disease”.

Submissions for the 2023 Fellowship have been received and are under review an announcement is pending.



# Treasurers Report

*Dr Simone Bayer*

The year ended 30 June 2022 is reported.

Within this document are:

- Statement of financial performance for the year ended 30 June 2022 with the previous year for comparison
- Statement of financial position as at 30 June 2022 with the previous year for comparison
- A visual representation of the financial performances since 2013
- Budget for 01 July 2022 to 30 June 2023

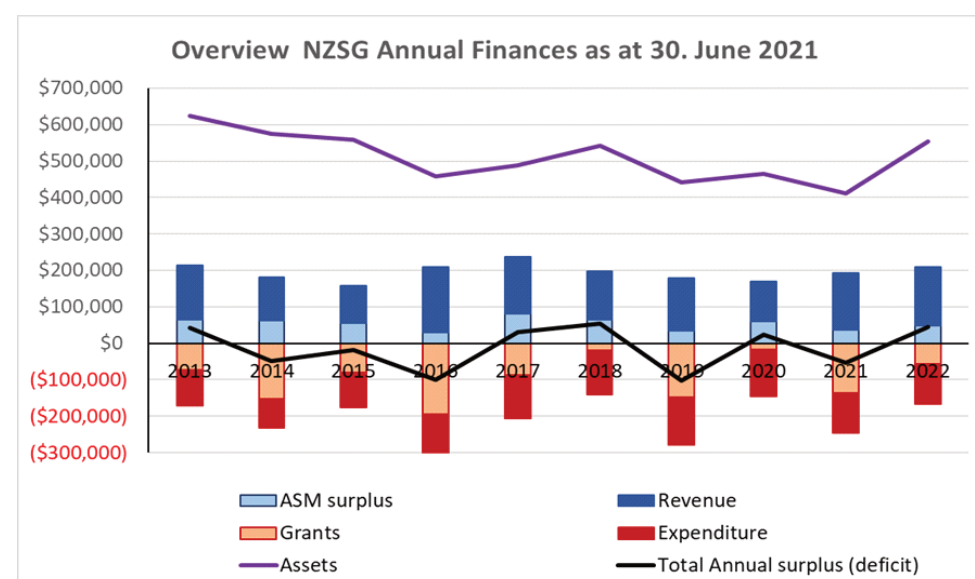
Operationally there was a surplus of \$44,053 against a budgeted deficit of \$531.

The 2021 Hybrid ASM held in Christchurch achieved a surplus of \$49,281 against a budgeted \$2,000 deficit. The ASM continues to be the most important event on the NZSG calendar.

Previous years operational surpluses (deficit)							
2014	2015	2016	2017	2018	2019	2020	2021
(\$49,322)	(\$17,330)	(\$100,697)	\$31,110	\$54,856	(\$101,588)	\$24,342	(\$53,592)
Previous years ASM surpluses							
2014	2015	2016	2017	2018	2019	2020	2021
\$55,786	\$29,964	\$81,314	\$64,676	\$34,671	\$60,587	\$36,782	\$36,782

Our financial position as at 30 June 2022 was \$554,478.

Previous years financial position							
2014	2015	2016	2017	2018	2019	2020	2021
\$575,087	\$557,756	\$457,059	\$488,169	\$543,025	\$441,437	\$465,779	\$412,187



	Budget 2022-2023	Actual 2021-2022
<b>Income</b>		
ASM Surplus	0	49281
Interest	2000	668
Investment Income	855	2791
Janssen Research Fellowship	30000	30000
NZSG Run Courses	30000	10870
Hep Network Meeting	1000	0
IBD Symposium	1000	0
Conjoint Committee money	2000	2123
Subscriptions	68000	64662
Gastro Match Fees	5000	2450
MOH contract EGGNZ	25000	25000
<b>Total Income</b>	<b>164855</b>	<b>187845</b>
<b>Expenditure</b>		
Accounting Fees	3500	4166
ASM Expenses	3500	119
Bank Charges	2000	1814
Exec Training and Travel	2000	0
Committee Meetings - Catering	1000	0
Committee Meetings - Travel	1500	7700
Depreciation	1200	0
IT Expenses	4200	3537
Gastro Match	500	647
Indemnity Insurance	1900	1710
Membership Int Organisations	1000	690
NZgNC share of ASM profit	0	12320
NZSG Run Courses	2500	1833
Research Fellowship	65000	45000
Awards & Prizes	30000	11775
Secretariat Costs	85000	73100
General Expenses	2000	
Trainee Expenses	450	
Xero	1000	
Social Media	1300	
Telephony	1500	
<b>Total Expenditure</b>	<b>211050</b>	<b>164411</b>

**NET** **-46195** **23434**

**Disclaimer:** The predicted budget may be higher, but some items may have been lost during the transition of the Executive Officers.

- The Society received an unexpected surplus from the last ASM this year, despite increased cost of hybrid conferences and uncertainty about national alert levels.
- The NZSG is still in a reasonably good position. We have been able to increase our support to our members and provide education, training and guidance.
- While the effects of the pandemic, especially in regards to inflation, are still felt, the society was able to defend their financial situation due to the changes to the investment portfolio agreed upon at the last AGM. □
- The NZSG predicts increased costs to the society in 2022/2023 based on investments that are needed to support the separation of RACP and NZSG. This includes increased costs due to IT, assets like office furniture, and software licenses, in addition to secretariat costs.
- To offset the increased running costs, the NZSG executive has decided to increase the fees for some seminars and workshops. This is not yet reflected in the budget.

## Entity Information

### New Zealand Society of Gastroenterology For the year ended 30 June 2022

'Who are we?', 'Why do we exist?'

#### Legal Name of Entity

New Zealand Society of Gastroenterology

#### Entity Type and Legal Basis

Incorporated Society established 15th October 1992 and the Incorporated Societies Act 1908

#### Registration Number

CC46030

#### Entity's Purpose or Mission

The advancement of knowledge of Gastroenterology in New Zealand

#### Entity Structure - Executive

Zoe Raos- President  
Thomas Caspritz  
Dominic Ray-Chaudhuri  
Andrew McCombie  
Simone Bayer  
Andrew Day  
Catherine Stedman  
Kirsten MacFarlane  
Lesley-Ann Smith  
James Irwin  
Merrilee Williams  
Akhilesh Swaminathan

#### Main Sources of Entity's Cash and Resources

Grants, Subscriptions and an annual conference

#### Main Methods Used by Entity to Raise Funds

Application for grants and running courses/meetings for members

#### Entity's Reliance on Volunteers and Donated Goods or Services

The society does not rely on volunteers

#### Physical Address

4th Floor  
99 The Terrace  
Wellington

#### Postal Address

PO Box 10601  
The Terrace  
Wellington  
New Zealand, 6143

# Approval of Financial Report

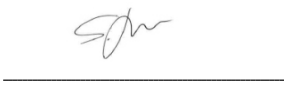
New Zealand Society of Gastroenterology For the year ended 30 June 2022

The Executive are pleased to present the approved financial report including the historical financial statements of New Zealand Society of Gastroenterology for year ended 30 June 2022.

APPROVED



Zoe Raos  
President  
Date: 9 September 2022



Simone Bayer  
Treasurer  
Date: 9 September 2022

# Statement of Service Performance

New Zealand Society of Gastroenterology  
For the year ended 30 June 2022

What did we do?', 'When did we do it?'		
	2022	2021
Description and Quantification of the Entity's Outputs		
Janssen Research Fellowship	45,000	113,130
NZSG Small Research Grants	11,025	23,190
Best Paper/Poster ASM awards	750	1,000

## Description and Quantification of the Entity's Outputs

Key objectives of the Society are to conduct scientific and educational meetings, and the promotion of improved standards in the practice of gastroenterology. In the 2021-2022 financial year COVID restrictions created challenges for The Society however adhering to COVID restriction protocol were able to convene several events.

In November 2021 the Society convened the NZSG-NZNO Gastro Nurses' College Annual Scientific Meeting as a hybrid/virtual meeting in response to the potential Covid-19 pandemic restrictions on gatherings. One Hepatology Network Meeting was held in November 2021.

The Society coordinated the Gastro Advanced Training Selection Interviews enabling the selection of the most suitable applicants for gastroenterology training. The Society facilitated one Introduction to Endoscopy Courses held in February 2022 to increase the endoscopy skills of all physicians, surgical and nurse endoscopist trainees.

## Additional Information

The quantity of grants and fellowships awarded by the Society varies from year to year. The Society wishes to acknowledge the generous financial contribution of the pharmaceutical companies toward these grants for research and the advancement of knowledge in the field of gastroenterology.

## Additional Output Measures

The Society works closely with Pharmac, Medsafe and the Ministry of Health to ensure the best outcomes for the practice of Gastroenterology.

# Statement of Financial Performance

New Zealand Society of Gastroenterology  
For the year ended 30 June 2022

'How was it funded?' and 'What did it cost?'

