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## Update from Your President

It was with sadness that we heard of the passing of our long term member Dr Bramwell Cook from Christchurch. Bramwell was the archivist of the Society and the exhibition of historical gastroenterological equipment that he put together and showcased at our recent 50<sup>th</sup> anniversary conference in Hamilton was certainly one of the highlights of the meeting.



The New Zealand Society of Gastroenterology herewith acknowledges Bramwell for his long term dedication and passion for New Zealand Gastroenterology.

The New Year has seen many exciting developments. It wasn't all that long ago that we were recovering from the Bogan and Apocalypse Zombie attack and a quarter of 2017 is already gone. Thomas Caspritz's report on the recent Hepatitis Meeting update shows the value of these monothematic meetings and there are a few more to come this year. With the roll out of bowel cancer screening, a new life has been put into NEQIP and GRS. Under the guidance of Dr Malcolm Arnold, a state of the nation is currently being put together. You will see Malcolm over the next couple of months popping up in your unit and please make him feel welcome as he is trying to assess each endoscopy unit individually from a GRS point of view. He is doing this during his sabbatical and without much financial support.

Bowel cancer screening will be rolled out in Lower Hutt and Wairarapa over the next three months. At the last Executive Face-to-Face meeting we heard from Susan Parry and her colleagues from the Ministry of Health, as well as Dr Jeff Wong from Lower Hutt, that preparations are ongoing in order to reach this milestone.

Furthermore I would like you to take particular note of Dr Richard Stein's report of the Camp Purple Crohn's and Colitis Kids Camp. What a wonderful occasion, now in its third year running and brimming with enthusiasm. I personally had the opportunity to talk to some of the kids that participated and they can't wait until the camp next year.

I would also like to thank Dr Russell Walmsley for his engagement in nutritional education in New Zealand. He recently designed and convened the first nutrition course in Auckland with great success. It is actually stated explicitly in the curriculum for advanced trainees that insight into dietary modifications need to be gained over the course of the training. This nutrition course should therefore have a central place and the decision has been made to offer a further course in two years' time.

Lastly I would like to ask all of you to shoulder tap any registrars in your vicinity that you think would enjoy training in Gastroenterology. Recent changes in the RACP privacy policy no longer allow us to contact registrars directly. With ever expanding numbers of training posts as well as a need for gastroenterologists, this is a good opportunity to enter the field of gastroenterology.

For further updates, please follow us on our Twitter account which is growing steadily and I hope you enjoy this issue of the New Zealand Society of Gastroenterology newsletter.

Kind regards, Michael Schultz

### **Closing Soon Research Grants!**

The next round of applications closes on 31 July 2017 (See page 3 for more information)

Follow us on Twitter  
**@GastroNZ**

# Hepatitis Network Meeting Report by Dr Thomas Caspritz

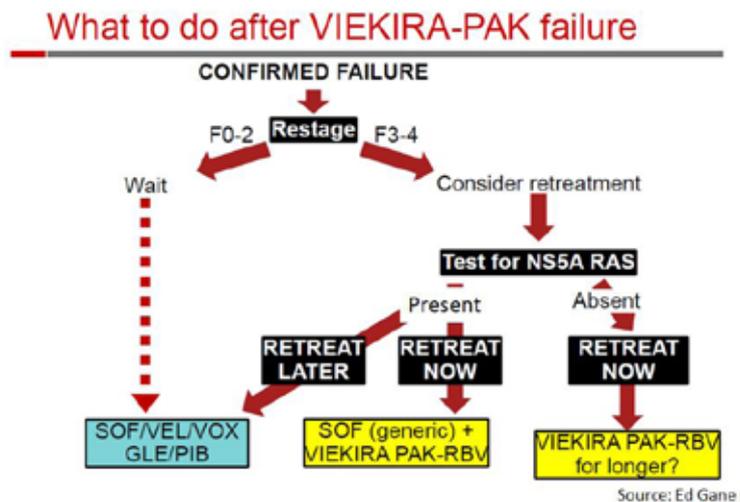
I had the pleasure to attend the recent NZ Hepatitis Network Meeting on 2 March 2017. It was a good little meeting with talks throughout the dinner, and it was certainly a good opportunity for networking. It was attended by doctors and nurses from all over NZ, and again held in the Heritage Hotel in Auckland.

