

New Zealand Society of Gastroenterology Inc

Annual Report 2023

July 1 2022 to June 30 2023

Contents

Hyperlinked to the report page

President's Report

Secretary's Report

Treasurer's Report

Budget

NZSG Financials

Educational Lead's Report

Trainee Representative's Report

Strategic Plan Progress Report

Equity Working Group Report

Hepatology Working Group Report

IBD Working Group Report

Sustainability Working Group Report

Neurogastroenterology and Motility Network Report

NZ Advanced Training Subcommittee Report

National Intestinal Failure and Rehabilitation Service Report

The New Zealand Liver Transplant Unit Report

Paediatric Gastroenterology Report

Reports from Organisations in the Gastroenterology & Endoscopy Community

NZNO Gastroenterology Nurses College Report

The National Endoscopy Data Standardisation Group (NEDS)

NZ Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy Report

NZCCRTGE Financials

Committee & Group Members

President's Report

Prof. Catherine Stedman

“Understanding changes minds but taking action changes lives.”

This quote from John Maxwell seems so appropriate to describe the NZSG community.... people who are motivated to use their specialist knowledge to take action and improve both quality and access to care, advocate for patients, pursue research, influence government policy and government agencies, train the next generation, and have a meaningful impact on the health and lives of people across Aotearoa New Zealand.

Increased Impact through Working Groups and Networks

2023 has been a year where we have seen huge benefits from the NZSG Working Groups that utilise the expertise and passion of our members to bring change and improvements to quality care. The Executive has developed governance structures and provided support for these Working Groups who have thrived over the past year. A few highlights include:

- **IBD Medications Working Group** achieved funding for vedolizumab and ustekinumab, compiled IBD treatment resources for our members, and works constructively with Pharmac to improve funding criteria for existing drugs and fund new medications.
- **Hepatology Working Group** inaugural meeting was held with a focus on developing New Zealand specific hepatology guidelines.
- **Sustainability Working Group** resources have encouraged our members to consider environmental impacts from endoscopy, and to develop more sustainable practices.
- **Equity Working Group** assists our Executive and the MATCH programme to develop strategies that increase diversity in gastroenterology training, and put an equity lens on decision making for NZSG.

New Networks have begun to gather people with shared expertise to develop a core expert

leadership group, foster training and produce resources:

- **Neurogastroenterology Network** has provided the NZSG executive with invaluable expertise,
- **Diet and Lifestyle Network** is currently being formed.

Training and Education upskilling our members and growing the next generation

NZSG has an ongoing commitment to training and excellence in endoscopy. The inaugural Polypectomy Course was highly successful in 2023, while the Introduction to Endoscopy Course and Train the Trainers Courses remain well attended and invaluable.

The first full NZSG Annual Scientific Meeting (ASM) for three years had record attendance in Auckland in November 2022, and we also appreciated the Hepatology Network Meeting and the IBD Symposium in Hamilton. With the impact of Covid finally lessening, members have fully embraced face-to-face meetings, with opportunities to network and learn together.

NZSG Executive has invested more intentionally into gastroenterology training this year, and now formally provides governance over the MATCH programme with an increased focus on equity, and ongoing review and improvement of this process. We have also recognised the importance of our educational function, with the role of Educational Lead proposed as an office bearer in the new NZSG rules to be ratified at our 2023 Annual General Meeting (AGM). The Educational Lead now oversees the Trainees' Days to support our fantastic Trainee Representatives who undertake the detailed planning, as well as co-ordinating the regular teaching sessions.

Strengthened independent governance with transition away from RACP

The NZSG completed our transition away from all dependence on the Royal Australasian College of Physicians (RACP), effective from 1 Jan 2023, and moved to a formal contract with the NZ

Society of Anaesthetists (NZSA) to provide logistics support for our Executive Officer, and office and meeting room capacity, with a process for ongoing review of this contract. The transition process was remarkably smooth, due to the impressive organisational and process skills of our Executive Officer, April-Mae Marshall, who has continued to develop improved, sustainable systems for independent data management, online forms and processes, whilst supporting our Working Groups, Networks, Executive and members.

