

# New Zealand Society of Gastroenterology

**Newsletter No. 12** 

**May 2009** 

#### President's Comment



As you can see our newsletter is evolving and hopefully improving. The newsletter, whether it is paper or electronic, is really the only way we communicate with all our members. It is hoped to bring in even more changes in the future, possibly also using the newsletter as a clinical forum for presentation of members work. Comments are invited.

The "new" Executive had their first face-to-face meeting in Wellington in March. One of the key points I emphasised as President is I want our Society to become more pro-active and less reactive. This entails formulation of policy to guide us, not just for the next 1-2 years, but for the long term. Several key areas were identified. Colorectal cancer screening is very much to the fore, and that raises questions about the adequacy of our workforce and training to meet the demand. Our Society is increasingly being called upon by other agencies for assistance and this highlights the need for better communication strategies and possibly even lobbying on our part. In the last couple of years we have developed

a closer working relationship with Pharmac, but recent difficulties in accessing biological therapies equitably in New Zealand have emphasised the need for our Society to formulate or adopt a best practice guideline. Finally research is a core principle of our Society and needs to be fostered.

One of my first actions as President was to call a meeting of representatives of all Endoscopy Units in New Zealand. This proved to be a valuable exercise with good discussion and a number of action points agreed on, including having a further meeting at this year's ASM in Wellington. The shortfall in consultant workforce was the most important issue. As a result I have been in contact with the CEO's of all DHB's in New Zealand. NZSG is hoping, with the assistance of the DHB's, to mount a campaign to attract consultants to work in New Zealand. I will keep you posted.

Best wishes...

John Wyeth President, NZSG

#### Gastro 2009

11 - 13 November 2009, Te Papa, Wellington

An exciting programme with a number of concurrent sessions is being planned. For the first time public lectures are to be included at the end of the conference. It is hoped that this will set a precedent

for future ASM's. A leader's forum, as held for the first time at the end of the Rotorua meeting, is also planned. For further information, visit: www.gastro2009.co.nz

Gastro 2010: 16-19 November, Auckland

#### **PHARMAC Discussions**

In March, the Executive met with PHARMAC to discuss current issues related to gastroenterology medicines.

Adalimumab: The Executive expressed disappointment at the slow progress in obtaining adalimumab funding for use outside hospitals following the PTAC recommendation last year that this be approved. PHARMAC reassured us that that they are continuing to negotiate with Abbott and were hopeful of approving funding in the near future. On May 5, PHARMAC produced a proposal relating to adalimumab, leuprorelin and levothyroxine and other autoimmune biologic community funding applications, in which it is proposed that adalimumab is community-funded for the treatment of severe active Crohn's disease, in addition to some rheumatology indications. There is a proposed list of criteria for the initial application and for renewal in Crohn's disease. The Executive is preparing a response to the proposal, as are

some individual gastroenterology units around New Zealand. It is obviously good news for our patients that it is likely that adalimumab will be PHARMAC-funded soon.

PPIs: The funded brands of omeprazole and pantoprazole are now the generic Dr Reddy's brand, and PHARMAC assured us that these formulations including excipients are identical to the Losec and Somac brands. PHARMAC are therefore not expecting any issues related to switching. Testing shows that Dr Reddy's omeprazole can be prepared as an oral suspension in the same way that Losec has been.

Budesonide: The Executive enquired again about the possibility of extending the special authority for budesonide beyond 6 months per year for the small number of patients that would benefit from this. PHARMAC require more data to consider this.

## **NZSG** Fellowship

Ferring NZ Ltd has for some time generously supported a Research Fellowship in conjunction with the NZ Society of Gestroenterology. This Fellowship will again be offered for 2009.

The intention of the support is for a New Zealand Trainee or or can put it towards costs of the research.

NZSG will ask independent reviewers to assess the applications and the recipient will be announced at the 209 NZSG ASM, 11-13 November 2009.

