



In This Issue:

INVITATIONS

NZSG AGM (p.4)

Date: 24 Nov 2011
Time: 5.15-6.15pm

Clinical Leaders Meeting at the 2011 ASM (p.4)

Date: 23 Nov 2011
Time: 9-10am

PAGE 1

- President's Report

PAGE 2

- WGO Training Centre

PAGE 3

- Current NZSG Executive Committee

PAGE 4

- A Research Fellow's Perspective At Middlemore Hospital

- 2011 NZSG ASM

PAGE 5

- Crohn's and Colitis NZ

- Update on MyCPD

Update from Your President

Susan Parry

Dear All

Once again as the end of the year approaches the pace of work for the executive increases - there is a need to prepare for both the nomination and election of executive members to the available positions, and to report to you all on our activities at the AGM.

As you are aware the executive agreed on a number of initiatives to be undertaken during the year and at our recent face-to-face meeting we noted steady progress in most of these areas.

We were pleased to hear that, following our submissions to Pharmac, the criteria for using Budesonide have been extended. Representatives from Pharmac attended our recent meeting (see photograph) and we continued our discussions on a number of other therapeutic gaps including second line treatment for H.Pylori.

We were also delighted with the number of applications for the small research grants we made available this year – the successful applicants are listed in the newsletter. The chief aim of these grants is to assist registrars with projects, and therefore in future the grants will be limited to \$5000.

The Gastroenterology Workforce Service Review for the Health Workforce NZ Board has been released (available on our website)

and there is a need for us as a Society to update our statement on non-specialist endoscopy. In order to do this we need to know your views and within the next month we will be asking you to complete a survey on this topic. The limited response rate to surveys is often a problem so I would ask that you astound us! This matter will be discussed further at our AGM.

At our recent face-to-face meeting Tim King, Chair of the Conjoint Committee, and David Theobald in his role as National Clinical Lead Gastrointestinal Endoscopist, updated us on the proposed changes to the Conjoint Committee and the need, with the anticipated wider implementation of the Global Rating Scale for gastrointestinal endoscopy services, to review the governance structure for endoscopy training in New Zealand.

We are always keen to address matters that concern you – please do not hesitate to contact an executive member or e-mail me, Lily or Alan to table these items for discussion at one of our teleconferences.

Lastly can I encourage your attendance at our AGM – these are increasingly important and we value your input. I would also like to remind all Clinical and Endoscopy Unit leaders of the Leaders Forum to be held between on the morning of Wednesday 23rd November – please e-mail me with any topics you would like discussed.



Executive Committee meeting on 2 September 2011 with Pharmac representatives

Suvan World Gastro Organisation (WGO) Training Centre - 18th to 29th July 2011

Dinesh Lal

I took part in the 4th WGO Fiji Training Center Gastroenterology Program on the above dates. This programme has been running since 2008 on an annual basis with the help of members from GESA and GENCA in liaison with Fiji School of Medicine and Ministry of Health in Fiji. The aim of the programme is to improve the knowledge and endoscopic skills in gastroenterology amongst the doctors in Fiji and other South Pacific island countries.

This year the programme ran between 3rd July to 29th August for four weeks. I took part as a teacher and clinician together with a gastroenterologist and a GENCA nurse from Australia for the last two weeks of July. The major role played by us were teaching a group of doctors from Fiji, Tonga, Samoa, Solomons, Micronesia and Kiribati on how to perform and improve skills in gastroscopy and colonoscopy. In addition to training these doctors, difficult cases were referred from all around Fiji including difficult colonoscopies, dilatation and other moderately complex patients requiring endoscopic management at the Suva centre.

I alternated with my colleague Dr Melissa Jennings from Australia, in doing medical ward rounds with different medical teams seeing predominantly new patients admitted with gastroenterological problems. The ward rounds were fascinating with classical cases ranging from end stage liver disease with its complications, liver abscess presenting with signs of Rt lower lobe pneumonia, typhoid fever, bowel perforation from typhoid, acute GIT bleeding from PUD, gastric cancer, dysphagia and weight loss from cardiac (gastric) cancer, bowel obstruction from colorectal cancer with liver metastases, to poorly controlled inflammatory bowel disease. All these cases and many more were seen within a short period of two weeks as acute admissions.

The endoscopy department is doing very well with the limited resources available at the Suva centre. Both Fujinon and Olympus videoendoscopes and processors were available with a good variety of accessories including biopsy forceps, haemoclips, snares and esophageal variceal band ligators. With the help of Australian Gastroenterologists, the department is making its own urease testing kits using



urea and Phenol red to minimise the cost. It was great to see enthusiastic senior doctors from smaller island countries like Solomons, Kiribati, Tonga and others taking advantage of this programme as they are the only ones holding the fort in their own country doing some sort of endoscopic work albeit with fibreoptic scopes. Most of these countries are gradually in the process of purchasing some video endoscopes which will greatly enhance the level of endoscopy services they can provide to their people. In working with and training these doctors I was very pleased to see how careful they were when using the scopes and their attitude and focus on patient safety when encountering difficulty at intubating in gastroscopy and negotiating difficult corners at colonoscopy.