	NOTES	2022	2021
<b>Revenue</b>			
Donations, fundraising and other similar revenue	1	30,000	30,000
Fees,subscriptions and other revenue from members	1	64,662	62,054
Revenue from providing goods or services	1	6,915	95,652
Interest, dividends and other investment revenue	1	(1,653)	5,605
<b>Total Revenue</b>		<b>209,924</b>	<b>193,311</b>
<b>Expenses</b>			
Costs related to providing goods or service	2	109,096	109,582
Grant sand donations made	2	56,775	137,320
<b>Total Expenses</b>		<b>165,871</b>	<b>246,902</b>
<b>Surplus/(Deficit) for the Year</b>		<b>44,053</b>	<b>(53,592)</b>

# Statement of Financial Position

New Zealand Society of Gastroenterology  
As at 30 June 2022

'What the entity owns?'and 'What the entity owes?'

	NOTES	30 JUN 2022	30 JUN 2021
<b>Assets</b>			
<b>Current Assets</b>			
Bank accounts and cash	3	140,886	390,735
Debtors and prepayments	3	77,938	118,256
<b>Total Current Assets</b>		<b>218,824</b>	<b>508,991</b>
<b>Non-Current Assets</b>			
Property, Plant and Equipment	3	2,417	-
Intangibles	3	493	986
Other non-current assets	3	332,744	15,920
<b>Total Non-Current Assets</b>		<b>335,653</b>	<b>16,906</b>
<b>Total Assets</b>		<b>554,478</b>	<b>525,897</b>
<b>Liabilities</b>			
<b>Current Liabilities</b>			
Creditors and accrued expenses	4	52,419	47,580
Good sand services tax		7,050	5,293
Other current liabilities	4	38,768	60,836
<b>Total Current Liabilities</b>		<b>98,237</b>	<b>113,710</b>
<b>Total Liabilities</b>		<b>98,237</b>	<b>113,710</b>
<b>Total Teetotalism Liabilities (Net Assets)</b>		<b>456,241</b>	<b>412,187</b>
<b>Accumulated Funds</b>			
Accumulated surpluses	5	456,241	412,187
<b>Total Accumulated Funds</b>		<b>456,241</b>	<b>412,187</b>

This statement has been prepared without conducting an audit or review engagement,and should be read in conjunction with the attached Compilation Report.

This statement has been prepared without conducting an audit or review engagement,and should be read in conjunction with the attached Compilation Report.

# Statement of Cash Flows

New Zealand Society of Gastroenterology  
For the year ended 30 June 2022

'How the entity has received and used cash'

	2022	2021
<b>Cash Flows from Operating Activities</b>		
Fees,subscriptions and other receipts from members	62,622	60,262
Receipts from providing goods or services	108,529	161,451
Interest, dividends and other investment receipts	4,074	7,471
<b>Cash receipts from other operating activities</b>	58,119	-
GST	3,575	11,212
Payments to suppliers and employees	(170,521)	(261,940)
<b>Total Cash Flows from Operating Activities</b>	<b>66,398</b>	<b>(21,544)</b>
<b>Cash Flows from Investing and Financing Activities</b>		
Payments to purchase investments	(316,823)	-
Cash Flows from Other Investing and Financing Activities	576	-
<b>Total Cash Flows from Investing and Financing Activities</b>	<b>(316,247)</b>	<b>-</b>
<b>Net Increase/ (Decrease) in Cash</b>	<b>(249,849)</b>	<b>(21,544)</b>
<b>Cash Balances</b>		
Cash and cash equivalents at beginning of period	390,735	412,279
Cash and cash equivalents at end of period	140,886	390,735
Net change in cash for period	(249,849)	(21,544)

This statement has been prepared without conducting an audit or review engagement, and should be read in conjunction with the attached Compilation Report.

# Statement of Accounting Policies

New Zealand Society of Gastroenterology  
For the year ended 30 June 2022

'How did we do our accounting?'

## Basis of Preparation

The entity has elected to apply PBESFR-A(NFP)Public Benefit Entity Simple Format Reporting - Accrual (Not-For-Profit) on the basis that it does not have public accountability and has total annual expenses equal to or less than \$2,000,000. All transactions in the Performance Report are reported using the accrual basis of accounting. The Performance Report is prepared under the assumption that the entity will continue to operate in the foreseeable future.

## Goods and Services Tax (GST)

The entity is registered for GST. All amounts are stated exclusive of goods and services tax (GST) except for accounts payable and accounts receivable which are stated inclusive of GST.

## Income Tax

New Zealand Society of Gastroenterology is wholly exempt from New Zealand income tax having fully complied with all statutory conditions for these exemptions.

## Bank Accounts and Cash

Bank accounts and cash in the Statement of Cash Flows comprise cash balances and bank balances (including short term deposits) with original maturities of 90 days or less.

## Changes in Accounting Policies

There have been no changes in accounting policies. Policies have been applied on a consistent basis with those of the previous reporting period.



# Notes to the Performance Report

## New Zealand Society of Gastroenterology For the year ended 30 June 2022

	2022	2021
<b>1. Analysis of Revenue</b>		
<b>Donations, fundraising and other similar revenue</b>		
Janssen Research Fellowship	30,000	30,000
<b>Total Donations, fundraising and other similar revenue</b>	<b>30,000</b>	<b>30,000</b>
<b>Fees, subscriptions and other revenue from members</b>		
Subscription Income	64,662	62,054
<b>Total Fees, subscriptions and other revenue from members</b>		<b>64,662</b>
		<b>62,054</b>
<b>Revenue from providing goods or services</b>		
ASM Income	49,281	36,782
Conjoint Committee Money	2,123	1,539
Grants returned	1,450	-
Hepatology Network Meetings (Net of expenses)	-	9,300
IBD Symposium	-	11,870
Match Interviews Admin Fee	2,450	5,130
MOH Administration Income	25,000	-
NZSG Run Courses	10,870	30,000
Other Income	25,742	1,030
<b>Total Revenue from providing goods or services</b>	<b>116,915</b>	<b>95,652</b>
<b>Interest, dividends and other investment revenue</b>		
Bank Interest Received	668	4,750
Investment Income	2,791	855
Revaluation of Invest Now Portfolio	(5,113)	-
<b>Total Interest, dividends and other investment revenue</b>	<b>(1,653)</b>	<b>5,605</b>
	<b>2022</b>	<b>2021</b>

### 2. Analysis of Expenses

<b>Costs related to providing goods or services</b>		
Accounting Fees	3,650	2,350
ASM Expenses	119	1,398
Bank Charges	1,814	2,067
Committee Meetings - Catering	-	612
Committee Travel Expenses	7,770	1,175
Depreciation	598	986
Gastro Match	647	501
General Expenses	790	1,150
IBD Symposium expenses	-	336
Indemnity Insurance	1,710	1,625
IT expenses	2,323	-
Membership APAGE	215	-
Membership to International Organisations	475	1,475

	2022	2021
NZNO Gastro Nurses' College	12,320	9,196
NZSG Expense Run Courses	1,580	17,024
RACP Direct Costs	73,100	68,020
Trainees Day	253	-
Trainees rep expenses	-	272
Website Maintenance	1,214	893
Xero	516	504
<b>Total Costs related to providing goods or services</b>	<b>109,096</b>	
	<b>109,582</b>	

<b>Grants and donations made</b>		
ASM Awards	750	1,000
Janssen Research Fellowship	45,000	113,130
NZSG Small Research Grant	11,025	23,190
<b>Total Grants and donations made</b>	<b>56,775</b>	<b>137,320</b>

	2022	2021
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### 3. Analysis of Assets

<b>Bank accounts and cash</b>		
BNZ General Cheque Account	76,180	45,698
BNZ Call Account	53,661	52,398
BNZ Term Deposit - 3008	-	60,000
BNZ Term Deposit - 3009	-	100,000
BNZ Term Deposit - 3011	-	100,000
NZD PayPal	11,045	32,666
BNZ Creditcard	-	(28)
<b>Total Bank account sand cash</b>	<b>140,886</b>	<b>390,735</b>

<b>Debtors and prepayments</b>		
Accrued Interest	-	615
Prepayments	56,791	46,036
Trade Debtors	21,147	71,606
<b>Total Debtors and prepayments</b>	<b>77,938</b>	<b>118,256</b>

<b>Property, Plant &amp; Equipment</b>		
Office Equipment	2,522	-
Accumulated Depreciation - Office Equipment	(105)	-
<b>Total Property, Plant &amp; Equipment</b>	<b>2,417</b>	<b>-</b>

<b>Intangible Assets</b>		
Website	8,228	8,228
Accumulated Depreciation	(7,736)	(7,243)
<b>Total Intangible Assets</b>	<b>493</b>	<b>986</b>

<b>Other non-current assets</b>		
Invest Now	316,823	-
Vector Capital Bonds	15,920	15,920
<b>Total Other non-current assets</b>	<b>332,744</b>	<b>15,920</b>

	2022	2021
<b>4. Analysis of Liabilities</b>		
<b>Creditors and accrued expenses</b>		
Sundry Payables	48,870	47,580
Trade Creditors	3,549	-
<b>Total Creditors and accrued expenses</b>	<b>52,419</b>	<b>47,580</b>
<b>Other current liabilities</b>		
Income Received in Advance	38,768	60,836
<b>Total Other current liabilities</b>	<b>38,768</b>	<b>60,836</b>
	2022	2021

<b>5. Accumulated Funds</b>		
<b>Accumulated Funds</b>		
Opening Balance	412,187	465,779
Accumulated surpluses	44,053	(53,592)
<b>Total Accumulated Funds</b>	<b>456,241</b>	<b>412,187</b>
<b>Total Accumulated Funds</b>	<b>456,241</b>	<b>412,187</b>

6. Commitments

There are no commitments as at 30 June 2022 (Last year - nil).