It started with outlining the different models of Hepatitis Treatment Around NZ, based on the recent survey, and presentations by various DHBs. Obviously the service provided varies substantially throughout the country. While some DHBs treat patients almost exclusively in secondary care, others e.g. Auckland sends the patients actively back to the referring GP for antiviral treatment, if possible. Northland has managed to set up an innovative special funding model for GPs, who get paid \$330 per patient to arrange and supervise treatment.

Common challenges are: How to engage GPs to treat in primary care, and how to diagnose the estimated 20,000 unknown patients. Community awareness may help and in fact the survey revealed that public awareness was thought to potentially improve rates of diagnosis most.

Ed Gane's talk on HCV Relapsers was most interesting: What options are there now, and in the future? As we know SVR rates are >95%, and treatment failure rates <5% for the direct acting antivirals (DAAs) LDV/SOF, DCV/SOF, VIEKIRA PAK±RBV. Virologic failure (VF) rates are <3%, and if so mostly associated with NS5A resistance. This would be expected for about 80-100 patients per annum in NZ. The amino acid substitutions that confer resistance are called resistance-associated substitutions (RASs), and the viral variants that carry these RASs thereby have reduced susceptibility to the DAA. Current retreatment options are limited, but there are several new drug combinations on the horizon, which may be used as salvage regimens once approved and funded in NZ. Gileads once daily, fixed-dose combination of Sofosbuvir, Velpatasvir and Voxilaprevir (SOF/VEL/VOX), as an example, reached 96% SVR 12 in NS5A inhibitor-experienced patients (Genotype 1-6), of those patients 41% were cirrhotic.

For proven Viekira or Harvoni failure a NS5A resistance analysis can be obtained in NZ, Kitty Croxson at Labs Plus Auckland can arrange the testing. Dependent on fibrosis rate and resistance there are options to consider, please see attached pathway (Professor Ed Gane)



## What new medications do we need ? Tell us

Please tell us what you consider are the top five most important medications or formulations that you think should be funded in NZ for our gastroenterology patients

Let us know what you think

We will be providing feedback to PHARMAC and will work with them for our patients

anna.pears@racp.org.nz

## NEQIP/GRS UPDATE

As I trust all endoscopy unit teams in the country know that, as of January 2017, NEQIP (The National Endoscopy Quality Improvement Programme) has risen from the ashes. Ministry has awarded the new contract to Hawkes Bay DHB. The team of Sherry Sharp (nurse lead), Karma Percy (admin guru) and I (clinical lead) are all aiming to rejuvenate the NZGRS (NZ Global Rating Scale), designed by the UK joint accreditation group or JAG, and subsequently modified for NZ. This was previously very effectively introduced and implemented with great success in improving quality in endoscopy in all DHBs in NZ. In the past it was managed by Jenni Masters and David Theobald assisted by Nicola Wilson, with some help from Tim King, Anne Cleland, Gendi Bradford and myself. Ministry have recognized the great work done by the NEQIP team in previous years and realise the necessity to keep the quality work going, particularly following the announcement that bowel cancer screening is to be rolled out nationally in light of the very convincing data produced by the Waitemata pilot. GRS is however about ALL endoscopy, not just colonoscopy and not just bowel cancer. The budget and resources allocated for this iteration of NEQIP mean we as a team are not readily able to visit all endoscopy units in person as yet as was previously done, but in fact I am currently endeavouring to do just that, along with my NEQIP role, during a three month sabbatical, part of which also aims to obtain reliable and essential data on the national endoscopy workforce in public and private units. Also pleasingly recent Ministry of Health correspondence suggests that NEQIP funding will be extended until 2019. The NEQIP team are also working closely with EGGNZ on important issues regarding Unit and individual accreditation and certification.

GRS as you are aware is a tool introduced to provide a patient centred view of an endoscopy service and has also been expanded to support quality in the workforce

and training domains. Alongside GRS the KMS (Knowledge Management System) has also been developed allowing the institution and sharing between units of new approaches to common problems.



