



In This Issue:

PAGE 1

- Update from Alan Fraser

PAGE 2

- Editorial from Michael Schultz

PAGE 2

- Report on the SAC Gastroenterology NZ

PAGE 4

- National Match Day Report

PAGE 5

- 2014 ASM

PAGE 6

- NZSG Small Research Grants

Update from Your President

Greetings. This will be my last letter to you all as President. It has been a privilege to be part of the NZSG Executive for the last 12 years. There have been many exceptional contributions by members over these times that have made a significant difference to our working lives. I have enjoyed seeing the contributions from five previous Presidents who have all served you well. The Society is in good shape and getting better. However this doesn't happen by magic and renewal and new enthusiasm is required on the Executive to keep the good work going. There are three positions that need to be filled on the Executive this year. It is a great opportunity for some "young blood" - a relative term of course! It can be hard work but also great fun on the Exec and the basis for strengthening many friendships. Please think about this seriously when the nomination papers arrive!

The NZSG continues to work hard to sponsor research in New Zealand. This year we will distribute \$127,000 to support research. This is one of our main tasks which we try to perform with fairness and scientific rigour.

The annual scientific meeting continues in grow in size and increasing scientific standard. There are several challenges facing the Executive at present. There are a limited number of venues where we can hold a successful meeting and importantly also raise some revenue that we can use to support our research funds. Proposed new conference venues in Christchurch and Queenstown will eventually help increase the choice of suitable venues. It is likely that the task of running meetings is getting beyond what is reasonable to expect of a local committee (often mainly one person shouldering the burden). The Executive considers that the trend will be for the Executive to work with conference organisers and our Executive Officer to organise these meetings with some help from a local committee for social events. We have had some excellent meetings in

smaller centres in the past but it is difficult to see how this can continue given the size and complexity of our meetings.

This year we will again run a clinical leaders meeting on Wednesday 26th November from 8 – 9 am. This is a useful

forum for sharing ideas. This year the agenda will include an update on nurse endoscopy, endoscopy governance, colonoscopy targets and GRS - plenty to get a discussion going!! The invitation will be extended to heads of department - medical and nursing - public and private – but the attendance is not restricted if you have an interest or particular contribution to make.

The Trans-Tasman lecture continues to be supported by both NZSG and GESA. I will be speaking on the Wed morning (22nd Oct) in the plenary session of the AGW on "Improving endoscopy standards in private practice" - presenting audit data from MercyAscot Endoscopy and Endoscopy Auckland. I hope you can come along and support me! We have Nick Talley as our Trans-Tasman lecturer at our ASM. This is doubly important as Nick is now our College President and will be joining our Exec meeting to discuss relationships between the RACP and the Special Societies. We are also delighted to welcome back Don Cameron to represent GESA to our meeting.

These last two years have seen more "political" activity from our Society that I can remember in the past. This takes time but also means that we can influence policy in a meaningful way. The NZSG is now seen as a significant stakeholder in many debates.

I am sure Russell Walmsley will continue to represent the Society well over the next two years.

Alan Fraser



Want to join the Executive?

Want to contribute to your Society?

Nomination forms to be sent out soon

Any queries please contact the President

Editorial

When we set out to ask for contributions for this newsletter, we worried that it will be one of our slimmer editions. Obviously we were wrong! Lots has happened since the last newsletter was published and I am sure you agree with me that the current edition is a worthwhile read.

Even more has happened behind the scenes that didn't quite make it into the newsletter like the current debate about the use of biosimilars in the treatment of IBD. In a letter we encouraged Pharmac to further involve our specialist society in the decision making process but also highlighted concerns regarding extrapolation and substitutability of these new drugs.

