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### **New NZSG Research Grants!**

The NZSG is now providing a new series of research grants. (See page 4 for more information)

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## Update from Your President

Susan Parry

Dear All

Welcome to our first newsletter for 2011 – thank you Alan and Lily for all the work you have done work to make this possible and thank you also to our contributors including our co-opted surgical Executive member Mark Thompson-Fawcett.

None of us could have anticipated the events that this year would bring and I want to assure all our members living in Christchurch that we remain aware of the ongoing challenges to life in your city following the devastating February earthquake.

It is only April and the Executive have already held two teleconferences and a face to face meeting to allow us to determine and progress initiatives for the year. We welcomed your input and this year we are seeking to

- increase communication with members;
- establish a Sedation and CPR update course anticipating that, as in Australia, this will soon become a formal requirement;
- support more structured training for colonoscopy;
- explore different ways in which we can support our regional members, e.g. by funding experts to travel and provide focused clinical updates;

- continue to address Gastroenterology workforce concerns;
- consider an additional single topic meeting to be held in the year between IBD symposiums ;
- provide NZSG sponsored patient information brochures on our website;
- promote research by members and trainees by establishing a number of smaller research grants to facilitate data collection and analysis (see page 4 for more information); and
- increase our commitment to activities of fellow Societies in the Asia – Pacific Region.

I want to thank the Executive members for the enthusiasm with which they have already started to action some of these initiatives. Our other routine activities will of course continue including an active dialogue with Pharmac. Our Treasurer, Russell Walmsley, has also been busy facilitating a change in our accountant and reviewing our investment strategy.

Our next teleconference will be held on Wednesday 25<sup>th</sup> May at 8pm. Please feel free to contact me (sparry@middlemore.co.nz) if you wish to add an item to the agenda. Minutes of our executive meetings are available on request from Lily Brown, lily.brown@racp.org.nz.



Executive Committee meeting on 12 April 2011

## Canterbury Earthquake Update

Christchurch was hit by a second violent earthquake on Feb 22. Although smaller in magnitude, the epicentre was shallow and located close to the city thus causing severe damage and loss of life in the central city, eastern and hill suburbs.

The physical damage was massive but the psychological impact was also devastating. The first earthquake and the seemingly never ending after shocks had caused wide spread anxiety and sleep deprivation. However a lot of us were reassured by the fact that no one died during the first quake and a belief that that this was unlikely to happen again. The second more severe quake shattered all those illusions.

Christchurch Hospital was severely affected but coped well with the sudden influx of major trauma. Many patients were sent to other cities and thanks to all involved with this. The predicted second wave of trauma victims did not eventuate as unfortunately no survivors were recovered after 24 hours. In addition to the trauma services the medical services were busy with cardiology problems and admissions of vulnerable elderly unable to cope in homes without power, water and sanitation. Once again many patients were sent to other centres for care and we are very grateful for this.

Gastroenterology has been seriously affected. The Riverside Block (the major ward block) was without power, the basement flooded and was evacuated in the early evening. The top two floors are not going to be opened again for inpatient care and thus Ward 29, the gastroenterology ward has closed for good and nursing staff dispersed to ward 26 and Princess Margaret Hospital. The endoscopy unit suffered minor water damage and was functional the following day. Our recovery ward became the ENT ward and acute ENT outpatient service. Currently the endoscopy service is running at 1/2 to 2/3 capacity but many patients are too scared to come in to the central city and have procedures.

The gastroenterology medical and nursing staff have been fortunate in that no staff member or close relative was killed but everyone knows someone who has not survived. Some staff have suffered severe damage to their homes, in several cases making them uninhabitable. Travel around the city is difficult and the daunting economic implications are becoming clearer day by day. Everyone is very traumatised by events especially our nursing and clerical staff but all have all stepped up and come in despite this to run the service.

There are major medium and long term issues for the Hospital and our service but we have a good team who can rise to these challenges. We are very grateful to all the messages of support, practical help and offers from assistance around the country.

*Michael Burt*

## New Executive Committee Member - Mark Thompson-Fawcett

The Executive is pleased to welcome Mark Thompson-Fawcett as a surgical representative. The Executive is very concerned that the NZSG maintains relevance for gastrointestinal surgeons and that the very good relations between gastroenterologists and surgeons continues.

He writes...