Finances have been monitored very carefully, as the transition away from the subsidised logistics provided by RACP has significantly increased our expense structure. Our Treasurer has provided fantastic leadership in investing cash reserves, and careful attention has been paid to all income and expense structures across NZSG operations, resulting in a modest profit for the 2022-2023 year although it should be noted that the increased expense structure has only applied to the second half of this financial year.

To some extent, the transition away from RACP has represented something of a “coming of age” for NZSG, and has prompted us to strengthen and develop our governance processes. We have been focusing our workplan off our first Strategic Plan which was presented at the end of 2022. I have attended an NZ Institute of Directors Governance Training and will be continuing to work to implement best practice principles to the direction of the NZSG Executive. I have also undertaken a review of the “NZSG Rules” with a group of our rangitira (past presidents). Key outcomes include formal recognition of the Educational Lead on the NZSG Executive, clarification of full and associate membership categories, slightly increased number of members who may be co-opted on the Executive; removal of obsolete clauses, gender-neutral language, and recognition of the role of the Executive Officer.

International Relationships

It was a personal pleasure for me to attend the Australian Gastro Week to present the Trans-Tasman lecture this year, and also to meet with the incoming presidents of both GESA and WGO. I also attended a worthwhile hui with the President of the RACP and other specialist society presidents earlier in the year to discuss future relationships with RACP. My intentions to attend APASL in person were thwarted by weather events, but I have also taken opportunity during my recent sabbatical from Te Whatu Ora to begin developing Pasifika relationships.

Looking forwards...

We are excited to launch our new redesigned NZSG website in 2024! We will be particularly sad to farewell our Past President, Dr Zoe Raos from the Executive and will miss her wonderful enthusiasm and vision. We also farewell two other longstanding members of the Executive Team, Drs Thomas Caspritz and Dominic Ray-Chaudhuri, and thank them for their service, but look forward to welcoming new members onto our team.

Thank you to everyone who contributes; especially our wonderful Executive Officer, Executive Team, Working Group Members and Course Convenors, Conference Innovator partners, our long-term sponsors (Pharmaco and Ferring Pharmaceuticals and other Gold Sponsors of the ASM), and every member who joins with us. We have a fantastic team of gastroenterologists and associated members in Aotearoa New Zealand and I am so excited by how much more can be achieved when we combine our efforts.

Ehara taku toa i te toa takitahi, engari k  he toa takitini

Success should not be bestowed onto one alone, it was not individual success but the success of a collective



Secretary's Report

Prof. Andrew Day

Membership

We currently have **211** members, comprising

- 136 full members
- 35 trainees
- 27 researchers
- 13 Honorary members

Overall numbers have increased from 2022.

Presidential International Engagement

Our President, Professor Catherine Stedman, gave a comprehensive address focusing on Autoimmune liver disease as the Trans-Tasman Lecturer at AGW in Brisbane in September 2023. Her talk highlighted important NZ contributions to the area and was very well-received.

Research Activity

In this fiscal year we have awarded the following Small Research Grants :

- Dr J Huang and team entitled “Ergonomic assessment and intervention for New Zealand Endoscopists”.
- Dr J Permain “The bacterial landscape of precancerous colorectal lesions”.
- Dr S Brown “Improving dietary intake of children with inflammatory bowel disease with a telehealth dietetic intervention”.
- Dr J M Yap “Inflammatory bowel disease lifestyle food and exercise (IBD-LiFE) intervention for cardiovascular health”.

The 2023 NZSG Janssen Research Fellowship was awarded to Dr S Gadeock. This project is entitled “Development of an IFN signature panel to predict clinical non-response to anti-TNF treated inflammatory bowel disease patients and it’s role in the modulation of the epithelial innate response to commensal metabolites”. Submissions for the 2024 Fellowship have been received and are undergoing peer review.

Treasurer's Report

Dr Simone Bayer

The year ended 30 June 2023 is reported.