Whenever the Executive Committee meets, matters concerning training of our future workforce are high on the agenda. In this newsletter, Tony Smith outlines the challenges the SAC was facing over the year, and why there cannot be any doubt that an amalgamation between the Australian and New Zealand SACs could be beneficial. There are differences in the length of training in the two countries therefore the option of creating an operational committee in NZ would be a good compromise. The Gastro National Match Day went into its second round and 16 positions across the country were filled with budding gastroenterologists. In his report David Rowbotham acknowledges that although the process is not perfect small improvements are being made every year and so far, everybody is reasonably happy with the outcome. The highlight for this year, as for every year, is the Annual Scientific Meeting in Auckland. The joining of forces with the GutHealthNetwork and AuSPEN promises a varied and highly interesting meeting. If you haven't done so already, it is not too late to register.

On behalf of the Executive committee I would like to extend my thanks to Alan Fraser who did a great job as President over the last two years and steered the Society expertly through sometimes stormy waters.

Michael Schultz
Editor



Report of the Specialist Advisory Committee (SAC) Gastroenterology NZ

Last year the SAC, with the support of the NZSG and the RACP, established a National Training Programme for training in Gastroenterology. This year we have continued this strategy to increase the quality of trainees applying for training in Gastroenterology and to improve their training experience. The NZSG has been a key support offering secretarial assistance for this complex process.

2014 has been a challenging year for the NZ SAC with the proposed amalgamation of the Australian and New Zealand SACs. The College wanted to reduce the large number of subcommittees. A detailed document regarding the governance for our speciality was provided by the College for discussion. I was invited by Dr Geoff Hebbard (Chair of the Australian Gastroenterology SAC) to attend their SAC meeting in May. This was a very informative meeting and established that there were many areas of agreement in Gastroenterology training between Australia and New Zealand. For example, there is alignment of the curriculum, supervision, learning and assessment in Gastroenterology in both Australia and NZ. This has become closer over the last few years. However there are critical differences which emerged during this meeting including the time of dual training in Australia for the Gastroenterology component which can be completed in two years, significant differences in the work environment in our two countries and the hands-on supervision of NZ trainees by the SAC. Trainees in NZ are required to produce a report on their training and flag any difficulties they have experienced. Australian Trainees are not permitted to write a report, but any difficulties have to be relayed via the two trainee representatives on the Australian SAC.

At the end of the meeting a blue print for amalgamation was suggested with two NZ and six Australian representatives without any NZ Paediatric representation on the amalgamated Australian and NZ SAC.

On behalf of the SAC I wrote to all of the gastroenterologists in training centres as well as trainees and asked for their opinion of amalgamating the Australian and New Zealand SAC's.

Response from 22 trainees:

22 *not in favour* of amalgamation.

Response from 62 NZ gastroenterologists from training centres:

1 *in favour* of amalgamation

39 *not in favour* of amalgamation.

22 wanting to wait for further alignment of Gastroenterology training in Australia and New Zealand.

This showed support from both trainees and supervisors for keeping the two SACs separate. I wrote to Dr Jonathan Christiansen, Chair of the College Education Committee, with this information. In reply he raised the option of an operational committee in NZ. We consider this as an option for our committee. This would give NZ autonomy to continue the "hands on" approach favoured by our trainees and training site gastroenterologists. The NZ SAC wanted to continue the Gastroenterology training with a non-core year where the trainee follows

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a direction which they consider will define a path for their passion and long-term goals of specialisation in Gastroenterology. We considered that the 2 year Gastroenterology dual training programme in Australia is not sufficient for our NZ trainees. We therefore proposed a structure for Gastroenterology training to which the College has agreed. This involves the following:

1. An over-arching Committee with both Australian and New Zealand representation meeting to discuss governance and strategic issues for training in Gastroenterology.

2. An operational New Zealand sub-committee which would continue to perform a similar function in the assessment of training and training centres. This committee would not discuss policy or any governance issues.

Health Workforce New Zealand has identified Gastroenterology as a critical speciality needing extra trainees due to the roll out of national colorectal cancer

screening. Therefore, the Gastroenterology SAC vision for the next 5 years includes the following:

1. A significant increase in the accreditation and standards of more training centres and trainees in New Zealand.
2. An improved trainee experience with all supervisors attending supervisor courses run by the College.
3. Improved endoscopy training with all endoscopy supervisors attending Train the Trainer courses.
4. A closer relationship with the Australian SAC in order to establish policy and governance in Gastroenterology.

