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## Upcoming International Meeting

The 9th International Gastric Cancer Congress in Seoul, Korea  
April 20-23 2011

For more information, go to [www.9igcc.com](http://www.9igcc.com)

## From the Desk of the President

The first sentence of my first newsletter update as President has to be to thank John Wyeth for his hard work and dedicated leadership of the Society and Executive over the past two years. John continues on the executive for another year as Past President and we are all grateful for this provision which ensures a smooth leadership handover. I would also like to thank Tony Smith who leaves the executive after many years service - Tony's sage comments and sense of humour will be sorely missed. Both John and Tony were presented with engraved pens at the conference dinner.

Ashok Raj was appreciated as our Trainee representative on the Executive and Tien Huey Lim will take over in 2011. We wish Ashok well as he completes his training overseas.

I also want to welcome Ed Gane and Michael Schultz back onto the Executive as elected members, and Tim King has again been co-opted in his capacity as Chair of the Conjoint Committee.

My next thank you is to Alasdair Patrick (Convenor) and the Organizing Committee



Handover ceremony at the ASM

of the recent Annual Scientific Meeting (ASM) in Auckland. This was a very successful conference with a record number of registrations. Many positive comments regarding the academic programme and the quality of the free papers were received from those attending as well as from our overseas speakers. The calibre of the meeting reflects the hours of work by Alasdair and the organizing committee, Claire Bark of Tangerine Events as well as the work throughout the year of members who want to advance the practice of Gastroenterology and Hepatology in New Zealand. The conference dinner was also a very enjoyable event and the newsletter contains photographs that testify to this! Of course this section on the ASM would be incomplete without thanking and acknowledging the support of our sponsors for both the meeting and the Research Fellowships and Prizes. The winners of these awards are listed in the newsletter.

The new Executive has already had a busy start with a teleconference on the 13<sup>th</sup> of December. A teleconference is also planned in mid February with a face-to-face meeting scheduled in March. In between newsletters I plan to send regular short e-mails to keep you updated on the major matters being considered by the Executive. Early next year we will determine our priorities for 2011. Do remember that we are *your* Executive and I am *your* President – we welcome suggestions and feedback. Please contact me at [sparry@middlemore.co.nz](mailto:sparry@middlemore.co.nz). or contact one of the Executives. The full composition of the Executive Committee and contact email addresses are outlined in the next page.

I am sure 2010 has been a busy year for you all – I trust you and your families will enjoy some rest and relaxation over the Christmas and Holiday Season.

Susan Parry

## SAC Training Report

An advanced training workshop was held on Friday afternoon at the end of the annual scientific meeting. There was a discussion on the new gastroenterology curriculum and draft copies were circulated. The official version should be available shortly to distribute to all supervisors of trainees. The new curriculum becomes the basis of the assessment tool called 'learning needs analysis'. This is essentially a discussion with the trainee on how learning objectives will be managed during the attachment. For example, there may be a need to attend specific clinics and there may be topics that need to be including into regular teaching sessions.

Registrars starting in 2011 will start with the new assessment process. This will be a learning process for all (supervisors and trainees) over the first 12 months but the new tools seems to be straightforward and should not be too demanding on time.

There will be one case-based discussions per six months and two direct observations of procedural skills per six months (no mini-CEX during advanced training). There will be a learning needs analysis at the start of run. A professional reflection task (previously called the significant incident report) is still being developed. The supervisors report will continue to be an important means of feedback to the SAC.

Research requirements have been defined more clearly. There needs to be two projects over the three year period of advanced training. For most trainees this means two projects presented to the ASM of the NZSG, either poster or presentation, but other forms of presentations can be considered by the SAC (i.e. local research meetings or Gut Club). Documentation will need to be sent to the SAC, or at the least a strong endorsement from the supervisor that a significant piece of research has been completed.

What if you have concerns about a trainee? The SAC needs more specific comments on supervisor forms to take some appropriate remedial action. You should use 2's on the report if there are genuine concerns - a score of 3 means the trainee is adequate *for level of training* and therefore no action is required. The first response is usually to request more regular meetings with the trainee and to request interim reports (often problems are rectified quickly and no further action by SAC required). A 360 review (also called multi-source feedback) will also be a useful way of obtained good feedback on performance and identifying the deficiencies that

need to be addressed (yet to be fully developed). An independent review of training is a more significant step and may be potentially threatening for a trainee but this is aimed to be a constructive experience for the trainee and the training site. Finally, there is the potential to defer or fail to accredit training if there are sufficient grounds to believe the trainees has not reached competency for independent practice.