The other part of the programme in Suva included academic teaching which was conducted on Thursday and Friday afternoons at Fiji School of Medicine. The teaching was based on gastroenterology teaching module for qualified doctors doing postgraduate training in diploma of medicine and masters in medicine. The masters in medicine is a five year advanced training that is an evolution of the diploma of medicine programme. The masters in medicine gastroenterology module is designed to cover areas in gastroenterology that is common and important in general medicine including disorders requiring surgical intervention. This module covered aspects of malabsorption, pancreatitis, hepatobiliary and Luminal pathology. The teaching included resource sessions, case based discussions, problem based learning and going through MKSAP MCQs.

We also took part in the department of medicine once weekly pathology session where interesting and complex cases were discussed and once weekly

continued on page 3...

Current NZSG Executive Committee

continued from page 2...

Radiology sessions were similarly complex cases where reviewed with the radiologists.

Overall we were very well received by the medical and surgical staff at CWM hospital in Suva. We were wisely utilised not only in teaching endoscopy and advising on how to manage sick gastro patients but also asked to give interactive tutorials to the surgical registrars. We also gave talks in the CWM hospital once weekly grand rounds.

This Fiji trip is not all work but can be lots of fun as well. The weather in Fiji is very nice at this time of the year with nice escape from the NZ winter. People are very friendly in Fiji and it is very safe to socialise and tour in the weekends and Fiji has some of the best snorkelling and shark watching destinations that was thoroughly enjoyed by my fellow gastroenterologist, Melissa from Australia. Regardless of what is commonly misleadingly portrayed in the news media, Fiji in my experience (I was born there) is one of the safest holiday destinations in the world.

Finally, it was thrilling to see a decent endoscopy unit evolve in Suva over the last three to four years with dedicated local and regional doctors contributing to its growth and development. It was particularly humbling to see the commitment of local health professionals working in harmony, serving the locoregional community to the best of their ability with limited available resources. The GESA gastroenterologists and GENCA nurses have to be commended for their philanthropic efforts and sacrificing their time and money in helping develop the WGO training centre in Suva. I thank co-directors Assoc Prof Jioji Malani (Fiji), Prof Thein Htut (Brisbane) and Prof Finlay Macrae (Melbourne) for involving me in their project. Should anyone want to take part in this wonderful teaching programme please feel free to contact me for more details, dzial@xtra.co.nz



Name	Region	Terms Served
Susan Parry (President)	Auckland	
John Wyeth (Past President)	Wellington	
Alan Fraser (Secretary)	Auckland	2
Russell Walmsley (Treasurer)	Auckland	2
Michael Burt	Christchurch	1
Ed Gane	Auckland	2
Michael Schultz	Dunedin	2
Jeff Wong	Wellington	1 year
Mark Thompson-Fawcett (co-opted)	Dunedin	1 year
Tim King (co-opted)	Auckland	2 years
Sandra Burton (ex-officio)	Hawkes Bay	1

Update on the MyCPD Programme

Tony Scott



The main outcome of a recent meeting between the College and the MCNZ is the requirement of Fellows who are participating in the MyCPD programme to include peer review and clinical audit in their annual CPD activities. The College requirements for MyCPD are for Fellows to obtain a minimum of 100 credits in the programme across the six available categories and within these 100 credits, Fellows are also required to:

- Complete ten hours (equal to 30 credits) of peer review
- Complete a clinical audit
- The remaining credits are to be spread across the available categories

It is more than likely that you are already completing the peer review and clinical audit requirements but may not be entering them correctly, or at all. Peer review and clinical audit should be entered under Category 5: Practice Review and Appraisal, with the clinical audits going under 'Practice Audits/Clinical Audits' and peer review going under 'Other Practice Review and Appraisal Activities'.

The Committee asks that all Fellows, for the 2011 year, attempt to complete as many peer review and clinical audit hours as possible. The recent CPD audit indicated that most Fellows are already meeting these requirements.

Please contact the CPD team in the New Zealand office on 04 460 8122 or MyCPD@racp.org.nz if you have any further questions about these changes or any questions.

A Research Fellow's Perspective at Middlemore Hospital

Ricardo Jurawan

Life is really what you make of it. This saying can certainly relate to my current post here at Middlemore Hospital!

Having spent my first two interesting years of clinical core training at Waikato Hospital and Sydney, I was eagerly anticipating my research year. At the outset of this job it was very helpful to have a discussion with my supervisors with respect to project objectives, endoscopy, ward and clinic commitments.

It is extremely useful to plan your projects to anticipate the necessary resources as well as assess the feasibility of these projects.

My projects thus far included:

- A retrospective study designed to determine the clinical significance of missed adenomas resulting in a new diagnosis of colorectal cancer.
- Assessing the adherence to guidelines for surveillance colonoscopy in patients with inflammatory bowel disease.
- Large and Giant polyps- safety and efficacy of EMR and long term follow up.
- Helicobacter pylori- whether increased biopsy

numbers and different locations can result in an increased diagnostic yield.

- Establishing an IBD database to facilitate prospective studies.