The SAC unanimously believes that training in Gastroenterology in New Zealand offers a broad spectrum of in-depth experience in hepatology and general gastroenterology.

Tony Smith
Chair
Gastroenterology SAC New Zealand

Location		Dec 2014 - June 2014		June 2015 - Dec 2015	
Auckland City Hospital	1	Caroline	Di Jiang	David	McGouran
	2	Riaz	Shiak	Sylvia	Wu
NZ Liver Transplant Unit	1	Heidi	Su	Ming Han	Lim
	2	Siva	Pulusu	Hannah	Giles
	Research	Sum Team	Lo	Helen	Myint
North Shore Hospital	1	Clare	Russell	Siva	Pulusu
	Fellow	Adele	Melton	Adele	Melton
Middlemore Hospital	1	Ming Han	Lim	Riaz	Shiak
	2	David	McGouran	Wayne	Bai
	Research	Debi	Prasad	Debi	Prasad
Waikato	1	Amanda	Chen	Yanez	Peerbaccus
	2	James	Fulforth	James	Fulforth
Tauranga		Sylvia	Wu	Heidi	Su
Hawkes Bay		Wayne	Bai	Clare	Russell
Lower Hutt		Helen	Myint	Priyanka	Kumar
Wellington		Priyanka	Kumar	Jan	Kubovy
Christchurch	1	Shwan	Karim	Shwan	Karim
	2	Jan	Kubovy	Amanda	Chen
Dunedin		Hui Syn	Chan	Hui Syn	Chan

2014 Gastro National Match Day Report

Unfortunately the RACP went missing in action this year, and we are fortunate and grateful to the NZSG for agreeing to fund the entire process. Special thanks to Anna Pears, Executive Officer of the NZSG, for many woman-hours put into advertising the match process throughout the College trainee membership and coordinating the process of applications, to NoRTH for coordinating the preparations through numerous teleconferences and for hosting us on the day, and to Tony Smith, Chair of the NZ Gastro SAC, for his authoritative leadership.

This is the second year we have held a national matching scheme for recommendation of allocation of posts to advanced trainees in Gastroenterology in NZ. It is important to note that the Gastro SAC and this matching process can only recommend candidates to positions with DHBs, but it is then up to the DHBs to offer the positions and actually employ the trainees. The DHBs do not want to be employing candidates of questionable quality; but any such candidates would not be put forward by the matching scheme in the first place.

This process serves as a platform for shortlisting, interviewing, and selection of new applicants to join the national training scheme in Gastroenterology. Additionally, it serves as a forum whereby all current advanced trainees who will be returning next year (December 2014 onwards) can be assessed and allocated to training posts for the upcoming training year. Hence it is important that all trainees (prospective and returning) interact on the day with all Heads of Department of hospitals offering training positions, so that the right blend of training needs and service requirements can be met.

Returning trainees are asked to list their hospital preferences, and these are taken into account when time for allocation of posts comes around at the end of a long day for the Departmental Heads. But it is important to realise that we cannot accommodate everyone's top preferences. As a specialty we commit to providing trainees with a well-rounded training scheme in Gastroenterology & Hepatology over the three years, but the trainees must also commit to contribute to the service provision of Gastroenterology across the whole country. This means that all training posts need to be filled, but certain jobs are only accredited for 6 months training, whereas other posts can be filled by the same trainee for a whole year. Although we do recognise the issues associated with moving around the country during training, to coin a phrase "there's always more than one way to skin a cat" so it is important to work in different hospitals and learn from different trainers to enable trainees to achieve a well-balanced overall training experience.

In 2014 we had a total of 16 clinical posts on offer, 1 Fellow post, and 2 Research positions. These were filled by 12 returning advanced trainees and interview of 9 new applicants. We all enjoyed not having to use the restrictive and proscriptive RACP website, and the online application with a simple standard Curriculum Vitae was a pleasant step forward.