A trainees' meeting is planned for 7-8 April 2011. It is important to have all trainees attend this meeting. There are also afternoon teaching sessions once per month (by video link). The SAC is very supportive of this trainee-lead initiative and encourages clinical directors from all centres to allow registrars time to attend these sessions.

All trainees should have a personal learning portfolio - starting from basic training. They should be reminded to show this portfolio to their new supervisors, including copies of supervisor's reports from previous runs. If they don't or can't provide these then the College will send these reports to the supervisors.

Site visits will continue at two to three per year. This year we have been to Dunedin, Palmerston North and the Hutt Hospital.

*Alan Fraser*  
*Chairperson for Specialist Advisory Committee*  
*Gastroenterology*

### NZSG Executive Committee

<b>Susan Parry</b>	<b>President</b> sparry@middlemore.co.nz
<b>John Wyeth</b>	<b>Past President</b> john.wyeth@ccdhub.org.nz
<b>Alan Fraser</b>	<b>Secretary</b> a.fraser@auckland.ac.nz
<b>Russell Walmsley</b>	<b>Treasurer</b> russell.walmsley@ waitematadhb.govt.nz
<b>Michael Burt</b>	michael.burt@cdhb.govt.nz
<b>Ed Gane</b>	edgane@adhb.govt.nz
<b>Tim King</b>	timk@adhb.govt.nz
<b>Michael Schultz</b>	michael.schultz@stonebow. otago.ac.nz
<b>Jeff Wong</b>	jeffrey.wong@huttvalleydhub.org.nz
<b>Lily Brown</b>	<b>Executive Officer</b> DDI: (04) 460 8127 lily.brown@racp.org.nz

## ASM Report

2010 saw the NZSOG and the NZNO annual scientific meeting return to Auckland. It was held in New Zealand's premier purpose built conference venue at Sky City in downtown Auckland. 450 people attended making the conference 30% larger than any previous meeting.

The scientific content was superb. It was led by our International invited speakers. Professor Epstein from the Royal free Hospital in London who challenged us on our obsession with endoscopy and the potential for expanding our workforce with broader nurse roles. Professor Finlay Macrae from Melbourne updated us on many topics including new technology for diagnosing cancer and colorectal cancer genetics. Dr Steven Mesenas from Singapore covered many areas including screening for pancreatic cancer and pancreatic cysts. Professor Sum-Ping Lee made complicated science understandable and bile salts sound interesting! We tried very hard to get the right balance between local and international presenters and again saw how blessed we are in New Zealand with the quality of our workforce. The sessions were both practical and educational. Each session had speakers from other disciplines which broadened our horizons.

The registrar presentations were another highlight. Each year the quality of the work occurring here seems to greatly improve and registrars are all now expected to present. This has been a significant cultural shift. Congratulations to the winners of the various awards.

We also had the largest trade contingent ever which provided an excellent opportunity for industry interaction and made the conference an economic success.

The social program was again exceptional. Having been born in the 1980s myself it brought back many fantastic memories. The registrars dressed as The Revenge of the Nerds, Wonder Woman, Captain Stubing, Yoda, Vincent Furnier and Cindi Lauper to name a few. There was great food, music and plenty of dancing.

We look forward to next year in Dunedin.

*Alasdair Patrick  
2010 ASM Convenor*



**Professor Owen Epstein, Mrs Epstein**



**Dr Susan Parry, Professor Sum-Ping Lee**



**Ms Jacky Watkins, A/Prof Sarah Breier**

## Health Workforce NZ - Gastroenterology Review Group

*"The future is not a place awaiting our arrival. It is something that we have to imagine, design and build. If we do not build it, other people will."*

This is how I began my presentation on Workforce Issues at our recent ASM in Auckland. You are probably aware that Health Workforce NZ, led by Prof Des Gorman, is reviewing Gastroenterology services and how they could look in 10 years time. Our Society has accepted the challenge and a group representing consumers, primary care, nursing, medical and surgical specialists have already begun the process of predicting the future. The Review Group has been asked to consider clinical scenarios which cover the majority of the work in the specialty. From here, with each scenario, predictions on different technological advancements, new models or new ways of delivering care are considered and how that would in turn affect workforce training and requirements.