Attached are:

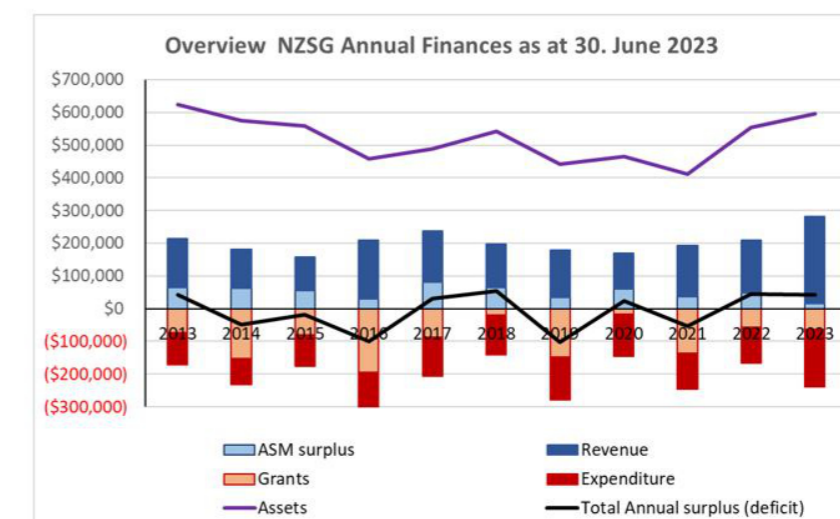
- Statement of financial performance for the year ended 30 June 2023 with the previous year for comparison.
- Statement of financial position as at 30 June 2023 with the previous year for comparison
- A visual representation of the financial performances since 2013
- Budget for 01 July 2023 to 30 June 2024.

Operationally there was a surplus of \$42,805 against a budgeted deficit of \$46,195.

The 2022 ASM held in Auckland achieved a surplus of \$15,848 against a budgeted \$3,500 deficit. This was the lowest ASM surplus since 2013.

Previous years operational surpluses (deficit)							
2015	2016	2017	2018	2019	2020	2021	2022
(\$17,330)	(\$100,697)	\$31,110	\$54,856	(\$101,588)	\$24,342	\$(53,592)	\$44,053
Previous years ASM surpluses							
2015	2016	2017	2018	2019	2020	2021	2022
\$55,786	\$29,964	\$81,314	\$64,676	\$34,671	\$60,587	\$36,782	\$49,281

Previous years financial position							
2015	2016	2017	2018	2019	2020	2021	2022
\$557,756	\$457,059	\$488,169	\$543,025	\$441,437	\$465,779	\$412,187	\$554,478



Budget

Item & Category	Budget 2023 - 2024	Actuals 2022-2023
Income		
ASM Surplus	15000	15848
Interest	10000	1348
Investment Income	3000	24447
Janssen Research Fellowship	27000	27000
NZSG Run Courses	65000	89608
Trainees Day and Course Fees	23800	0
Hep Network Meeting	2000	17289
IBD Symposium	0	0
Conjoint Committee money	5350	4457
Subscriptions	72000	67751
Gastro Match Fees	10400	2323
CCCare 1 off project funding	0	0
Other Income	0	31200
Sponsorship	1200	0
Total Income	234750	281271
Expenditure		
Accounting Fees	4025	3592
ASM Expenses	4224	3673
Bank Charges	3872	3367
Exec Training & Travel	0	0
Committee Meetings - Catering	886	770
Committee Meetings - Travel	3507	2698
Depreciation	1200	1455
IT Expenses	3200	5244
Gastro Match	619	538
Indemnity Insurance	2063	1794
Membership Int Organisations	2536	2205
NZgNC share of ASM profit (NZNA)	3750	3962
NZSG Run Courses	26918	38406
Research Fellowship (Jansen)	65000	46600
Awards & Prizes	20000	15650
Secretariat Costs -(NZSA)	96500	98044
Legal Fees	0	1200
General Expense	100	210
Trainees Expense	2844	2473
Xero	521	453
Social Media	2224	6132
Telephony	1020	0
CCCare	45000	0
Total Expenditure	290009	238466
NET	-55259	42805

- Low ASM revenue was due to the increased cost of hybrid meetings.
- The NZSG is still in a reasonably good position. We have been able to increase our support to our members and provide education, training and guidance.
- While the effects of the pandemic, especially in regards to inflation, are still felt, the society was able to defend their financial situation.
- The decision to offset increased running costs NZSG executive through an increase of fees for some seminars and workshops was the correct approach.