7. Contingent Liabilities and Guarantees

There are no contingent liabilities or guarantees as at 30 June 2022 (last year nil)

8. Related Parties

There were no transactions involving related parties during the financial year.

9. Events After the Balance Date

There were no events that have occurred after the balance date that would have a material impact on the Performance Report (Last year - nil).

10. Ability to Continue Operating

The entity will continue to operate for the foreseeable future.

Educational Lead Report

Dr Lesley Anne Smith

Annual Scientific Meeting (ASM) 2021

With the ongoing COVID restrictions, the 2021 ASM was held virtually hosted by Dr Heidi Su, Dr Jeffrey Ngu and the team at Christchurch Hospital. The Society thanks them for their hard work and appreciate the support from our sponsors which allowed us to keep connected across the country.

The ASM planning for 2022 is well underway by Dr Ashok Raj and the team at Counties Manakau Hospital. We look forward to welcoming back international speakers to our shores and re-establishing personal connections with all our colleagues as we get back to the ‘new business as usual’ post-COVID.



Introduction to Endoscopy Course

The Introduction to Endoscopy course has again run with good feedback from all involved. It continues to be in demand and spaces have increased with the change in location from University of Auckland to Olympus Live in Albany.

Dr Judy Huang continues to put together a comprehensive course covering all aspects of endoscopy for those new to the training scheme and endoscopy. Attendees from gastroenterology, surgical and nurse endoscopy training are all welcome.

Ongoing challenges with course remain the limited number of places, increasing the course size dilutes the small group teaching valued by attendees and increasing the number of courses increases the resources required with additional demands on faculty time.

Courses for 2023 are being scheduled.



# Trainee's Representative Report

*Dr Akhilesh Swaminathan & Dr Kirsty McFarlane*

## *Training the Colonoscopy Trainers Course*

This is highly regarded and in-demand course run by Dr Russell Walmsley and faculty. COVID disrupted the availability of the course this past year. The Society was able to run face to face course in September of 2022 with six trainees. Courses in 2023 are being planned.



## *NZSG Inaugural Polypectomy Training Course*

This newly established course will have its debut in early 2023. This will provide an opportunity for hands-on polypectomy training under the mentorship of Interventional Endoscopists from NZ. It will be held in facilities at the University of Auckland.

The Society would like to thank the Ministry of Health and Te Whatu Ora for their help and funding to allow this course to be set up.

There will be an educational day where all welcome (pending room size), providing current update covering all aspects of polypectomy, ideal for all trainees and endoscopists. and a second day of hand-on polypectomy and EMR training for a small number of attendees.

This second day requires a formal application due to the small number of places available and is aimed at intermediate and advanced level of polypectomy skills.

## *Trainees Days*

The advanced trainees' day continue to provide a comprehensive two day series of talks and discussions.

Dr Akhilesh Swaminathan and Dr Kirsty McFarlane, Trainee Representative to the Executive have worked on establishing a rolling curriculum to ensure that the topics covered during a trainees three years are not repeated, keeping it fresh and different every year.

In 2023 work is under way to ensure the monthly trainees' programme includes experienced gastroenterologists sharing their experiences with the curriculum and the possibility to record and replay trainee sessions on demand.



It has been another year of navigating through COVID-19 for New Zealand Gastroenterology trainees. Fortunately, the latter half of 2022 allowed for in person educational meetings, highly valued by trainees and which provide excellent opportunities for networking with colleagues across the country. The main educational events in 2022 coordinated by the Society included the Trainees Days and the Gastroenterology monthly teaching sessions.

## *Trainees Days*

We had a fantastic annual trainees' meeting in Auckland the 16-17th of June 2022 with over 23 trainees in attendance. We would like to acknowledge the Gastroenterology departments across the country for their support of this valuable educational opportunity. The programme for the trainees' event was modified in 2022 with the help of Dr Lesley-Anne Smith (Education Lead, NZSG) to reflect a three-year curriculum to help avoid repetition of content. During the 2022 event, trainees heard from gastroenterologists, specialist nurses/nurse practitioners, surgeons and dietitians covering a diverse range of topics. A particular theme for the meeting was in relation to equity in gastroenterology which reflected on broader aspects facing our specialty that are often not covered in didactic teaching sessions or perusal of the scientific literature. We would like to give a special mention to Dr Zoe Raos, Dr Rachael Harry, Dr Tom Boswell, and Prof. Murray Barclay for their assistance with these sessions which provided insights into

variable career paths and considerations when taking the step from trainee to senior medical officer.

The feedback from trainees was overwhelmingly positive and this meeting is always a highly valued event in the trainees' calendar. We are grateful to all the speakers who assisted with this meeting and to Emma Prattley from Conference Innovators for her organisational prowess. We would also like to extend a special thank you to Pharmaco and Ferring for their continued support of this superb educational conference and look forward to the 2023 NZSG trainees' meeting.

## *Monthly Teaching Sessions*

Monthly videoconferencing sessions have been a mainstay of the trainee teaching schedule for years. These sessions involve trainees presenting their review and analysis of a particular topic adapted from the Royal Australasian College of Physicians (RACP) Gastroenterology curriculum with oversight from a local Gastroenterologist.

Unfortunately, the utility of these sessions has been questioned in recent years, especially when weighed against competing educational opportunities such as endoscopy training lists. As there are no other regular educational sessions for New Zealand trainees, we performed a survey to assess trainees' thoughts on this monthly teaching and found that most trainees found these beneficial. The key limitations of this teaching that were highlighted by trainees were in coordination with senior medical officers to provide oversight and the lack of an ability to view recordings from at a later date.



In response to these issues, the NZSG has taken a more active role in asking Gastroenterology Departmental Heads/ Education Leads throughout the country for their assistance in these monthly sessions where a timetable is prepared over six months in advance.

We are very appreciative of all Gastroenterologists throughout New Zealand who have shared their wisdom during these sessions. To modernise these educational sessions for 2023, the RACP and NZSG are in full support of a planned revamp of this teaching which will involve didactic, question and answer, and case presentation sessions with video hosting and recording functionality. We look forward to starting this initiative from early 2023.

Kirsty and I have had a rewarding time as NZSG trainee representatives in 2022 and are very grateful to the support of all NZSG members throughout the country for their assistance in providing ongoing education and collegial support. We welcome Michael Chieng and Vicki McGarrigle as the new trainee representatives for 2023.

**“Nā tō rourou, nā taku rourou, ka ora ai te iwi”**

**“With your food basket and my food basket the people will thrive”**

***The New Zealand Society of Gastroenterology aims to develop a workforce that is best able to serve the population of Aotearoa New Zealand. We believe this means selecting a diverse group of trainees including women, men, trainees with rural and metropolitan backgrounds and trainees with diverse ethnic backgrounds, particularly those of Māori and Pacific Island heritage. We currently have an under-representation of Māori, Pacific Island, female and provincial origin gastroenterologists.***

***If you are a doctor of Māori or Pacific Island heritage, are female or grew up in a provincial area of Aotearoa New Zealand, please consider training in gastroenterology and joining us. The Society is committed to and actively working towards making the training programme accommodating to you.***

## Equity Working

## Group Report

*Dr Kirsty MacFarlane*

The Equity Working Group is a special interest group of the Society and is made up of six members who represent the key groups focused on within the Equity Statement adopted by the Society in 2022; Māori, women and provincial Aotearoa. The current groups six members include three Māori, three female and one provincial representative.

The groups key role is to advise the New Zealand Society of Gastroenterology, with the aim of providing a transparent focus on equity for the society in its decision making. The group began holding hui in mid 2021 to address the inequity in health outcomes for Māori and Pacific people. For example Māori will present later with bowel cancer and have on average a 30 percent higher mortality rate which is similar for Pacific people.

The Equity Working Group is also focusing on solutions that address:

- The low number of females in the profession. Statistics show that only 20 percent of the gastroenterology workforce female.
- The non representation of Pacific Island gastroenterologists. Current data has no gastroenterologists who identify as Pacific Island peoples.
- Unequal distribution across urban and rural areas with four districts having no gastroenterology service.
- The low representation within the gastroenterology profession of
  - the Non-Binary Community
  - the lesbian, gay, bisexual, transgender, queer/ questioning

and others (LGBTQ+) Community.