Every unit in the country (via the nurse and clinical lead) should have received notification about GRS from NEQIP and should be nearing completion of the entry of data allowing a national census to be produced. We are aware that resources in many DHBs for quality matters are not well provided or easily accessed, but we are sure everyone will realise and understand how important a part of our work this is. Data needs to be entered very soon for the March census. To complete the census, you need to log in to the JAG Accreditation website - [www.jagaccreditation.org](http://www.jagaccreditation.org). Then go to the GRS dashboard and select *Start Census*. March 2017. A user guide to completing the GRS is available in the resources section of the GRS dashboard.

Karma has sent out a self-assessment document for all units to complete and return, which will assist us to gauge preparedness of each unit for bowel screening. Thank you to all units who have completed both the self-assessment and/or census.

For further information regarding user names, passwords, general enquires or advice or to contact Sherry, Karma or myself please address e-mails to [NEQIP@hbdhb.govt.nz](mailto:NEQIP@hbdhb.govt.nz) or to any of us individually ([malcolm.arnold@hbdhb.govt.nz](mailto:malcolm.arnold@hbdhb.govt.nz), [sherry.sharp@hbdhb.govt.nz](mailto:sherry.sharp@hbdhb.govt.nz), or [karma.percy@hbdhb.govt.nz](mailto:karma.percy@hbdhb.govt.nz))

NEQIP Mobile 0800 008321

### NZSG Small Research Grants

The NZSG is keen to encourage clinical research by gastroenterology and surgical trainees. during their period of clinical training. Supervisors may have the ideas and time but need small grants for tests, equipment or part-time staff.

The next round of applications closes on **31 July 2017**. For more information on the eligibility, conditions and application process, please go to the NZSG website [www.nzsg.org.nz](http://www.nzsg.org.nz).

## NZSG WORKFORCE QUESTIONNAIRE 2016

<b>1</b>	First Name/Middle Name/Fam. Name (initials)	__/__/__
<b>2</b>	General Surgeon <input type="checkbox"/> Gastroenterologist <input type="checkbox"/> Other (please specify)	
<b>3</b>	Age	
<b>4</b>	DHB	
<b>5</b>	Year started this DHB	
<b>6</b>	Locum <input type="checkbox"/> Permanent <input type="checkbox"/>	
<b>7</b>	Prim Med Degree NZ/overseas	NZ <input type="checkbox"/> overseas <input type="checkbox"/> country:
<b>8</b>	Specialist Qual NZ/overseas	NZ <input type="checkbox"/> overseas <input type="checkbox"/> country:
<b>9</b>	FTE Surgery (public) (e.g. 0.6)	
<b>10</b>	FTE Gastroenterology (public) (e.g. 0.6)	
<b>11</b>	FTE Internal medicine, if any, (public)	
<b>12</b>	FTE Private Work (please estimate, e.g. 8 h/week = 0.2, assuming 40 h/week)	
<b>13</b>	Endoscopy lists/sessions per week (overall)	
<b>14</b>	Number of Colonoscopies/year last 12 months - Public (approx.)	
<b>15</b>	Number of Colonoscopies/year last 12 months - Private (approx.)	
<b>16</b>	Estimated further working years until retirement (public system)	
<b>17</b>	Comments (if any)	
		Version 3 TC 30-10-2016

## Herbert Bramwell (Bram) Cook (1936-2017)

The sudden passing away of Bram Cook on 3 March marks a sad milestone in the lives of so many people in so many different walks of life. His smiling face and warm personality were outward signs of a man of integrity and deep substance. A dedicated physician, he exuded kindness and compassion, but always maintained a spirit of fun and genuine interest in those who he met. He was a man of principle and strong faith, being born and raised in a Salvation Army medical missionary family in India.