*I am currently working as an academic general and colorectal surgeon in Dunedin. In general surgery practice today much of our work is conducted in a multidisciplinary setting. In my day-to-day work I am frequently working with gastroenterologists, which I have always enjoyed. The opportunity to join the NZSG executive will enable me to extend this blending in the surgical perspective to the work of NZGS. There is strength working together at a National level to optimise the care of patients we manage. I see this including furthering combined CME activities, establishing equity of access nationally and ensuring our patients get a fair slice of the health budget. In addition it is an opportunity to raise the profile of the South, with a particular focus of helping Michael Schultz organize a great ASM in November, in Dunedin!*

*My current research interests include ileal pouches, Crohn's disease, appendicitis and colorectal cancer. Last year a Colorectal Translational Research Group*

*was established based in the Department of Surgical Science, but with key participation from prominent scientists in the University of Otago. Projects include some exciting and novel research into Crohn's disease and Colorectal cancer, and the body's immune response to these disorders.*



## Message from GESA

The GESA Council wishes to pass on our most sincere and heartfelt condolences on behalf of all GESA members, for the awful events in Christchurch. Our thoughts are with our NZ gastroenterology colleagues, and all New Zealanders who are suffering at this terrible time. It's been said many times in recent days but I think it does ring true: we are more like brothers and sisters, siblings in our isolation, than most other physically close countries, and we feel each others' pain keenly.

*President  
Michael Grimm*

## NZ Conjoint Committee Update

In my report at the ASM in November 2010, I stated a plan to approach the parent bodies of the Conjoint Committee. Following meetings with the Presidents of the Royal College of Surgeons and Royal College of Physicians, to discuss their views of the future of the Conjoint Committee, changes are being planned that will allow very direct reporting lines to appropriate College committees, that will both ensure the future of the Committee and representation for the Society's members.

More importantly, by acting quickly to align criteria for recognition of training in Australia and NZ, we have ensured ongoing reciprocity of recognition of training for our trainees. We have forwarded details of the changes in criteria to all members. It is an important message that recognition of training is founded on meticulous assessment of competence by endoscopy trainers, and not a function of numbers of completion rates. I encourage those of you involved in training to continue to deconstruct and verbalise your own technique, to better allow communication of your skills to your trainees.

I would encourage you all to be aware of the pilot study of the UK endoscopy quality program, GRS, which is being championed by David Theobald. One arm of this initiative is a web-based endoscopy training program, called e Portfolio, which is able to combine functions of training diary, logbook, structured trainer feedback (DOPS) and importantly provides documentation and trainee evaluation of endoscopy training.

Whilst these represent possibilities for the future, physician trainers should be aware of the launch of the RACP PREP program. Endoscopy trainers will be expected to provide structured feedback for logbooks on practical procedures (DOPS) for the new wave of advanced trainees.

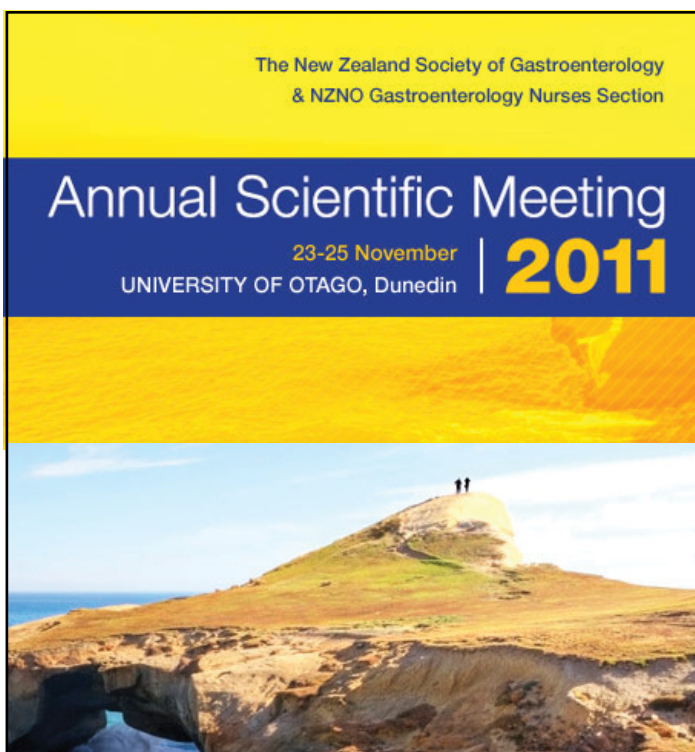
*Tim King*  
Chair, NZ Conjoint Committee

## NZ Order of Merit

The NZSG congratulates Assoc Professor Ed Gane on receiving the NZ Order of Merit. This is an appropriate reward and recognition for his work in establishing world class liver transplant services in New Zealand.