The process isn't perfect but generally we are happy with how it is running thus far. Any feedback (positive or negative) can be made either to Tony Smith or myself.

David Rowbotham
Chair
Gastro National Match Scheme



GUT HEALTH NETWORK

For the first time in the proceedings of the Annual Scientific Meeting, we are pleased to announce an afternoon satellite meeting dedicated to the fundamental science of gastrointestinal disorders. The GutHealthNetwork Scientific Symposium on the Tuesday preceding the main meeting will span the arc from bench to bedside, including: genetic susceptibility; the environment we live in; the basic scientific concepts and their relevance for our daily dealings with patients. Professor Charles Mackay from Monash University's Immunology & Stem Cell Labs will start the afternoon with his lecture on "*Diet, Metabolites and Western Lifestyle Diseases*". Charles is an international authority in this field and his research aims to understand mechanisms of immune cell migration, particularly with respect to inflammation. His current research focusses on understanding the gut immune system in order to develop new therapeutics for inflammatory diseases and cancers. Professor Gerald Tannock from the Department of Microbiology & Immunology at the University of Otago is an expert on the composition and function of bacterial communities in the gut. Gerald will close the symposium with the point that matters: "*Great research – what's in it for the patient*". Please support this afternoon of great international science by registering for free on www.gastro2014.co.nz

Michael Schultz
Director of the Gut Health Network

2014 Annual Scientific Meeting



As I write this on a plane back to Auckland from Dunedin, you have less than 5 hours to submit your abstract via the website for this year's NZSG Annual Scientific Meeting. I hope you have all been beavering away. To all the current advanced trainees, remember that this year I have allocated more time for free paper sessions as you have recently requested year after year ... but these sessions are entirely dependent on quality of papers, so if the quality isn't there I have my "plan B" and other sessions to slot in, if necessary. You'll only have yourselves to blame.

This year's meeting is shaping up to be a great event. Pop on to the website for more details. The international speakers are all confirmed; our shared sessions with the NZ Gastro Nurses and AuSPEN are looking exciting; the Great Guts Fun Run (or plod if your name is Tony Smith!) is on again and the T shirts this year are awesome; there are a couple of industry supported additional extra-curricular scientific symposia on the Wednesday evening straight after the Welcome Function; the dinner is shaping up to be a "helluva party" (theme this year is "Come as your hero"); and we have some debates scheduled across the meeting to offer some lighter relief.

All in all, I wanted to make this meeting fun, exciting, educational, and memorable for all. The sessions are all based on questions that have intrigued me in recent times, and I hope will interest you.

Super City Mayor Len Brown yesterday has just promised us he'll put up our rates annually in an exponential fashion for at least the next 10 years, so come along to Auckland in November and make use of the world class city and facilities that we've paid through the nose for. Those of you going to Bali for APDW, stop off on your way home and join in our local party. Register your attendance on the website today and make use of the Early Bird specials.

I look forward to welcoming you all to Auckland on 26 November (or 25 November if you're also coming to the Gut Health Network meeting).

David Rowbotham
Convenor

AuSPEN (the Australasian Society of Parenteral and Enteral Nutrition) is delighted to join the NZ Gastro Society and NZNO Gastro Nurses Section in providing a combined conference this year. The programme from AuSPEN is aimed at clinical nutrition, including areas of gastroenterology, which will be of interest to all delegates. By joining with these two groups it allows all delegates to get a flavour of both programmes. Our international invited speakers, Dr Jon Shaffer and Professor Stanislaw Klek, both have a keen interest in intestinal failure and the nutritional care of these patients. They will also be providing a Life Long Learning Course on Friday 28 November "*Nutrition in the compromised gut*" which I am sure a lot of the delegates will be interested in attending.

Kerry McIlroy
AuSPEN Conference Convenor.

NZSG Small Research Grants

Dr Jason Robertson and Dr Ming Han Lim were both awarded a NZSG Small Research Grant of \$5,000 each in July this year.

