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Notices:

IBD Symposium

NZSG and Ferring are sponsoring an IBD Symposium on 25-26 June 2010 in Rotorua.

For enquiries or to register, please contact Bronwyn Starke on 09 9692 733 or 021 654 970 or email: bstarke@pharmaco.co.nz.

Extra-Ordinary Meeting
An Extra-Ordinary Meeting of NZSG will be held on Saturday, 26th June 2010 at the IBD Symposium in Rotorua to discuss constitutional changes.

NZSG ANNUAL SCIENTIFIC MEETING
17-19 November 2010
Sky City, Auckland

REGISTER NOW:
www.gastro2010.co.nz

Closing Date for Abstracts is 27 August 2010

www.nzsg.org.nz

News from Face to Face Meeting

By A/Prof Alan Fraser

On Friday, 19 March 2010 in Wellington, the Executive Committee had a face to face meeting to discuss current and pressing issues. One of which was the expanding nature of the work of the NZSG. This rapid expansion has necessitated the division of the roles of secretary and treasurer: Alan Fraser is the new Secretary and Russell Walmsley is the new Treasurer.

The Committee also found a need to increase the role of the Administrative Officer based within the RACP offices. This role is currently shared with other societies and provides significant disadvantages for NZSG. The Executive has decided to advertise for a 0.4 FTE position dedicated to the work of the Society. This will increase our administration costs but this expanded role is important if the Society wants to increase the scope of its activity.

The Executive has also been in active communication with the Ministry of Health on several issues including workforce issues with the proposed colonoscopy screening program. There are regular face-to-face meetings between PHARMAC and the Executive Committee which have served to improve our working relationship. Although there are several ongoing issues with regards to funding, this communication has

already seen important advances for our patients (e.g. funding for adalimumab, Movicol).

The formation of subsections (or Special Interest Groups) of the NZSG was also discussed. This issue has been partly prompted by the enthusiasm of a group wishing to establish a Special Interest Group in IBD. This move has been endorsed by the Executive but some changes to the constitution are required (please see page 3).

The Executive has also been keen to be proactive in solving the shortage of gastroenterologists in several areas of the country. To this end, the Executive sponsored, in conjunction with several DHBs, the visit of Tim Carrington (Human Resources, Capital Coast DHB) to the World Congress of Gastroenterology in London. Tim arranged for a booth at this conference and had multiple enquires from attendees about jobs in New Zealand. Several people expressed strong interests in gastroenterology positions in New Zealand. These names will now be made available to those DHBs that have supported this process. The Executive wishes to thank Tim Carrington for his hard work and effort in this venture.

NZSG/Ferring Research Fellowship

The Executive Committee wanted to take this opportunity to congratulate Dr Jeffery Ngu, winner of the 2009 NZSG/Ferring Research Fellowship. This was awarded to Dr Ngu at the Annual Scientific Meeting in November 2009.

We look forward to receiving feedback from Dr Ngu regarding the progress of his research and will publish this in an upcoming issue.

Applications for the 2010 NZSG/Ferring Research Fellowship will be accepted from August 2010 onward. Please watch this space for updated information.

2009 Annual Scientific Meeting

The 2009 Annual Scientific Meeting held in November 2009 at Te Papa, Wellington was considered a great success. Organized by Dr Rees Cameron, the programme featured an excellent range of international speakers and was able to boast an attendance of 351.

The Executive Committee wish to thank Dr Cameron for his hard work and excellent attention to detail that made the 2009 Annual Scientific Meeting such an outstanding achievement.

Training Issues

The Case for a National Match System - A Discussion Paper

The current approach in New Zealand is that independent hospitals / DHBs give core training for up to two years. The candidate then needs to negotiate a further one or more years of training. Although there is informal co-ordination of training in Auckland with co-operation between clinical leaders of the three DHBs, this 'traditional' process is a 'free for all' where positions are offered in an uncoordinated manner by different institutions. The lack of coordination between decision processes creates tensions between a trainee's job preferences and the desire to secure a training position and thus limits appropriate rotation of trainees.

Rotation through different hospitals needs to be encouraged to ensure a broad range of experience in the specialty. It is unlikely that Gastroenterology experience at a single centre can be expected to provide the breadth of exposure to patients and approaches that a trainee needs to experience. Moving between centres allows 'lesser strengths' in training at one institution to be balanced by experience in another appropriately selected institution and also allows prejudices to be challenged.