After initial schooling in India, he completed his education in Christchurch and then his medical studies at the University of Otago, graduating MB, ChB in 1959. After Medical Registrar training in Christchurch, he furthered his Gastroenterology training with Sir Francis Avery Jones at the Central Middlesex Hospital in London, and then in the USA at the University of Michigan in Ann Arbor. Gastroenterology research in these centres stimulated his enquiring mind, particularly relating to coeliac disease which remained one of his particular fields of interest throughout his long career. He returned to Christchurch in 1969 to take up a full time consultant post in Gastroenterology.

Bram Cook played an important role in the history of our New Zealand Society of Gastroenterology, being an Executive Committee member for a number of years and President in 1974-76. He played important roles in post graduate education and administration, being intimately involved in activities of the RACP, NZMA, Nutrition Society, Coeliac Society, Ministerial Committees, and Christchurch Hospital and Medical School. He was deeply devoted to the public health system. Bram was appointed a Companion of the New Zealand Order of Merit in 2003 for services to medicine and the community.

At the 50<sup>th</sup> NZ Society of Gastroenterology meeting in Hamilton last year, we had the pleasure of having Bram display a number of old instruments once used by older generations of Gastroenterologists over the years. Typical of Bram, he made the journey from Christchurch by car to ensure the safe passage of the precious medical instruments as if they were his babies. His enthusiasm and dedication as our archivist was clearly evident. He will be sorely missed as a colleague, mentor and friend. We extend our heartfelt condolences to his widow Shirley, to his children, David, Lynley and Andrew, and to his ten grandchildren.

Written by Gil Barbezat



# Report of the Crohn's and Colitis Kids Camp

Richard Stein, Gastroenterologist, Hutt Hospital

On 13<sup>th</sup> January 57 children and teens with inflammatory bowel disease, over thirty volunteers, and 33 parents arrived at El Rancho Camp on the Kapiti Coast. It marked the beginning of Camp Purple Live, now in its third year.

The purpose of the camp is twofold. Firstly, it is just a camp, a place for children and teens to have fun and test their limits. Activities this year included go carting, river tubing, a trip to Wellington, and a day at Adrenalin Forest. More importantly, Camp Purple is a place where our youngest people with crohn's and ulcerative colitis can be surrounded by those who understand the challenges of living with these diseases and make new friends.

Planning each camp is a long process and done by a committee of only seven. Of the seven, two are gastroenterologists and one is an IBD nurse. Once a venue is selected, work begins immediately on raising funds for the camp, about \$70,000 each year. The camp has to be publicised throughout NZ through social media and to medical personnel through various medical societies. Applications need to be sent out to potential campers and every camper's medical form needs to be reviewed by a three person medical team. Volunteers, almost all of whom have IBD themselves, have to be recruited, as well as a medical team which staff the camp 24/7. Every volunteer needs to be vetted with police checks. A five day schedule of activities, including those offsite, has to be meticulously planned. Over 100 flights need to be arranged, making sure all children are accompanied on those flights and safely collected at the airport. Campwear needs to be designed and ordered. Ground transportation to and from the airport and to offsite activities have to be arranged. Innumerable inquiries from parents need to be individually answered and last minute travel changes arranged. One member's job is just to manage meals and dietary restrictions of the campers.

This year's camp was the most ambitious to date as the number of campers (as well as parents participating in the parents' seminar) continues to grow each year. Highlights of the camp included a trip to Wellington where the children toured Parliament, visited Te Papa, and took the cable car up to a show at the Planetarium. The following day was spent at the Adrenalin Forest. The campers were amazing and fearless as many of them braved challenges over 30 metres above the ground.

We are especially proud of the children. After the trip to Parliament, upon returning to camp, they drafted a petition asking Parliament to bring forward legislation to assure access to employee toilets for



people with IBD throughout NZ. The petition was submitted to Parliament three weeks later and is currently being reviewed by the Health Committee.

If NZSG members would like to be involved, please contact CCNZ. If you manage young people with IBD, please remember to mention our camp. Information can be obtained from the CCNZ website, [crohnsandcolitis.org.nz](http://crohnsandcolitis.org.nz).