In 2022 the Equity Working Group wrote the Society’s adopted Equity Statement and penned the Equity Process Document for selection of Advanced Trainees in Gastroenterology. The group also considered and continue to focus on:

- Complexities of the Gastroenterology workforce and solutions to create diversity.
- Embedding Te Tiriti o Waitangi into the healthcare the profession delivers .
- Review of and involvement with policies to ensure good health outcomes for all people and ensure health inequities are minimized.
- Advocating for health to be equitable for everyone.
- How can we strengthen the rural workforce and reduce urban centric thinking.
- Who we are as a Society – how can we reflect our Society.

The Society is committed to equity Concerns related to inequity regarding gender, ethnicity, sexual orientation, and/or disability should be directed to the NZSG Office.



# National Endoscopy Data Standardisation (NEDS) Report

*Dr James Irwin, Chair*

NEDS acts on behalf of the endoscopy community of Aotearoa New Zealand, to standardise how endoscopy reporting is performed. This is with the goal of standardising national data, to allow standardised audit and quality assurance, and to ultimately improve the quality of endoscopy service we deliver to our population.

The current membership is:

- Honey Clarke IT representative, Waikato Hospital).
- Nicola Griffiths -Nurse Endoscopist, Waikato
- James Irwin - Chair; Gastroenterologist in Palmerston North
- April-Mae Marshall Secretarial Support; Executive Officer, NZSG
- Susan Parry -National Bowel Screening Programme
- Marius van Rijnsoever - Gastroenterologist, Waitemata
- Magda Sakowska NZ Association of General Surgeons representative
- Russell Walmsley -Gastroenterologist, Waitemata; EGGNZ representative
- Holly Weale -NZ Gastroenterology Nursing representative

NEDS meet three to four times per year.

## *Colonoscopy Data Standard*

NEDS has written a data standard for colonoscopy reporting. All colonoscopy performed in this country should record data that is able to be presented in this format. This document was distributed to all

stakeholders attached to the NEDS six monthly report in May 2022. The data standard defines which datapoints should be recorded, and what levels should exist in each field. The selected datapoints allow standardised reporting of key performance indicators for endoscopists, for endoscopy write data standards for gastroscopy, flexible sigmoidoscopy and ERCP.

## *Provation Datapoints*

Many of the datapoints within Provation do not allow recording of data in the way that NEDS recommends. NEDS works with Provation to improve how datapoints are recorded. A detailed report of what has been done in this sphere is included in the NEDS six monthly report in May 2022. As an example, we are currently not able to clearly record identities within Provation. We have included a datapoint 'CPN' which will allow recording the Common Person Number (CPN) against each provider entered into Provation. This will allow linking of identities between different sites and different Provation servers (currently these have different identity numbers, meaning it is not clear whether it is the same person). This change is most important for trainees, who regularly move between sites.

## *Provation Servers*

There are four Provation servers in Aotearoa New Zealand - Canterbury, Taranaki, Waikato and Auckland. These servers are all running different (and in some instances quite old) versions of Provation. NEDS is working with IT services to ensure a regular

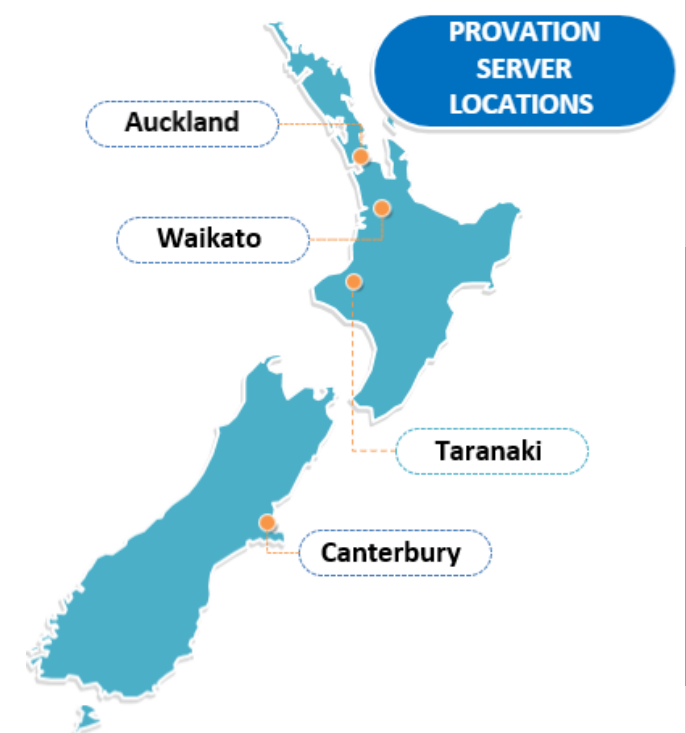
upgrade cycle of the Provation database. The goal is for all units to be using the latest released version of Provation. Please upgrade your Provation server!

## *Centralised Audit and Trainee Log Data*

As data format becomes more standardised, it becomes more feasible to centralise audit and quality assurance, and trainee log book recording. This will come on board in the coming one to three years. Expect a report card demonstrating KPIs for your endoscopy and for your unit, and expect a trainee logbook, that is produced from centralised endoscopy data.

## *Preferences*

In lieu of clearly defined datapoints within Provation, NEDS has designed and distributed two preferences within the Provation environment. These are data entry proformas that endoscopists may use to ensure standardised coding of Bowel Screening Colonoscopy, and of all other Colonoscopy. These are available on the Canterbury, Taranaki and Waikato servers, and we are working to have them available on the Auckland server also. Please use them to standardise how you enter KPI datapoints when performing colonoscopy!



# New Zealand Liver Transplant Unit Report

By Dominic Ray-Chaudhuri

## Summary

In the 2021 calendar year, the New Zealand Liver Transplant Unit (NZLTU) undertook 69 liver transplant assessments and performed 53 liver transplants in 53 recipients, of which 8 were children. Of the 53 transplants, 47 were of whole livers, 2 were right lobe grafts and 4 left lobe grafts. Three patients died within 1 year of transplant, at 8, 18 and 25 days post-transplant, giving a crude 1-year patient survival rate of 94%. The overall patient survival rates for both adult and paediatric recipients remain excellent by international standards. The volume of liver transplants remains consistently above 50 per annum.

## Transplant Data

### Wait Times

The average waiting time from listing until transplantation for all 53 patients was 115 days (median 65 days, range 1-1081 days). By ABO blood group, mean waiting times were 128, 111, 145 and 37 days for blood groups, O, A, B and AB respectively. There were 29 blood group O donor livers and 22 of these (75.9%) were used in blood group O recipients – almost identical to the figures in 2020 and as in that year below the 80% threshold set for quality and equity reasons.

### Demographics

Overall there were 26 females and 27 males transplanted. Amongst the adult recipients, 20 were female and 25 male. 8 recipients were children. The mean age of adults transplanted was 54.9 years (range 20-68 years). Male adult recipients were, on

average, older than female adult recipients (56.6 years v 52.8 years). The mean age of paediatric recipients was 4.2 years (range 0-15 years). The age distribution is shown in Figure 1. The ethnic group populations are shown in comparison with the NZ general population in Figure 2. Twenty-seven of the adult recipients identified as New Zealand European, 7 as Maori and 3 were Pasifika. Of the child recipients, 3 were Maori, 1 Pasifika and 1 NZ European.

Figure 1

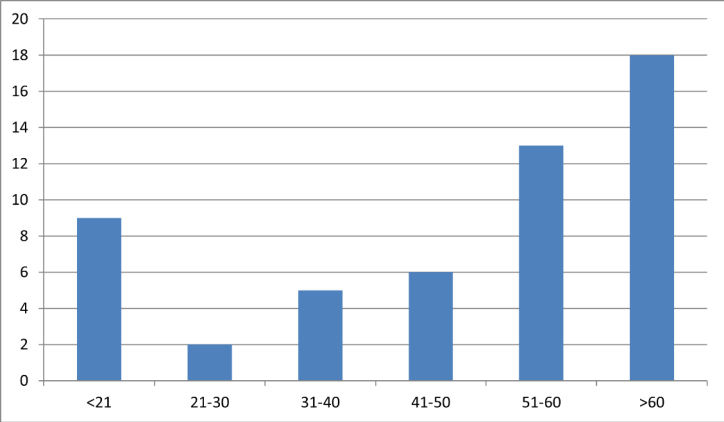


Figure 2

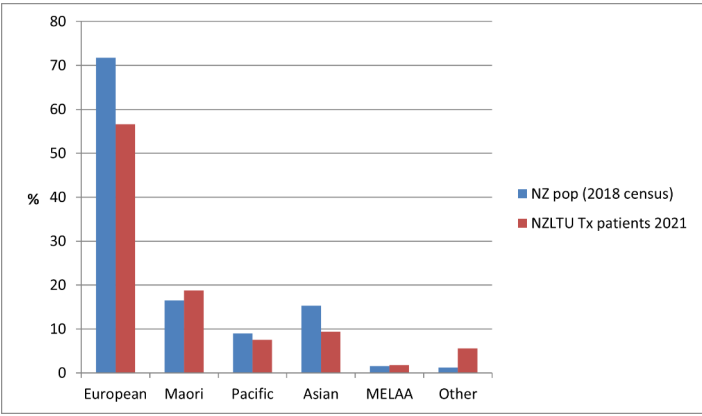


Table 1

LIVER DISEASE	NUMBER
Hepatitis B	5
Primary sclerosing cholangitis	5
Fatty liver disease (NASH/NAFLD)	9
Acute liver failure	5
Biliary atresia	2
Alcoholic liver disease	8
Hepatitis C	5
Metabolic	1
Sarcoidosis	1
Autoimmune cirrhosis	2
Atypical haemolytic uraemic syndrome	1
Cystic Fibrosis	1
Autosomal dominant polycystic kidney disease	1
Cryptogenic cirrhosis	1
Post-transplant cholangiopathy	5
Hereditary haemorrhagic telangiectasia	1