The Gastroenterology Specialty Advisory Committee (SAC) perceives that there is not enough rotation throughout centres. There is limited training experience in provincial centres where the major job vacancies exist. The need to assist appropriate rotation will increase as new training centres get started (particularly if these centres are approved for only one year of training).

Matching systems are already widely used in medical workforce recruitment. Many positions at a junior medical level are allocated via a matching system. The Royal Australasian College of Physicians in New Zealand (RACP NZ) has developed an on-line application and preference entry system for the use of candidates and hospital directors. The site allows candidates to log in and register through the 'My Training' section of the RACP website, enter their contact details, upload CVs and nominate referees. Referees are sent an e-mail containing an encrypted link and password that allows them to complete a standardized referee form. Candidates can view the progress of referee's reports (i.e. started, completed) but not the report itself. The positions available to the candidate are listed, candidates can add these to a preference (rank order) list and alter the order of their preferences.

Have you visited the website recently?

There is lots of useful information contained within the NZSG website. This is an important means of communication between

the Executive Committee and members. Access to most information does not require a password, however, if you want to view previous newsletters then you will need a username and password – if you have forgotten these details contact Tamsen Maher, our Executive Officer, at societies@racp.org.nz. Please note that an overhaul of the website will be occurring within the next few months, so please feel free to contact us if there is anything you would like to see on the website.

Hospital directors log in (via an encrypted link and password) to a different web page, from which they can view candidate details (of those candidates who have 'applied' by listing their position in their preference list). Directors can view candidate contact details, CV and referees reports, but not preference lists, nor can they access the preference lists of other hospitals. Hospital directors add candidates to their preference list and order the lists into their rank order of preferences. At the time of the close of preferences, the matching program runs and results are distributed. Feedback from the trainees in Australia so far indicates that this system has resulted in a considerable reduction in uncertainty and has encouraged them to think more widely in their choice of positions. The matching system started state-wide but is now nationwide for Gastroenterology in Australia.

A national match could be either manual or computer-based, although for large matches a computerised system is clearly preferable. The lower number of trainees and general familiarity with the trainees in New Zealand may make a manual system the preferred option. This could be performed by the NZ SAC in collaboration with the NZSG using preferences given by candidates and institutions. Similar forms could be used as contained within the computerized system. The RACP NZ may be prepared to play a central role by coordination of documentation (CV, referees reports and examination status) and allowing candidates and institutions to register and enter preferences and perhaps distributing the results of the match.

I would like there to be discussion on this issue over the next 12-18 months with possible implementation by 2012/2013. There will be an opportunity to discuss this further at the ASM. Please give your personal feedback to me at a.fraser@auckland.ac.nz.

Alan Fraser, Chairperson, NZ SAC in Gastroenterology

Executive Changes

The Executive Committee has seen a few changes since the beginning of 2010. Namely,

- Tim King has been co-opted to the Committee as the new Chairman of the New Zealand Conjoint Committee.
- Michael Burt was voted onto the Committee during the 2010 ASM.
- Kumudith Ekanayake has left the Committee as the Trainee's Representative and an individual for this position will be sought in 2010.
- Murray Barclay has left the Committee after his final year as Ex-President.

The Executive Committee wishes to formally welcome Tim and Michael and thank Kumudith and Murray for their terms of service and the great amount of hard work they put forward during that time. We wish them well with future endeavours.

Proposed Constitutional Changes

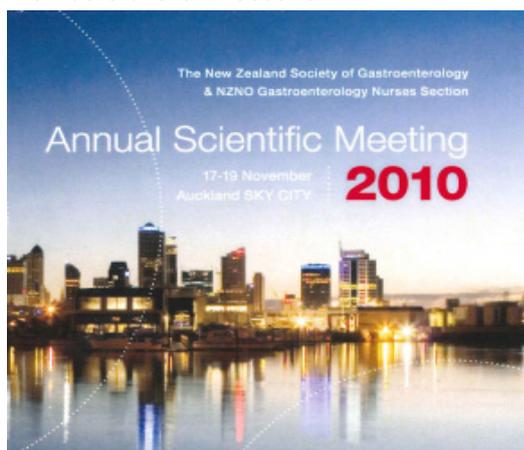
To be voted on at an Extra-Ordinary meeting of the NZSG on Saturday 26th June at 8:30 a.m. (IBD Rotorua)

The Executive would like to have a structure that allows the formation of sub-sections or Special Interest Groups (SIG) within the Society that may have a wider membership but still remain within the structure of the Society. This process requires the addition of the category of Associate Member to our constitution. An Associate Member would have access to the website and receive newsletters but would not have voting rights and would not be eligible for reduced registration fees or prizes at the ASM. An Associate Member could not be a lead applicant for the NZSG/Ferring Fellowship. The annual subscription for Associate membership would be significantly reduced (\$50 is currently proposed).