When we consider 10 years from now, it is predicted that demand for medical services will have doubled but only funding will only have increased by 40% according to current economic models. Add to this the existing problems with medical migration and high dependence on overseas trained medical specialists, and there is a significant problem ahead for us. In my role as Chairman of the this review group I have emphasised that our role is to consider

and advise within our specialty capacity, realising that recommendations should improve efficiency and maintain quality of care, but may not achieve the overall goals as mentioned above.

During the AGM I asked permission of our Members to have a free discussion within the Review Group of all options open to solve this Workforce Crisis. Practical solutions include utilising nurses in specialised roles such as running IBD clinics or Hepatitis clinics. In Auckland, specialist nurses are already involved in Colorectal Clinics where they are making the initial assessment and management of patients with overt rectal bleeding, including banding of haemorrhoids. This concept, I believe, can be expanded upon, without reducing opportunities for training of registrars. The question of non-specialist endoscopy needs to be addressed in an open and unbiased way as well. The Review Group will need to discuss non-specialist endoscopy and consider it as an option for the future. The NZSG will be kept updated on the Review Group progress and will have an opportunity for feedback on the report.

The Review Group has had one meeting and is due to meet again before Christmas. The five clinical scenarios agreed to at present are: Blood loss from the GI tract, Dyspepsia, Altered bowel habit, Abnormal LFT, Colonoscopy screening and surveillance. These scenarios cover both medical and surgical issues, endoscopy, chronic disease and also the question of screening and surveillance. The report is expected by January 2011. If any members wish to have input, please contact me at [john.wyeth@ccdhb.org.nz](mailto:john.wyeth@ccdhb.org.nz)

*John Wyeth*

## NZSG and Ferring Research Fellowship 2010/2011 Winner - Tien Huey Lim

I am very grateful to Ferring Pharmaceuticals and NZSG for the Research Fellowship. Over the next year I am doing a research fellowship with the NZ Liver Transplant Unit and will be working on a 25 year follow-up study of Hepatitis B carriers identified in a community screening programme in Kawerau in 1984; looking specifically at mortality/morbidity and identification of baseline predictors of outcome. The preliminary results of this study will hopefully be presented at the next NZSG meeting in Dunedin.

*Tien Huey Lim*



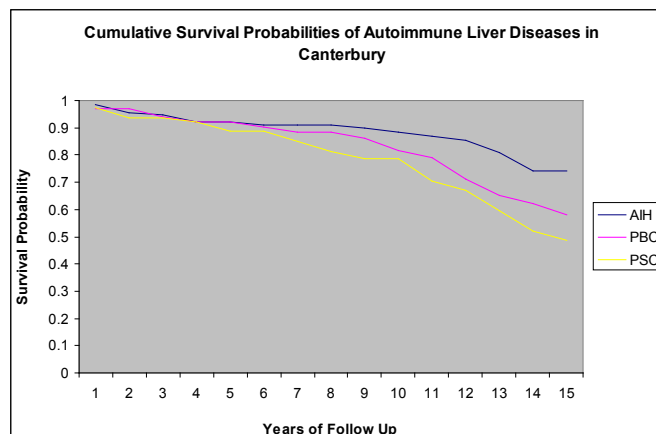
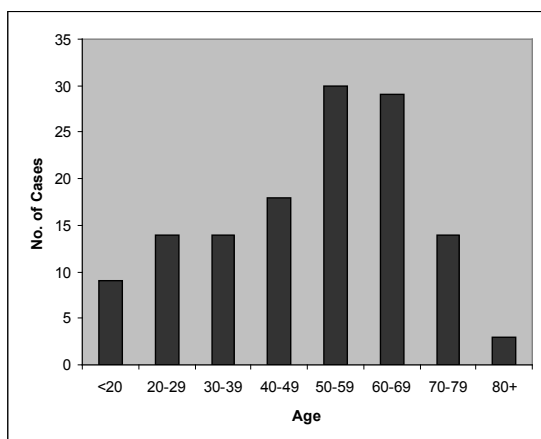
Bronwyn Starke, Tien Huey Lim, Ai-Leng Hong

# Report on 2009/2010 NZSG and Ferring Research Fellowship

I would like to thank the NZ Society of Gastroenterology and Ferring for funding my research project this year. It has been an exciting year.