### Indications

The indications for transplantation are shown in table 1. NASH was the most frequent underlying aetiology in adults. Disease related to chronic viral hepatitis (hepatitis B and C) was the second most common aetiology, complicated by hepatocellular carcinoma in 9 of the 10 patients transplanted. Primary sclerosing cholangitis was the third most frequent aetiology. The commonest indication in children was post-transplant cholangiopathy (50%).

### Surgical Details

The average surgical time for liver transplant was 7.0 hours (range 3.8 – 14.3 hours) a slight increase compared to 2020 (6.7 hours). The mean number of packed red blood cells (RBCs) transfused was 2.2 units (range 0 - 11 units). Twenty-two transplants (41.5%) of transplant procedures were completed without the need for any transfusion of RBCs. Five of the transplants (4 children, 1 adult) represented re-transplantation, with the

indication being post-transplant cholangiopathy in all cases. Four patients received a liver transplant in combination with another (liver/kidney transplant in three patients and liver/pancreas in one patient).

### Patient Survival

Of the 53 patients transplanted in 2021, 3 died within 1 year of transplantation. One died at 8 days post-transplant from sepsis and multi-organ failure, another died 25 days post-transplant from sepsis secondary to aspiration pneumonia and the third died 18 days post-transplant from catastrophic intra-abdominal bleeding, likely due to a mycotic aneurysm. The crude survival for patients' transplants in the calendar year 2021 was 94.3%. Overall patient survival rates continue to be excellent by international standards with 1 and 5 year actuarial survival rates in adult recipients of 94% and 89% respectively.

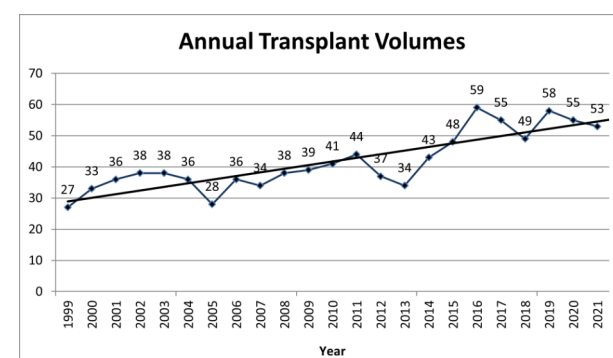
### Length of Stay

The average post-transplant length of stay in hospital in 2021 was 13 days (range 5-42 days). For children, the average stay was 14 days (range 7-22 days) and for adults it was 12 days (range 5-42 days). The mean intensive care stay was 1.8 days (range 0 - 5 days).

### Transplant Volumes

Figure 3 demonstrates the trend in liver transplant volumes year-on-year since the inception of the programme in 1998. While the 53 transplants carried out in 2021 was slightly fewer than were carried out in 2019 and 2020 the but still maintained at over 50 per year as has been the case in all but one of the last 6 years.

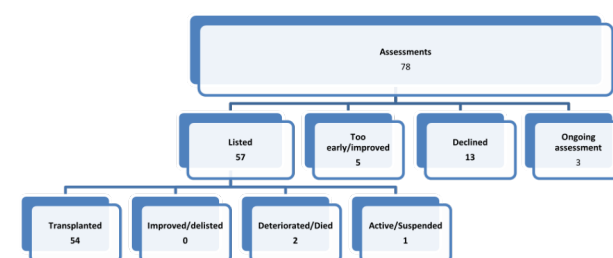
Figure 3



### Assessment Data

Of the 78 liver transplant assessments performed in 2021, 57 patients were listed for transplantation (See Figure 4). Of those listed, 35 (61%) were transplanted within the same calendar year.

Figure 4



### Service Clinical Director Comments (Dr Dominic Ray-Chaudhuri)

The ongoing COVID-19 pandemic, including long periods of lockdown, presented significant challenges in 2021. However, the success of public health measures in limiting hospitalisations meant that the feared overwhelming of the hospital system, and in particular ICU capacity, did not occur and hence the Liver Transplant Unit was able to maintain core services. As a result, the number of liver transplants and assessments carried out in the 2021 calendar year was maintained at a similar level to that achieved prior to COVID.

Viral hepatitis remains the most common underlying liver disease in our recipients but, as is the case overseas, the number of patients transplanted for non-alcoholic fatty liver disease continues to increase and almost matches those with viral hepatitis. NASH will likely become the dominant aetiology in coming years. Sixteen patients had hepatocellular carcinoma complicating their liver disease and in the majority of cases this was the primary indication for liver transplantation.

Overall outcomes remain excellent, with 1-year and 5-year survival for patients transplanted at NZLTU continuing to be in excess of 95% and 85% respectively.

With regards to developments within the transplant unit itself, following Professor Stephen Munn's retirement at the end of 2020, there were very considerable staffing pressures on the surgical side of the service but thanks to the ongoing contributions of Professor John McCall, Mr Peter Johnston and Mr Thomas Hanna the transplant service was maintained.

As in the 2020, special mention needs to be made of John McCall's contribution. From the beginning of January to the end of July he was on call for the paediatric liver transplant service for all bar one week and

hence almost single-handedly maintained the surgical side of the paediatric service until the return of Peter Carr-Boyd in July 2021 after undertaking a fellowship in paediatric liver transplant surgery in Pittsburgh, USA. His return has been a major boon to the unit, contributing to the adult liver transplant and hepatobiliary surgery services in addition to the paediatric liver transplant service.

The surgical side of the transplant service was further bolstered in May of 2021 when we welcomed Dr Louise Barbier to the unit. Louise is a liver transplant and hepatobiliary surgeon who joined us from the transplant unit at the University Hospital of Tours, France. She brings a wealth of clinical and research experience including in the area of extracorporeal machine liver perfusion.

In conclusion, the staff of the transplant unit have shown great resilience in the face of difficult circumstances and through their dedication and hard work the unit has continued to deliver a first-class service liver transplant service. As always, there is room to do better; there is a growing focus on equity and ensuring that we are doing the best we can for all New Zealanders. Bolstered by the addition of new staff members and pending the introduction of new technologies, I believe the unit is well placed to increase the number of transplants carried out with even better outcomes to continue delivering the liver transplant service that the people of New Zealand expect and deserve.

# Paediatric Gastrointestinal Services Report (last years)

Professor Andrew Day

## Ongoing Clinical Activities

On both islands these are returning to normal post COVID.

## Staffing

No change in Paediatric Gastroenterologist staffing across NZ.

Recruitment for a new position to be based in Wellington has been completed and the outcome is pending.

## Work with National Clinical Network

There is ongoing involvement with the National Clinical Network which is supported by the Ministry of Health and the Paediatric Society.

The first face to face hui in several years will be held in Auckland August 2023.

## Pediatric Australian Gastroenterology Research Network

The Pediatric Australian Gastroenterology Research Network (PEDAGREE) has been established and is underway.

The Current national surveillance project to prospectively collect data on acute hepatitis in young children (reflecting international reports and experience with surge in cases: previously seen in NZ May to September 2021).

There is ongoing contributions to National and International research studies.

## Academic Presentations

Academic presentations (posters, talks) at regional and international meetings (including Australian Gastroenterology Week, European Society Paediatric Gastroenterology Hepatology and Nutrition, NZ Paediatric Society and NZSG Annual meeting).

Academic Presentations (posters and talks) at regional and international meetings included:

- Australian Gastroenterology Week
- European Society Paediatric Gastroenterology Hepatology and Nutrition
- NZ Paediatric Society
- NZSG ASM.

# National Intestinal Failure & Rehabilitation Service Report

Dr Amin Roberts

## Personnel

- Rebecca Coggins (from the Waitemata NST) now the Adult NIFRS co-ordinator on a permanent basis.
- Thank you to Briar McLeod for her many years of service.
- Ruchika Tandon's role as NIFRS Pharmacist now permanent. Ruchika also works as a senior pharmacist within Starship.