This concept will be tested first with the formation of IBD-NZ. It is expected that membership of this subsection will include scientists and nurses who may wish to be Associate Members rather than full members of the Society. It is also likely that there will be interest in forming a hepatology SIG. This initiative may continue to evolve and will depend on the enthusiasm of members. Subsections of the NZSG may wish to promote links with the corresponding subsection of GESA. The following constitutional changes are proposed:

Section 3

- a) The Society shall consist of Ordinary Members, Associate Members and Honorary Members.
- b) Ordinary Members shall be registered medical practitioners or scientists with a particular interest in the science, study and practice of gastroenterology.
- c) Associate Members should have an interest in the science, study or practice of a specific sub-section of gastroenterology and / or hepatology. Associate members shall be eligible to receive notices, newsletters, access the Website and attend meetings. Associate Members shall have no voting rights.
- d) , e) No changes
- f) Election of Associate Members - a candidate for Associate Membership of the Society shall be proposed and seconded by a Member or Associate Member of the Society. Any such proposal shall be made upon a form approved by the Executive and will contain information on the candidate's qualifications, professional status and special interest in gastroenterology. After consideration of the candidate's interest in gastroenterology he/she may be declared an elected Associate Member of the Society by the affirmative vote of at least five (5) members of the Executive.



Positions Vacant

GASTROENTEROLOGIST, FULL-TIME/FIXED TERM, DUNEDIN

Are you looking for a short-term position in a great part of New Zealand? We are currently inviting applications for a two month fixed-term position from May 2010.

You will enjoy working with our experienced Gastro team and participate in the 1:3 on-call roster. As the successful candidate you will be skilled and have proven experience with a range of procedures. Being a short term position we are willing to negotiate with you about the package you can expect. It is essential that you are eligible for registration with the Medical Council of New Zealand (www.mcnz.org.nz) and have vocational registration or the equivalent.

Apply online www.healthdownsouth.co.nz/index.php or contact Nigel Copson, Recruitment Advisor, phone 03 470 9605, email nigel.copson@osdhbs.govt.nz

Closing date: 31 May 2010.

SPECIALIST PHYSICIAN/GASTROENTEROLOGIST, HAWKES BAY

Serving a local population of 150,000 you will be presented with a wide variety of cases to make sure that this is a challenging yet rewarding role. Working with 19 other specialist physicians you will be part of a team providing a high level of care across many sub-specialties, while also working on the 1:12 General Medical acute roster. In this role you will be well supported with a medical registrar and a house officer as part of your consultant led team backed up by on-site Emergency Physicians and Intensive Care Specialists.

Within the Gastroenterology subspecialty you will work alongside one other Gastroenterologist, who is well supported by our 5 General Surgeons and 5 Surgical Registrars. This is a fulltime permanent appointment but expressions of interest in short or fixed term employment are also welcome. Applicants must be registered, or eligible for registration, with the New Zealand Medical Council as a Specialist Physician and a fellow of the Royal Australasian College of Physicians, or equivalent.

Application details are available from: Margaret Meads – Medical Recruitment Advisor, Drs Unit on +64 6 878 8109 or Fax +64 6 878 1301 or email to: margaret.meads@hawkesbaydhb.govt.nz

Go to www.nzsg.org.nz/news-2/employment for more details on these positions and others around New Zealand.

Featured Research Department - Dunedin

Our group has been investigating the role of trigger factors in IBD with an emphasis on the role of intestinal permeability. We established the well accepted IL-10 knockout mouse (IL10^{-/-}) model at our laboratory. Under specific pathogen-free conditions, this mouse develops a mild-to-moderate chronic intestinal inflammation by eight weeks, resembling features of IBD. Two projects have followed the establishment of this animal model.

Success: Firstly, we investigated the underlying mechanisms that lead to intestinal inflammation in IBD following the administration of indomethacin. Four week old, disease free, IL10^{-/-} mice were treated with Indomethacin in drinking water for 7 days. In comparison to wildtype (wt) and vehicle treated animals, IL10^{-/-} mice are very sensitive to this treatment, loose rapid weight (Fig. 1) and develop a severe enteropathy (Fig. 2). This treatment does not seem to induce chronic disease as animals recover fully following the cessation of Indomethacin.