Simone Bayer

NZSG Financials

Compilation Report

New Zealand Society of Gastroenterology For the year ended 30 June 2023

Compilation Report to the Directors of New Zealand Society of Gastroenterology.

Scope

On the basis of information provided and in accordance with Service Engagement Standard 2 Compilation of Financial Information, we have compiled the financial statements of New Zealand Society of Gastroenterology for the year ended 30 June 2023.

These statements have been prepared in accordance with the accounting policies described in the Notes to these financial statements.

Responsibilities

The Executive are solely responsible for the information contained in this financial report and have determined that the accounting policies used are appropriate to meet your needs and for the purpose that the financial statements were prepared.

The financial statements were prepared exclusively for your benefit. We do not accept responsibility to any other person for the contents of the financial statements.

No Audit or Review Engagement Undertaken

Our procedures use accounting expertise to undertake the compilation of the financial statements from information you provided. Our procedures do not include verification or validation procedures. No audit or review engagement has been performed and accordingly no assurance is expressed.

Independence

We have no involvement with New Zealand Society of Gastroenterology other than for the preparation of financial statements and management reports and offering advice based on the financial information provided.

Disclaimer

We have compiled these financial statements based on information provided which has not been subject to an audit or review engagement. Accordingly, we do not accept any responsibility for the reliability, accuracy or completeness of the compiled financial information contained in the financial statements. Nor do we accept any liability of any kind whatsoever, including liability by reason of negligence, to any person for losses incurred as a result of placing reliance on this financial report.

MTMAccounting Limited
Chartered Accountants
Floor 3
191 Thorndon Quay
Wellington

Dated: 15 September 2023

Entity Information

New Zealand Society of Gastroenterology For the year ended 30 June 2023

'Who are we?', 'Why do we exist?'

Legal Name of Entity

New Zealand Society of Gastroenterology

Entity Type and Legal Basis

Incorporated Society established 15th October 1992 and the Incorporated Societies Act 1908

Registration Number

CC46030

Entity's Purpose or Mission

The advancement of knowledge of Gastroenterology in New Zealand

Entity Structure - Executive

Catherine Stedman - President
Simone Bayer
Andrew Day
Lesley-Ann Smith
Zoe Raos
Reese Cameron
Thomas Caspritz
Michael Chieng
Rachael Harry
James Irwin
Vicki McGarrigle
Dominic Ray-Chaudhuri
Frank Weilert
Merrilee Williams

Main Sources of Entity's Cash and Resources

Grants, Subscriptions and an annual conference

Main Methods Used by Entity to Raise Funds

Application for grants and running courses/meetings for members

Entity's Reliance on Volunteers and Donated Goods or Services

The society does not rely on volunteers

Physical Address

4th Floor
99 The Terrace
Wellington

Postal Address

PO Box 10601
The Terrace
Wellington
New Zealand, 6143

Approval of Financial Report

New Zealand Society of Gastroenterology For the year ended 30 June 2023

The Executive are pleased to present the approved financial report including the historical financial statements of New Zealand Society of Gastroenterology for year ended 30 June 2023.

APPROVED



Catherine Stedman
President

16 - 10-2023

Date



Simone Bayer
Treasurer

16 - 10-2023

Date

Statement of Service Performance

New Zealand Society of Gastroenterology For the year ended 30 June 2023

'What did we do?', 'When did we do it?'

	2023	2022
Description and Quantification of the Entity's Outputs		
Janssen Research Fellowship	46,600	45,000
NZSG Small Research Grants	15,650	11,025
Best Paper/Poster ASM awards	1,502	750

Description and Quantification of the Entity's Outputs

In the 2022 -2023 financial year The Society conducted scientific and educational meetings including the NZSG NZNO Annual Scientific Meeting held in Auckland convened by the Society and NZNO Gastro Nurses' College. There were also educational meetings convened for Gastroenterology Trainees and the Hepatology Network.

The promotion of improved standards in the practice of gastroenterology was also a focus of The Society this year. The Society governed the Gastroenterology Advanced Training Selection Interviews ensuring selection is equitable and enables the selection of the most skilled applicants. The Society also facilitated two Introduction to Endoscopy Courses, a Polypectomy Course, and a Train the Colonoscopy Trainer Course. Courses promote continued education and the increase of skills to physicians, surgeons, and nurses within the gastroenterology profession.