## National Clinical Network

- National Guidance document on Intestinal Failure completed (web-based, available via the [Starship Clinical Guidelines and Ministry of Health websites](#), feedback welcome).
- Continued advocacy with Pharmac to support funding of Taurolidine lincos, Teduglutide.

## Education Day & CME

- Webinars held this year – well attended (will continue in 2023)
- NIFRS Education Day is back in 2023 – save the date Friday 31st March.

- NZ to host AuSPEN 2023 Annual Meeting (Nov 16-18) Venue TBA (likely to be Auckland).

## New initiatives / Future directions

- Upgrade to web-based Dendrite database - progress slow but ongoing
- Development of an online IVN/PN prescribing tool
- Development of credentialing guidelines with IVN/PN prescribing in NZ

## Research collaboration

- NZ-NIFRS now recognised as a chapter of the IRTA (Intestinal Rehabilitation and Transplant Association).
- Paediatric International IF Registry now up and running since early 2021 (we hope to start contributing once ethics has been obtained)



# Aotearoa NZ Advanced Training Sub-committee Report

*Dr Derek Lou, Chair*

- There are 11 accredited sites for Adult Medicine and 1 accredited site for Paediatric Medicine in Aotearoa New Zealand .
- 32 Adult Medicine trainees were supervised (includes people on fellowship and non-core) and two Paediatric trainees were supervised – We have 20 Adult Medicine Trainees in Aotearoa and two Paediatric Trainees in Core role (one in New Zealand and one in Australia).
- Seven Adult Medicine trainees have progressed to Fellow of the Royal Australasian College of Physicians (FRACP).
- Eight new Adult Medicine trainees were appointed in 2022.
- In 2023 we will have 25 Adult Medicine trainees and two paediatric trainees
- New core position – Hepatology Research Fellow created.
- Accreditation Site visits in 2022 were:
  - Waikato – Dr Derek Luo and Dr Henry Wei)
  - Starship Hospital due for a visit this year by Dr Henry Wei and Dr Maggie Ow.
- No trainees were on the “trainee in difficulty” pathway’
- Gastroenterology Core curriculum under review with the Royal Australasian College of Physicians (RACP) Advanced Training Committee.
- I finished my term with RACP on 1st October 2022 after 7 years on the Committee and Dr Maggie Ow has taken over as Chair.

# New Zealand Nurses Organisation Gastroenterology Nurses College Report

*Merrilee Williams, Chair*

## *Committee*

We have eight committee members including: Merrilee Williams - Chair, Holly Weale - Secretary, Kirsten Arnold-Treasurer, Marian O’Connor - IBD, Jessica Southall - Hepatology, Karen Kempin - Nurse Endoscopy, Kiran Joseph, Julia Anderson - Professional Nurse Advisor New Zealand Nurses Organisation.

This term our committee has undertaken to broaden our diversity to be more reflective of our nursing group in NZ. We value the ethnic and gender diversity of our nursing membership, and what each culture has to bring to our nursing workforce. We hope to welcome a male into our committee in the coming term. We hold meetings every second month by Zoom, and meet in person three times per year.

## *Sub specialty groups*

Our college has three specialty interest groups with their own committee structures. They have access to funding to host workshops to develop and update Knowledge and Skills frameworks (KSF). They also plan and host their own education days for nurses who are working in their specific sub specialty.

## *Inflammatory Bowel Diseases: 2022 achievements*

- Updated KSF
- Collaborated with NZSG in lobbying government to address the dire and increasing IBD nursing shortage

- Worked with CCNZ on case for a paediatric nurse at Starship as there is no paediatric IBD CNS nationally
- Hosted IBD nursing symposium- was covid rescheduled, now to be held ahead of the conference

## *Hepatology: 2022 achievements*

- New Chair and Co-Chair appointed after long term Chair and Co-Chair passed the baton.
- Hepatology membership has been reviewed and updated with 20 new members enrolled after raising awareness of NZNHG at the August nurse’s education meeting.
- Contributed updated guidelines and best practice through the Tube for hepatology nurses.
- Planning Hepatology nurse education is ongoing.

## *Nurse: 2022 achievements*

- Working towards forming governance and membership.
- Supported our Australian colleagues to show support for GESA stance against NE in Australia.

## *Finances*

We are grateful to continue to be allocated a proportion of funds from ASM which means we can continue to be financially viable, and support our members to grow and develop in

# NZ Conjoint Committee For The Recognition of Training in Gastrointestinal Endoscopy Report

*Dr Marianne Lill, Chair*

## Committee Objectives

The New Zealand Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy (NZCCRTGE) is a New Zealand body comprising representation from the Royal Australasian College of Physicians (RACP), the Royal Australasian College of Surgeons (RACS) and the New Zealand Society of Gastroenterology (NZSG). The Committee provides recognition of training undertaken in New Zealand in gastroscopy, colonoscopy and ERCP procedures within the confines of a set standard of guidelines. The Committee strives to keep these guidelines up to date and aligned with similar guidelines in Australia so that reciprocal recognition of training can occur.

## Assessment Outcomes

Below is an outline of the number and type of Endoscopists considered for recognition of training by the Conjoint Committee since December 2002

Year	RACP	RACS	Total
2002	8	26	34
2003	1	4	5
2004	28	27	55
2005	5	4	9
2006	16	11	27
2007	9	10	19
2008	5	8	13
2009	5	4	9
2010	4	6	10
2011	8	6	14
2012	4	6	10
2013	12	3	15
2014	4	1	5
2015	7	12	19
2016	14	11	25
2017	19	15	34
2018	7	9	16
2019	12	3	15
2020	5	6	11
2021	6	5	11
2022	6	8	15*
<b>TOTAL</b>	<b>185</b>	<b>185</b>	<b>371*</b>

\*2022 the Committee granted recognition to the first nurse endoscopist.

their chosen profession of Gastroenterology Nursing.

We enable our membership to apply for education scholarships to support them to attend national and international conferences, complete post graduate education, and other educational opportunities.

We also receive funding from associated companies when they advertise in our Journal - The Tube.

## Membership

Our current membership sits at approximately 450 which is pleasing. Joining is free, and beneficial to nurses to increase their connection with others working in the same field, attend educational opportunities we provide, as well as make the most of our scholarships after 12 months of membership.

## Education

Our main objective as a committee this term is to plan and provide education opportunities for our members. This is currently done through:

- Journal articles in the Tube- 3/12 publication
- ASM/Gastro conference- November
- Gastroenterology Nurse Leaders day - August 26 2022
- Full paper funding for PG study
- Enteral feeding group and PEG first assist/ learning package
- Directly Observed Procedures (DOPS)
- Developing online learning modules for a range of levels- in progress 2022



## Projects

Our ongoing projects include finding ways to improve connection and collaboration

amongst our membership to increase service delivery across the motu, increase staff wellbeing through support, and promote our specialty as an opportunity for career development.

We are revising the Tube to be less frequent, include more scholarly content, more educational focus to include our sub specialties.

We are also developing a new Panui which will update members to what's happening in gastroenterology around the motu, and alert people to any upcoming learning opportunities.

Ongoing work to find a suitable platform to host our learning modules that we see as a national gastroenterology resource that can be used to measure an employee's level of knowledge and skill, and be recognisable across the specialty in NZ should they chose to seek employment in gastroenterology services elsewhere continues.

Conjoint Executive Committee Composition and Terms of Office

The Conjoint Executive Committee consists of two representatives from each of RACS, RACP and NZSG. The current Committee consists of the following members:

Assessment Outcomes

Below is an outline of the number and type of Endoscopists considered for recognition of training by the Conjoint Committee since December 2002

Parent Body	Member	Current Term
Chairperson (RACS Rep)	Dr Marianne Lill	June 2015 -
Secretary (RACP Rep)	Dr Alasdair Patrick	June 2015 -
RACP Rep	Dr Richard Stein	June 2015 -
NZSG Rep	Mr Bevan Jenkins	Oct 2019 -
NZSG Rep	Dr Rees Cameron	March 2017 -
RACS Rep	Dr Deborah Wright	March 2022 -

The management of the Committee is under the control of the six (6) members of the Executive Committee who are comprised as such:

- Two members must be proposed by the RACP who must both be physicians, including one from a provincial centre.
- Two members must be proposed by the NZSG one of whom must be a physician and one of whom must be a surgeon.
- Two members must be proposed by the RACS who must both be surgeons, including one from a provincial centre.

Mr Rowan French resigned in August 2021 and has been replaced by Dr Deborah Wright, General Surgeon from Dunedin representing RACS.

Financial Status

The Financial Report for the year ending 31 March 2022 records a total income of \$6,650 and a total expenditure of \$8,277, resulting in a loss of \$1,627. The fund overall as of 31 March 2022 has a balance of \$14,936.