Ming Han Lim was awarded a grant for his proposed research on “It’s all in the Genes – genotyping of the Dunedin IBD Cohort”

Crohn’s disease (CD) is seen as a multifactorial condition with individuals’ genetic risk score (GRS) being closely associated not only with susceptibility but also disease behaviour. The most recent genome wide association study (GWAS) identified 163 loci that were associated with increased risk of developing inflammatory bowel disease (IBD). The overall aim of my study is to prospectively document the GRS of a cohort of patients with CD in the Otago region and to investigate the association between this and CD disease severity as well as disease behaviour according to the Montreal classification.

Jason Robertson’s was awarded a grant for his proposed research on Mapping motor activity within the defunctioned ileocaecocolonic segment (ICCS) using high resolution manometry.

Through the use of high resolution fibre optic manometry we aim to:

- Investigate in-vivo the changes in motor activity that occur in the distal limb after an interval of faecal diversion
- Identify possible factors influencing ileocaecal coordination and accurately characterise the ileocaecal sphincter.

A temporary loop ileostomy is commonly used to protect distal colorectal anastomoses. Patients that have their ileostomy closed earlier have been shown to have significantly reduced postoperative nausea, vomiting and need for nasogastric tube insertion than patients with longer periods of faecal diversion. Through accurate spatiotemporal mapping of the defunctioned distal bowel segment using high resolution manometry, we aim to identify any changes in the strength or coordination of motor patterns that may account for the obstructive symptoms often seen following ileostomy reversal. Through identification of such changes we hope to then develop interventions / protocols to improve post-closure recovery. Secondly, placement of these manometry catheters will allow assessment of the ICCS. The ICCS is an important transition zone in the gut as it lies at the junction between the small and large bowel and is thought to coordinate forward flow of small bowel content whilst prevents colonic reflux. The normal function of this segment is therefore considered crucial in maintaining gut homeostasis. Despite this, accurate high resolution characterization of this ICCS and in particular the ileocolonic sphincter has never been performed. Therefore precise evaluation of this region and identification of the physiological reflexes that regulate its function will constitute new discoveries in gut physiology. Dysfunction of all or part of the ICCS has been hypothesized to be a factor in small bowel bacterial overgrowth (SBBO) and irritable bowel syndrome (IBS). We hope that through accurate spatiotemporal mapping of this region we will provide a platform for further investigation of the role that dysfunction of the ICCS may play in disease states and aid in developing possible pharmacological, endoscopic or surgical interventions.

NZSG AbbVie Research Grant

A grant of up to \$35,000 is available to the successful applicant. The deadline for applications is 30 September 2014.

NZSG Janssen Research Fellowship

A grant of up to \$65,000 is available to the successful applicant. The deadline for applications is 30 September 2014.

To apply please contact
anna.pears@racp.org.nz

The Executive Committee are seeking three to four new members. Please consider if you would like to contribute to the wider interests of gastroenterology in New Zealand. Nomination forms will be sent out to all members soon

Noticeboard

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the esophagus

13th World Conference
"The Esophagiome"
Monaco, Grimaldi Forum
August 31 – September 3, 2015

President:
Hans Gregersen (Denmark, China)
Co-Presidents:
Myung-Gyu Choi (Korea)
Larry S. Miller (USA)
David Nocca (France)

The Microbiome Forum: Asia
R&D AND BUSINESS COLLABORATIONS IN
MICROBIOTA RESEARCH, PROBIOTICS, HEALTH & DISEASE
Kuala Lumpur, Malaysia 19-20 January 2015

Microbiome Forum: Asia are offering 15% discount for NZSG members. Please use code GE/NZ/15 on registration.
For further details on meeting go to : <http://www.globalengage.co.uk/microbiomeasia.html>

AP DW 2014 BALI
Asian Pacific Digestive Week

ASIAN PACIFIC DIGESTIVE WEEK • 22-25 November 2014 • Bali, Indonesia

ESPGHAN
48th ANNUAL MEETING
of the European Society for Paediatric
Gastroenterology, Hepatology and Nutrition

6 - 9 May 2015
Amsterdam RAI Exhibition
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