We are currently investigating the role of intestinal permeability and cytokine expression in this model to understand the response of IL10^{-/-} mice to NSAID treatment. Secondly, we are investigating the role of stress in IBD. Using our IL10^{-/-} mouse model, we applied restraint stress to 7-week old mice with signs of early intestinal inflammation. Intestinal inflammation was aggravated in IL10^{-/-} mice (Fig. 3).

Further analysis of this model will focus on the effect of different forms of stress and possible preventive and therapeutic action of probiotic treatment. We are currently assessing the ability of probiotics to maintain or restore intestinal permeability in chronic inflammation induced by pro-inflammatory cytokines.

Figure 1: Weight loss in 4-week old IL10^{-/-} mice treated with Indomethacin for 7 days (*p<0.001)

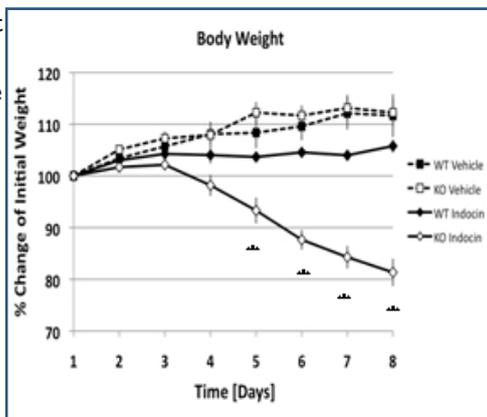


Figure 2: Enteropathy in 4-week old mice following one week of treatment with Indomethacin (**p<0.01, ***p<0.001)

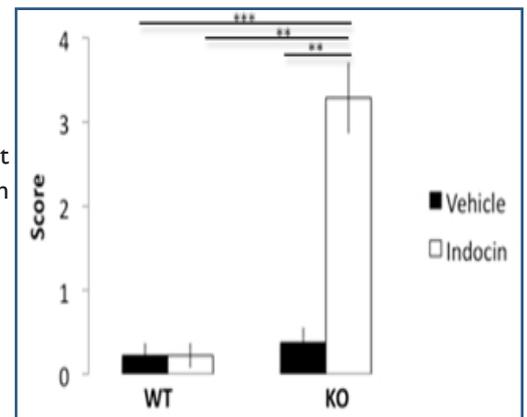
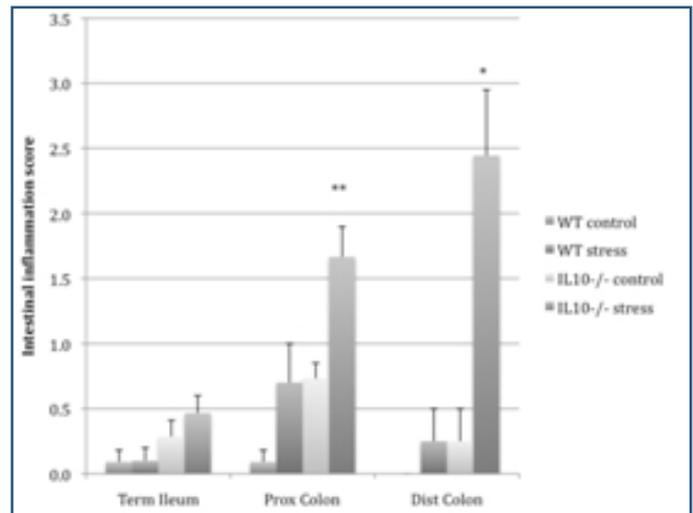


Figure 3: A one week period of restraint stress application leads to significant intestinal inflammation in 8-week old IL10^{-/-} mice. This was accompanied by significant weight loss and increased proximal faecal pellet production.



Our team in Dunedin (left to right, back to front): Merrilee Williams, RN IBD, Jonathan Braun, PhD student, Anna Lindstrom, PhD student, Glen Donaldson, RT, A/Prof Grant Butt, Physiology, Dr Michael Schultz, Gastroenterology, Chuan Chuan Lai (and Edward), MMSc student, Kathy Stein (doctoral fellow). Absent: Dr Simon Stebbings, Rheumatology, Dr Rebecca Roberts, Genetics, Dr Jacqui Keenan, Microbiologist (Christchurch)

CONTACT US

NZSG welcomes all feedback, suggestions and contributions to this newsletter.

Alan Fraser, Secretary

Email: afraser@auckland.ac.nz

Post: NZSG, P.O. Box 10 601, Wellington

Web: www.nzsg.org.nz