Comparison to previous financial years:

Financial year	Total Income \$	Total Expenditure \$	Surplus(Deficit)\$	Overall fund balance at year end \$
1 April 2013 – 31 March 2014	4,200	1,620	2,580	12,410
1 April 2014 – 31 March 2015	2,800	2,271	529	12,939
1 April 2015 – 31 March 2016	5,000	743	4,257	17,196
1 April 2016 – 31 March 2017	5,800	2,197	3,603	20,800
1 April 2017 – 31 March 2018	6,600	9,133	(2,533)	18,267
1 April 2018- 31 March 2019	3,800	10,073	(6,273)	11,994
1 April 2019 – 31 March 2020	4,100	2,369	1,731	13,725
1 April 2020 – 31 March 2021	7,300	4,462	2,838	16,563
1 April 2021 – 31 March 2022	6,650	8,277	(1,627)	14,936

Progress since last report

- The ANZ Conjoint DOPS for gastroscopy and colonoscopy have been introduced formally as a requirement in Australia too from 2022.
- The new recognition certificate has been designed and has been issued to applicants from 2021 onwards (seen on opposite page)
- DOPyS and DOPS for ERCP have been ratified and agreed for use by Australian CCRTGE also with formal launch by GESA in July 2022
- A further update to the recognition of training criteria has finalised and ratified by AoNZCGS (for RACS) and NZSG. Agreement is awaited from RACP prior to introduction in 2023. This includes;
  - Introduction of DOPS and ERCP and DOPyS as a requirement
  - Paediatric endoscopy
  - Capsule endoscopy
  - EPP and IPP for ERCP

These additions are the final steps to creating a path to recognition of training for all practitioners in all the major procedure types.

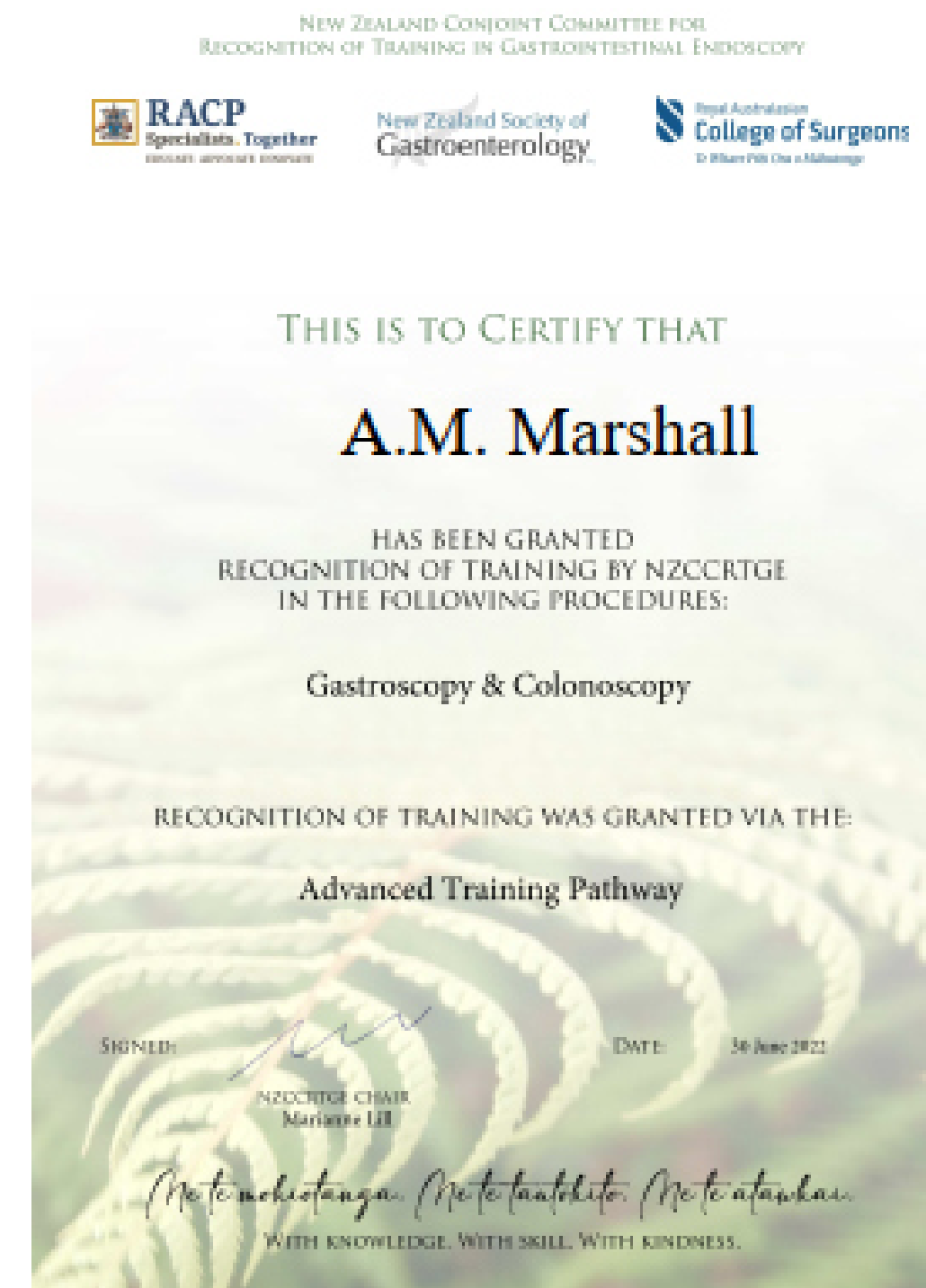
- ProVation based logging was tested, however required more familiarisation for supervisors so was changed for manual excel based logging. These require a print and sign verification but have advantages of being legible, and providing a running total for the trainee to monitor progress. This is seen as an interim step.
- The New Zealand Endoscopy Dashboard is being actively worked on with the intent of this being developed for trainee use first, and current practitioners later on.

### Current Activities and Issues

- The following is a summary of current activities in progress, and issues that need to be addressed:
- Log booking requires further work to ensure that the systems are working well. Introduction of the New Zealand Endoscopy Dashboard for trainees will help with this.
- The increase in pathways, procedure types and assessment methods has created increased complexity in managing applications – this is being worked through.
- No further updates to criteria are planned at this stage.
- The move from the umbrella of RACP may create some challenges, however these are being worked through by NZSG currently.
- Costs related to secretariat support are changing and need to be monitored to ensure that NZSG is fairly recompensed.



Dr Marianne Lill  
Chair NZCCRTGE





# NZCCRTGE Financial Report

## Compilation Report

### NZ Committee for Recognition of Training in Gastrointestinal Endoscopy For the year ended 31 March 2022

Compilation Report to the Board of NZ Committee for Recognition of Training in Gastrointestinal Endoscopy.

**Scope**

On the basis of information provided and in accordance with Service Engagement Standard 2 Compilation of Financial Information, we have compiled the financial statements of NZ Committee for Recognition of Training in Gastrointestinal Endoscopy for the year ended 31 March 2022.

These statements have been prepared in accordance with the accounting policies described in the Notes to these financial statements.

**Responsibilities**

The Board are solely responsible for the information contained in the financial statements and have determined that the Special Purpose Reporting Framework used is appropriate to meet your needs and for the purpose that the financial statements were prepared.

The financial statements were prepared exclusively for your benefit. We do not accept responsibility to any other person for the contents of the financial statements.

**No Auditor Review Engagement Undertaken**

Our procedures use accounting expertise to undertake the compilation of the financial statements from information you provided. Our procedures do not include verification or validation procedures. No audit or review engagement has been performed and accordingly no assurance is expressed.

**Independence**

We have no involvement with NZ Committee for Recognition of Training in Gastrointestinal Endoscopy other than for the preparation of financial statements and management reports and offering advice based on the financial information provided.

**Disclaimer**

We have compiled these financial statements based on information provided which has not been subject to an audit or review engagement. Accordingly, we do not accept any responsibility for the reliability, accuracy or completeness of the compiled financial information contained in the financial statements. Nor do we accept any liability of any kind whatsoever, including liability by reason of negligence, to any person for losses incurred as a result of placing reliance on these financial statements.

MTMAccounting Limited  
Chartered Accountants  
Wellington  
Dated: 21 July 2022

## Directory

### NZ Committee for Recognition of Training in Gastrointestinal Endoscopy For the year ended 31 March 2022

**Nature of Business**

Medical Training Recognition

**Incorporation Date**

2 February 2001

**Incorporation Number**

1115404

**Address**

Level 4, 99 The Terrace, Wellington, New Zealand, 6011

**Chartered Accountant**

MTMAccounting Limited

**Bankers**

Bank of New Zealand

# Approval of Financial Report

## NZ Committee for Recognition of Training in Gastrointestinal Endoscopy For the year ended 31 March 2022

The Board is pleased to present the approved financial report including the historical financial statements of NZ Committee for Recognition of Training in Gastrointestinal Endoscopy for year ended 31 March 2022.