Camp Purple Live and CCNZ is indebted to all its sponsors and especially those individual donors and volunteers who make the camp possible. Among the camp's corporate sponsors are Abbvie, Janssen, Jetstar, Baxter, Pharmaco, ANZ Staff Foundation, TG Macarthy Trust, Boston Scientific Foundation, Rotary Clubs of Orewa/Wangaparoa and Greenmeadows, Sunshine Rotary, Freemasons NZ Pacific Lodge, Johnsonville Club, Mico Plumbing, Pelorus Trust, EFCCA, Pearl Jam, and Olympus Corporation.



## NZSG and University of Auckland Nutrition Course 16-18 February

The first Nutrition Course for Specialist Trainees in medicine was held, very successfully, at the Medical School in Grafton, Auckland over 3 days in February.

The course was specifically designed to fit with the Nutritional aspects of the curricula of General Surgery, Gastroenterology and Intensive Care.

The conveners were Dr Russell Walmsley, (Gastroenterologist at Waitemata, and Clinical Senior Lecturer, Auckland University), Associate Professor Clare Wall, (Head of Nutrition and Dietetics, Faculty of Medicine, University of Auckland) and Dr Andrew Rochford, (Gastroenterologist, Barts Health, London). Andrew is the Education Secretary of the British Association of Parenteral and Enteral Nutrition (BAPEN) and convener of the Leeds and University College London Nutrition courses in the UK.

Generous sponsorship by Fresenius-Kabi, Biomed and Nutricia allowed Dr Rochford to visit for the UK and participate fully in a comprehensive course. Contributors from GI, Surgical, Paediatric, Dietetic, Pharmacist and Medical Science streams collaborated in delivering a varied 17 hours of nutrition-specific education. In addition we were delighted to have an injured Professor Ian Bissett address the course dinner.

The 27 attendees included 13 from Medicine/Gastroenterology, 4 trainees in surgery, 3 Paediatric, one Intensive Care and one General Practice trainee. Two SMOs attended along with 2 dietitians and one pharmacist. The wide range of experience made for useful and enlightening case-based discussion sessions and debate.

A pre and post-course assessment showed a 56% improvement and overall feedback was excellent, with 100% of respondents agreeing or strongly agreeing that the course was relevant to their clinical practice, 96% that it had increased their knowledge and 96% that it was well presented.



L to R: A/Prof Clare Wall, Dr Russell Walmsley, Angela McKee, Fresenius-Kabi and Dr Andrew Rochford

We are very grateful to all those who gave of their time to help increase nutritional knowledge, not least to Dr Andrew Rochford. We also acknowledge this first collaboration with the University of Auckland, not only with the Faculty of Medicine but also in providing an excellent venue.

We are delighted to say that we are planning to hold this course again in 2019.

Watch this space.

Russell Walmsley



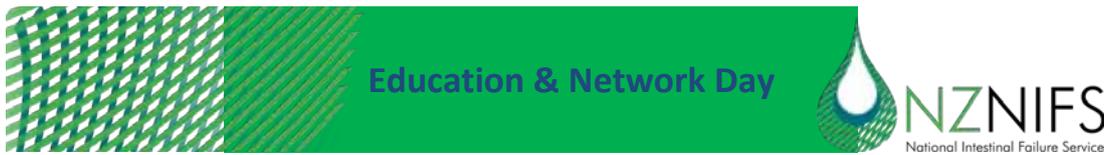
Professor Edward Gane was awarded the  
Sanitarium Innovator of the Year  
for his dedicated and innovative work which has resulted in a  
cure for Hepatitis C.

# NIFS Education Day

We would now like to invite you to register for the second annual NZ National Intestinal Failure Service Education & Network Day to be held in *Wellington on Friday 19<sup>th</sup> May 2017 at the James Cook Grand Chancellor Hotel*. Please find attached the proposed programme for the day. Thank you to those who completed an expression of interest form. We have received over 50 responses and look forward to seeing as many of you there as possible. There is no registration cost associated with this day; however, participants will be required to source funds for travel. Each participant is encouraged to discuss their attendance with their local management, it is the hope of NIFS that your travel will be paid for as a work-related expense as you are members of the NIFS Clinical Network. If you are unable to secure funding for travel, please let us know as we have secured a small amount of funding to assist.