The focus of my study is on autoimmune liver diseases (ALD) in New Zealand. With guidance from my supervisors Dr Catherine Stedman and Assoc Prof Richard Geary, I started the project by conducting a population-based epidemiological study of autoimmune hepatitis (AIH) in Canterbury and showed that AIH is in fact more prevalent in older women than other demographic groups. This is contrary to the traditional description of the disease that was based on studies performed at tertiary referral centres which were most likely subject to significant referral bias. This study has been published as an original research article in the *Journal of Gastroenterology and Hepatology* this year [1]. Employing the same methodology, I have studied the epidemiology of primary biliary cirrhosis (PBC) and primary sclerosing cholangitis (PSC) and showed markedly shortened life expectancy and high incidence of malignancy in patients with PSC. These studies were presented orally at the Asia Pacific Digestive Week in Kuala Lumpur in September 2010 [2-3]. I then performed mortality analysis on these population-based cohorts and revealed significantly higher mortality rates in all three cohorts in comparison to the general population despite the availability of immunosuppressive treatment for AIH and liver transplantation [4]. This study was presented at the NZSG Scientific Meeting in Auckland recently and was awarded the Hepatology and RACP Young Investigator Awards.

It is a privilege to have the opportunity working as a research fellow. No doubts, as one would expect, there were ups and downs throughout the year, although the experience is invaluable. My goal is to complete my PhD study within the next 2 years, and then to travel overseas for post-doctoral fellowship to increase my research and clinical skills before returning to New Zealand as a research clinician.



Jeffrey Ngu

## References:

1. Ngu J.H., Bechly K., Geary R.B., Chapman B.A., Burt M.J., Barclay M.L., Stedman C.A.M. 2010. Population-Based Epidemiology Study of Autoimmune Hepatitis – A Disease of Older Women? *J Gastroenterol Hepatol* 2010; 25: 1681-1686
2. Ngu J.H., Wright A., Geary R.B., Chapman B.A., Burt M.J., Barclay M.L., Stedman C.A.M. 2010. Population-Based Epidemiology of Primary Sclerosing Cholangitis in Canterbury, New Zealand. *J Gastroenterol Hepatol* 2010; 25 (suppl. 2): A 176
3. Ngu J.H., Wright A., Geary R.B., Chapman B.A., Burt M.J., Barclay M.L., Stedman C.A.M. 2010. Primary Biliary Cirrhosis in Canterbury, New Zealand: A Population-Based Study. *J Gastroenterol Hepatol* 2010; 25 (suppl. 2): A 177
4. Ngu, J.H., Geary, R.B., Frampton, C., Stedman C.A.M. Mortality of Autoimmune Liver Diseases in Canterbury, New Zealand: A Population-Based Study. *Abstract NZSG Scientific Meeting 2010*

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**NOW!**

The New Zealand Society of Gastroenterology  
& NZNO Gastroenterology Nurses Section

Annual Scientific Meeting  
23-25 November  
UNIVERSITY OF OTAGO, Dunedin | **2011**

## 2010 NZSG ASM Award Winners

Award	Prize	Winner
NZSG Ferring Research Fellowship	\$50,000	Tien Huey Lim
Olympus Travelling Fellowship	\$6,000	Rees Cameron
Obex/Given PillCam Scholarship	Package	Michael Schultz
Roche Young Investigators Award (Liver)	\$2,000	Jeffrey Ngu
Roche Young Investigatros Award (Luminal)	\$2,000	Greg O'Grady
NZSG Best Clinical Paper or Presentation	\$1,500	Emma Bagrie
Roche Best Poster	\$1,000	Estella Johns
Obex Best Encoscopy Paper or Poster	\$1,000	Clare Tibbatts



# 2010 NZSG ASM Photo Album

Your Executive Committee (After)



Alan Fraser, Susan Parry

Your Executive Committee (Before)



Russell Walmsley



Tony Smith, Lily Brown, Alan Fraser



John Wyeth, Susan Parry



Ashok Raj



Michael Schultz