In terms of endoscopy sessions I do a minimum of three lists per week and also can cover a consultant's list whenever that person is away. The endoscopy sessions are quite stimulating with exposure to EMR, upper and lower GI stenting, EUS and ERCP.

We have weekly gastro MDT meetings once weekly where histology; radiology and clinical cases are presented. Our weekly journal club follows with two presenters each presenting literature reviews.

I have two dedicated clinics here at Middlemore which are mainly hepatitis based. We are fortunate to have our IBD and Hepatitis nurse practitioners who are also always up to mark with the latest trials.

I also attend the 7.30am Monday multidisciplinary hepatoma meeting at Auckland Hospital with subsequent discussion of ward transplant patients. The Hepatoma clinic follows on from the morning proceedings.

You never fall short of being in touch with ward patients as you review the patients with the team on a Thursday evening and Friday morning. In terms of research support, the statistics and research development department is always quite helpful and willing to assist with data analysis and statistical presentation.

Overall everyone is quite friendly, approachable and team orientated. I find my research year to be both rewarding and enjoyable. I would definitely recommend this as a third year posting for gastroenterology trainees!

2011 NZSG Annual Scientific Meeting

Michael Schultz, Margaret Fraser (Convenors)

Dear Members,

Dunedin is ready and waiting for you! Bring your kilt, your bagpipes, your dram, mobilise the clan and come on down. This year's ASM is hosted by the Gastroenterology Unit Dunedin and University of Otago. We were able to assemble a great faculty of national and international speakers presenting a program spanning from a hands-on endoscopy workshop for nurses right down to the latest in the genetics of viral Hepatitis and Inflammatory Bowel Disease. The surgeons will discuss with us treatment of chronic functional disorders while we have also plenty of time to discuss workforce issues in our specialty. One of the highlights as always is the conference dinner held this year at the famous Larnach Castle, overlooking the harbour. Be prepared for a great evening. So book your flight, arrange accommodation and we are looking forward to welcoming you to Dunedin.

We would also like to extend a warm welcome for you to attend the NZSG Annual General Meeting on 24 November from 5.15pm to 6.15pm and the Clinical Leaders Forum on 23 November from 9am to 10am.



Upcoming Gastroenterology Conferences

Crohn's and Colitis New Zealand

Crohn's and Colitis New Zealand (CCNZ) is a charitable trust whose aims are to provide support, advice and information to individuals and people who have Crohn's disease. The NZSG was instrumental in helping establish CCNZ and have promoted their involvement at our AGM. At the recent Public Relations Institute of NZ Awards, JML Communications won the first prize for their launch of CCNZ.

CCNZ has just had its first national conference of the Support groups, which was opened by the Hon Peter Dunne. It now has support groups in Whangarei,



Brian Poole, Julien Leys (JML Communications), Annabelle Bristed and Nicholas Leach

Auckland, Hamilton, Taranaki, Whanganui, Palmerston North, Hawke's Bay, Wairarapa, Nelson, Canterbury, Timaru, West Coast, Dunedin and Invercargill. Most of these have been started in the last 12 months. CCNZ has appointed its first CEO, Julia Gallagher, who has commenced work on the 1st July 2011. A new hand book "Living with IBD" has just been completed. This has been written locally for NZ patients and caregivers.

NZSG Research Grants

The NZSG is pleased to award the following research grants as part of our new small grants awards:

James Falvey - \$7,000

Macrophage migration inhibitory factor in IBD: a new biomarker?

Geogry Kini - \$5,000

Seasonal levels of Vitamin D and correlation with Crohn's disease activity

Russell Walmsley/Sue Larsen - \$10,000

Investigation of Parenteral Nutrition in Aotearoa

These three studies will make a significant contribution to the gastroenterology research environment in New Zealand. There is a good balance between basic science research and clinical science. The Executive is hopeful that these small grants will boost the quality of research work presented at our annual scientific meetings. Remember that the closing date for the next round is 31 January 2012.

United European Gastroenterological Week

October 22-26, 2011

Stockholm, Sweden

American Association for the Study of the Liver

November 4-8, 2011

San Francisco, USA

NZSG Annual Scientific Meeting

November 23-25, 2011

Dunedin, New Zealand

Second Asian Pacific Topic Meeting - Helicobacter

January 13-15, 2012

Kuala Lumpur, Malaysia

IBD All Stars

GESA, APAGE, NZSG

April 2-4, 2012

Surfers Paradise, Australia

NZSG 2011 ASM Conference Awards

The NZSG is pleased to offer for the first time a Diagnostics prize division, which is sponsored by Roche Diagnostics Ltd. This award is open to any paper or poster presented at the conference where the research involves any diagnostic technique used to investigate patients with viral hepatitis. For more information on the NZSG conference awards, please go to the NZSG website <http://www.nzsg.org.nz>.

Congratulations!

Congratulations to Susan Parry who has recently been appointed as the Clinical Director of the Bowel Cancer Programme for the Ministry of Health.

Congratulations to Antony Pan who was the winner of the FRAP Adult Medicine Young Investigator Award 2011. Antony's presentation was entitled The Use of Pethidine for Percutaneous Liver Biopsy. This was research work performed at Dunedin Hospital.