Digestive Diseases Week, American Gastroenterological Association
Chicago
May 7-10
Portal Hypertension Workshop and Management of Chronic Hepatitis B
May 27
Auckland
15th Annual Coolum Update in Gastroenterology and Hepatology
Coolum, Queensland, Australia
June 11-13
AGW, GESA
September 12-15
Brisbane, Australia
Asia Pacific Digestive Week (APDW)
October 1-4
Singapore
United European Gastroenterological Week
October 22-26
Stockholm, Sweden
American Association for the Study of the Liver
November 4-8
San Francisco, USA
<b>NZSG Annual Scientific Meeting</b>
<b>November 23-25</b>
<b>Dunedin</b>



## Training Issues

A couple of issues were discussed at the recent Exec meeting. We are pleased to have Tien Huey Lim as our trainee representative on the committee. The monthly registrar teaching sessions by video link were discussed. These sessions are going well but some disappointment expressed at the attendance levels. The sessions are held on different days of the week to encourage availability but this requires some advanced planning and obviously permission to cancel clinics if required. Registrars need to discuss this with their clinical directors well ahead of time. The NZSG Exec and the SAC strongly endorse this student led initiative

The plan is for 7 sessions per year - 3 have already been held. The plan is to use consultants as speakers from around the country. The remaining 4 sessions for 2011 are:

### 10th May

Speakers: Graeme Dickson, Richard Geary and Murray Barclay

### 11th July

Speakers: Rob Cunliffe, Michael Schultz and Stephen Mouat (paediatric gastro)

### 17th August

Speakers: Frank Weilert, Susan Parry.

### 27th Sept

Speakers: John Wyeth, Stephen Inns and Nigel Stace

The second issue discussed was registrar training in colonoscopy. Again the Exec and the SAC are keen that all registrars have one dedicated training list per week (for example - 4 booked colonoscopy (plus 1-2 acute gastros). It would also seem reasonable for larger training centres to have a person nominated as responsible for training (preferably separate from the clinical director). This is obviously only a recommendation and for discussion in your centres

The new assessment tools for trainees starting in 2011 are the Learning Needs Analysis and the Case-based discussion. These tools have been discussed in a training workshop in November and at the recent trainees meeting in Auckland. The information is all available in the advanced training portal in the College website. It is appreciated that it is going to take some time and effort to get on top of these new assessment tools. Your registrar needs to drive this process and they are all aware that the attachment cannot be accredited until these tasks are completed. The new curriculum is now available online and is an excellent resource for trainees and supervisors.

*Alan Fraser  
Chair of Gastroenterology SAC*

## NZSG 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 grants will be awarded twice a year (closing dates are 31<sup>st</sup> Jan and 30<sup>th</sup> June). The maximum amount awarded will be \$10,000 (smaller amounts should be considered and may have a better chance of success!).

Applicants may be trainees or consultants but must be a member of the NZSG. Preference will be given to clinical research with registrar involvement that can be completed within 6-12 months. Preference will also be given to clinical questions that are considered to be highly relevant to the NZ population. The research must be conducted in New Zealand. The number of successful applications each year will depend on available funds and the strength of the applications. The first closing date is **30 June 2011**. See NZSG website for more details and an application form.



## The RACP Research and Education Foundation Awards Calling all Fellows and Trainees of the RACP

The Royal Australasian College of Physicians Research and Education Foundation offers over 50 Scholarships and Fellowships a year, funding a broad range of areas and specialties relevant to physicians.

The RACP Foundation is pleased to announce the new Fellows Contribution awards for 2012, including a Research Entry Scholarship specifically available to New Zealand Fellows and Advanced Trainees. These awards are intended to provide research funding for the broad membership of the College.

To find out more about the awards, eligibility requirements and how to apply, please visit the REF website - <http://www.racp.edu.au/page/research-ed> or email [foundation@racp.edu.au](mailto:foundation@racp.edu.au).