#### Closing date for applications is 30 September 2009.

For further information, including application requirements, please see: www.nzsq.org.nz/grants-awards/nzsq-research-fellowship/

Or contact Tamsen Maher at the Wellington RACP Office:

**NZSG** P.O. Box 10 601 Wellington

Tamsen.Maher@racp.org.nz

#### consultant to work in research within New Zealand for a 12 month period. The amount of the Fellowship is up to \$50,000 and the applicant can use it for living expenses whilst doing the research,

At the start of the meeting in a discussion led by John Wyeth, the executive identified five areas of challenge for the Society. These were workforce, training, research, communication and liason with Pharmac.

The executive welcomed Kumudith Ekanayake as a co-opted

member representating the gastroenterology trainees and he will

Face to Face Executive Meeting,

Wellington 20-21 March

share his first impressions later in this newsletter.

In response to a letter from the Bowel Cancer Screening Taskforce, after consideration of the preliminary results of the workforce survey by Murray Barclay, the executive made a number of suggestions as to how the colonoscopy work force could be expanded. These included increasing the number of training positions with involvement of more accreditated peripheral centres, assistance to fill exiting vacancies eg by hiring a stand at the World Congress of Gastroenterology in London in November 2009, optimizing use of specialist skills, increased endoscopy training courses, training and recruitment of endoscopy nurses and a recognition that endoscopy should be included in the range of procedures that could be performed in the planned elective surgical centres.

A meeting with GESA representatives took place on Friday 17th April in Wellington. The Society was represented by John Wyeth (President),

> Parry ( Secretary/Treasurer) in addition to a representative from the Conjoint Committee for Recognition of Endoscopy Training. An update will follow in the next newsletter.

# 3rd Hepatitis Meeting - Whakatane, 4-6 March 2010 Murray Barclay(Past President) and Susan

Theme: Treating Viral Hepatitis - Can we do better?

Invited speakers: Dr Mitch Shiffman, USA; Dr Pietro Lampertico, Italy; Dr Greg Dore, Australia; Dr James Fung, Hong Kong.

## Trainee Representative Report

As the Trainees Representative for the New Zealand Society of Gastroenterology I was invited to attend the recent 'Face to Face Meeting' with the Society Executive held in mid March in Wellington. This two day meeting covered many important aspects of Gastroenterology in New Zealand. It was an excellent opportunity for me to experience first hand the range of complex issues which require decisions by the Society Executive.

There were a number of sessions which were of particular interests to Trainees including ongoing training requirements, peer review & assessment and future workforce demands. Prior to the meeting a number of issues had been raised by my fellow Gastroenterology Trainees. This meeting gave me the ideal forum to table these thoughts to the Executive. Major concerns for trainees have been the absence of a formal training course (particularly in Auckland), poor contact with colleagues throughout the country and difficulties trying to arrange overseas Fellowships during advanced training.

Anumber of Auckland based trainees, with Sponsorship from Pharmaceutical Companies, have organised the first Gastroenterology Registrar Trainees Training Programme to be held in Auckland April 16-17, 2009. The Executive seemed very supportive of this endeavour and I intend to report back to them after the event.

Overall the opportunity to attend the New Zealand Society of Gastroenterology Executive meeting was a valuable opportunity for me to put forward some of the views of Trainees and assist the Executive to understand some demands placed upon trainees.

Dr Kumudith Ekanayake

# NZSG International Representation

- Ed Gane
  - Guidelines Committee for APASL
  - 2013 President of APASL
- Susan Parry
  - World Gastroenterology Organisation (WGO)Team Member
- John Wyeth
  - Council member for Asian Pacific Association of Gastroenterology
  - Council Member for Asian Pacific Society of Digestive Endoscopy

### **GESA 50th Jubilee**

21 - 24 October 2009 Sydney, Australia

Susan Parry has been invited as the transtasman lecturer for this event.

For further information, please visit: www.agw2009.com

We welcome any feedback or contributions to the newsletter

Contact:

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