APPROVED



Marianne Lill \_\_\_\_\_

Chairperson

Date: 9 September 2022

# Statement of Profit or Loss

## NZ Committee for Recognition of Training in Gastrointestinal Endoscopy For the year ended 31 March 2022

	NOTES	2022	2021
<b>Trading Income</b>			
Subscriptions		6,650	7,250
Admin Fee JAG/GESA recognition		-	50
<b>Total Trading Income</b>		<b>6,650</b>	<b>7,300</b>
<b>Gross Profit</b>			
		<b>6,650</b>	<b>7,300</b>
<b>Total Income</b>			
		<b>6,650</b>	<b>7,300</b>
<b>Expenses</b>			
Accounting & Consulting		863	863
Amotisation of Website		3,105	-
Bank Fees		8	48
Insurance		1,493	1,449
Secretariat Support		2,441	1,770
Subscriptions		273	332
Website costs		95	-
<b>Total Expenses</b>		<b>8,277</b>	<b>4,462</b>
<b>Profit (Loss)for the Year</b>			
		<b>(1,627)</b>	<b>2,838</b>

These financial statements have been prepared without conducting an audit or review engagement, and should be read in conjunction with the attached Compilation Report.

# Balance Sheet

## NZ Committee for Recognition of Training in Gastrointestinal Endoscopy As at 31 March 2022

	NOTES	31 MAR2022	31 MAR2021
<b>Assets</b>			
<b>Current Assets</b>			
<b>Cash and Bank</b>			
BNZ Bank Account		9,659	8,877
<b>Total Cash and Bank</b>		<b>9,659</b>	<b>8,877</b>
Trade and Other Receivables		50	-
Prepayments		1,717	1,692
<b>Total Current Assets</b>		<b>11,425</b>	<b>10,569</b>
<b>Non-Current Assets</b>			
Intangibles	3	4,658	7,763
<b>Total Non-Current Assets</b>		<b>4,658</b>	<b>7,763</b>
<b>Total Assets</b>		<b>16,083</b>	<b>18,331</b>
<b>Liabilities</b>			
<b>Current Liabilities</b>			
Trade and Other Payables		1,147	1,768
<b>Total Current Liabilities</b>		<b>1,147</b>	<b>1,768</b>
<b>Total Liabilities</b>		<b>1,147</b>	<b>1,768</b>
<b>Net Assets</b>		<b>14,936</b>	<b>16,563</b>
<b>Equity</b>			
Retained Earnings		14,936	16,563
<b>Total Equity</b>		<b>14,936</b>	<b>16,563</b>

These financial statements have been prepared without conducting an audit or review engagement, and should be read in conjunction with the attached Compilation Report.

# Statement of Changes in Equity

## NZ Committee for Recognition of Training in Gastrointestinal Endoscopy For the year ended 31 March 2022

	2022	2021
<b>Equity</b>		
Opening Balance	16,563	13,725
<b>Increases</b>		
Profit for the Period	-	2,838
<b>Total Increases</b>	<b>-</b>	<b>2,838</b>
<b>Decreases</b>		
Trustees Loss for the Period	1,627	-
<b>Total Decreases</b>	<b>1,627</b>	<b>-</b>
<b>Total Equity</b>	<b>14,936</b>	<b>16,563</b>

These financial statements have been prepared without conducting an audit or review engagement, and should be read in conjunction with the attached Compilation Report.

# Notes to the Financial Statements

## NZ Committee for Recognition of Training in Gastrointestinal Endoscopy

### For the year ended 31 March 2022

#### 1. Reporting Entity

The financial statements presented here are for NZ Committee for Recognition of Training in Gastrointestinal Endoscopy Incorporated, a separate legal entity.

NZ Committee for Recognition of Training in Gastrointestinal Endoscopy is an incorporated society registered under the Incorporated Societies Act 1908.

This special purpose financial report was authorised for issue in accordance with a resolution of members dated 21 July 2022.

#### 2. Statement of Accounting Policies

##### Basis of Preparation

These special purpose financial statements have been prepared in accordance with the Tax Administration (Financial Statements) Order 2014. The financials statements have been prepared on a historical cost basis, except as noted otherwise below. The information is presented in New Zealand dollars.

##### Historical Cost

These financial statements have been prepared on a historical cost basis. The financial statements are presented in New Zealand dollars (NZ\$) and all values are rounded to the nearest NZ\$, except when otherwise indicated.

##### Changes in Accounting Policies

There have been no changes in accounting policies. Policies have been applied on a consistent basis with those of the previous reporting period.

##### Income Tax

Income tax is accounted for using the taxes payable method. The income tax expense in profit or loss represents the estimated current obligation payable to Inland Revenue in respect of each reporting period after adjusting for any variances between estimated and actual income tax payable in the prior reporting period.

##### Goods and Services Tax

The entity is not registered for GST. Therefore all amounts are stated inclusive of GST.

	2022	2021
<b>3. Intangible Assets</b>		
Website	7,763	7,763
Amortisation - Website	(3,105)	-
<b>Total Intangible Assets</b>	<b>4,658</b>	<b>7,763</b>

	2022	2021
<b>4. Income Tax Expense</b>		
<b>Net Income for the Year per Financial Statements</b>		
Current Year Earnings	(1,627)	2,838
<b>Total Net Income for the Year per Financial Statements</b>	<b>(1,627)</b>	<b>2,838</b>
<b>Additions to Taxable Profit</b>		
Non-Deductible Expenses	8,277	4,462
<b>Total Additions to Taxable Profit</b>	<b>8,277</b>	<b>4,462</b>
<b>Deductions from Taxable Profit</b>		
Non-taxable income	6,650	7,300
<b>Total Deductions from Taxable Profit</b>	<b>6,650</b>	<b>7,300</b>
Taxable Profit	-	-
Tax Payable at 33%	-	-
<b>Deductions from Tax Payable</b>		
Dividend Imputation Credits	-	-
Resident Withholding Tax Paid	-	-
Provisional Tax Paid	-	-
<b>Total Deductions from Tax Payable</b>	<b>-</b>	<b>-</b>
Income Tax Payable (Refund Due)	-	-

#### 5. Related Parties

The NZ Society of Gastroenterology Incorporated is a related party and pays expenses and receives income on behalf of NZ Committee for Recognition of Training in Gastrointestinal Incorporated.

#### 6. Contingent Liabilities

There are no contingent liabilities at balance date.  
(2021: none).

#### 7. Capital Commitments

There are no capital commitments at balance date.  
(2021: none).



# Members of

## NZSG

### Office Bearers

- |                     |                        |
|---------------------|------------------------|
| • Zoë Raos          | <i>President</i>       |
| • Andrew Day        | <i>Secretary</i>       |
| • Simone Bayer      | <i>Treasurer</i>       |
| • Lesley Anne Smith | <i>Education Lead</i>  |
| • Catherine Stedman | <i>President Elect</i> |

### Elected Members

- Andrew McCombie
- Dominic Ray-Chauduri
- James Irwin
- Thomas Capritz

### Representatives

- |                        |                 |
|------------------------|-----------------|
| • Merrilee Williams    | <i>Nursing</i>  |
| • Akhilesh Swaminathan | <i>Trainees</i> |
| • Kirsty MacFarlane    | <i>Trainees</i> |

## NZCCRTGE

- |                    |              |
|--------------------|--------------|
| • Marianne Lill    | <i>Chair</i> |
| • Alasdair Patrick |              |
| • Bevan Jenkins    |              |
| • Deborah Wright   |              |
| • Richard Stein    |              |

### *National Endoscopy Data Subcommittee*

- |                         |              |
|-------------------------|--------------|
| • James Irwin           | <i>Chair</i> |
| • Holly Weale           |              |
| • Honey Clarke          |              |
| • Marius van Rijnsoever |              |
| • Magda Sakowska        |              |
| • Nicola Griffiths      |              |
| • Russell Walmsley      |              |
| • Susan Parry           |              |

## *Equity Working Group of NZSG*

- |                     |              |
|---------------------|--------------|
| • Kirsty MacFarlane | <i>Chair</i> |
| • Alex Lampen-Smith |              |
| • Clarence Kerrison |              |
| • James Irwin       |              |
| • Rachael Harry     |              |
| • Thomas Boswell    |              |

## *Medical Working Group of NZSG (est July 2022)*

- |                        |              |
|------------------------|--------------|
| • Estella Johns        | <i>Chair</i> |
| • Akhilesh Swaminathan |              |
| • Caroline Jiang       |              |
| • James Fullforth      |              |
| • Murray Barclay       |              |
| • Zoë Raos             |              |

## *Sustainability Working Group of NZSG (est July 2022)*

- |                        |              |
|------------------------|--------------|
| • Rhys John            | <i>Chair</i> |
| • Charlotte Rowen      |              |
| • Krish Ragunath (AUS) |              |
| • Ricardo Jurawan      |              |
| • Sneha John (AUS)     |              |
| • Zoë Raos             |              |

Secretarial support to all of the committees and groups noted is provided by the NZSG Executive Officer, April-Mae Marshall.