Drs Helen Evans and Julian Hayes

New Zealand National Intestinal Failure Service [NZNIFS] - [NZNIFS@adhb.govt](mailto:NZNIFS@adhb.govt)



**Friday 19<sup>th</sup> May 2017**

**James Cook Grand Chancellor Hotel**

147 The Terrace, Wellington

0830 - 0900	<b>Registration Desk open</b> Tea and Coffee with Light Refreshment
0900 - 0915	<b>Introduction to the Education &amp; Network Day</b>
0915 - 1000	<b>Intestinal Failure - the Royal Salford experience</b> Management - Rehabilitation - Surgical options Mr Mattias Soop
1000 - 1045	<b>Learning from Melbourne</b> Intestinal adaptation Prof. Julie Bines
1045 - 1105	<b>Tea and Coffee</b>
1105 - 1230	<b>Management Dilemmas - breakout sessions</b> Neonates & Paediatrics                      Adults <ul style="list-style-type: none"><li>• Surgical perspectives in the management of IF</li><li>• Optimising IVN management</li><li>• High output stomas and drains<ul style="list-style-type: none"><li>○ Maximising medications</li><li>○ Replacement of losses</li></ul></li><li>• Malnutrition</li><li>• Deteriorating Liver Function Tests</li></ul>
1230 - 1315	<b>Lunch &amp; Trade Exhibits</b>
1315 - 1430	<b>Starting or Stopping Parenteral Nutrition the Ethical Decision</b> Panel and Group Discussion <ul style="list-style-type: none"><li>• Case 1</li><li>• Case 2</li><li>• Case 3</li></ul>
1430 - 1450	<b>Afternoon tea</b>
1450 to 1520	<b>Pain management</b> Dr Ross Drake
1520 to 1600	<b>Psychology and psychiatry – managing/understanding patients' distress</b> Dr Chris Kenedi
1600 - 1630	<b>Summary of proceedings and Close</b>



# *Fancy a career in Gastroenterology ?*

## National Gastroenterology Match Interviews

Applications open on Monday 24 April and close Sunday 21 May for anyone interested in applying for an interview.

Interviews will be held on Thursday 6 July in Auckland

### *How do I go about applying?*

To apply please contact Anna Pears in the first instance

[anna.pears@racp.org.nz](mailto:anna.pears@racp.org.nz)

You will need to provide a CV and referees



Administration Costs apply

New registrants: \$200

Returning Trainees: \$50

## FOUNDATION SERIES

### Introduction to Endoscopy

Christchurch, 24 May 2017  
Auckland, 6 December 2017

#### Convened by:

Dr Steven Ding - Christchurch Course  
Dr Russell Walmsley - Auckland Course  
with invited faculty

It is a one-day course designed for entry-level endoscopists and will cover the information and technical skills for learning basic gastroscopy and colonoscopy.

#### Course content:

- Understanding the endoscope
- Set up of an endoscopy room
- Understanding electrocautery
- Sedation and monitoring
- Hands-on introduction to endoscopic devices
- Endoscopy simulator Training

#### Venue:

**Christchurch:**  
University of Otago  
Christchurch School of Medicine  
and Health Sciences

**Auckland:**  
Advanced Clinical Skills Centre  
Gate 3, 98 Mountain Road  
Epsom, Auckland

#### Registration

For further information contact:

**Anna Pears**  
Phone: +64 4 460 8126  
Email: [anna.pears@racp.org.nz](mailto:anna.pears@racp.org.nz)

Registration fee: \$1000.00 inc. GST

Registration closes 30 days prior to each course date. A decision to continue with the course will be taken on this day.

Full catering will be provided.

#### ADVANCED CLINICAL SKILLS CENTRE



AKO REHUKIWHI TUHAKAHEHEKI & HOKIWHI TUHAKA

MEDICAL AND  
HEALTH SCIENCES



**WORLD CONGRESS of  
GASTROENTEROLOGY @ ACG2017**

OCTOBER 13-18, 2017 | ORANGE COUNTY CONVENTION CENTER, ORLANDO, FLORIDA