Additional Information

The quantity of grants and fellowships awarded by the Society varies from year to year. The Society wishes to acknowledge the generous financial contribution of the pharmaceutical companies toward these grants for research and the advancement of knowledge in the field of gastroenterology.

Additional Output Measures

The Society works closely with Pharmac, Medsafe and the Ministry of Health to ensure the best outcomes for the practice of Gastroenterology.

Statement of Financial Performance

New Zealand Society of Gastroenterology For the year ended 30 June 2023

'How was it funded?' and 'What did it cost?'

	NOTES	2023	2022
Revenue			
Donations, fundraising and other similar revenue	1	27,000	30,000
Fees, subscriptions and other revenue from members	1	67,751	64,662
Revenue from providing goods or services	1	160,726	116,915
Interest, dividends and other investment revenue	1	25,794	(1,653)
Total Revenue		281,271	209,924
Expenses			
Costs related to providing goods or service	2	174,714	109,096
Grants and donations made	2	63,752	56,775
Total Expenses		238,466	165,871
Surplus/(Deficit) for the Year		42,805	44,053

This statement has been prepared without conducting an audit or review engagement, and should be read in conjunction with the attached Compilation Report.

Statement of Financial Position

New Zealand Society of Gastroenterology As at 30 June 2023

'What the entity owns?' and 'What the entity owes?'

	NOTES	30 JUN 2023	30 JUN 2022
Assets			
Current Assets			
Bank accounts and cash	3	167,981	140,886
Debtors and prepayments	3	50,178	77,938
GST		1,295	-
Total Current Assets		219,453	218,824
Non-Current Assets			
Property, Plant and Equipment	3	1,208	2,417
Intangibles	3	246	493
Other non-current assets	3	374,956	332,744
Total Non-Current Assets		376,410	335,653
Total Assets		595,864	554,478
Liabilities			
Current Liabilities			
Creditor and accrued expenses	4	6,218	52,419
Goods and services tax		-	7,050
Other current liabilities	4	90,600	38,768
Total Current Liabilities		96,818	98,237
Total Liabilities		96,818	98,237
Total Assets less Total Liabilities (Net Assets)		499,046	456,241
Accumulated Funds			
Accumulated surpluses	5	499,046	456,241
Total Accumulated Funds		499,046	456,241

This statement has been prepared without conducting an audit or review engagement, and should be read in conjunction with the attached Compilation Report.

Statement of Cash Flows

New Zealand Society of Gastroenterology For the year ended 30 June 2023

'How the entity has received and used cash'

	2023	2022
Cash Flows from Operating Activities		
Fees, subscriptions and other receipts from members	65,581	62,622
Receipts from providing goods or services	207,002	108,529
Interest, dividends and other investment receipts	12,213	4,074
Cash receipts from other operating activities	41,929	58,119
GST	(9,574)	3,575
Payments to suppliers and employees	(243,863)	(170,521)
Total Cash Flows from Operating Activities	73,288	66,398
Cash Flows from Investing and Financing Activities		
Payments to purchase investments	(42,212)	(316,823)
Cash Flows from Other Investing and Financing Activities	(3,981)	576
Total Cash Flows from Investing and Financing Activities	(46,193)	(316,247)
Net Increase/ (Decrease) in Cash	27,095	(249,849)
Cash Balances		
Cash and cash equivalents at beginning of period	140,886	390,735
Cash and cash equivalents at end of period	167,981	140,886
Net change in cash for period	27,095	(249,849)

This statement has been prepared without conducting an audit or review engagement, and should be read in conjunction with the attached Compilation Report.

Statement of Accounting Policies

New Zealand Society of Gastroenterology
For the year ended 30 June 2023

'How did we do our accounting?'

Basis of Preparation

The entity has elected to apply PBESFR-A(NFP)Public Benefit Entity Simple Format Reporting - Accrual(Not-For-Profit) on the basis that it does not have public accountability and has total annual expenses equal to or less than \$2,000,000. All transactions in the Performance Report are reported using the accrual basis of accounting. The Performance Report is prepared under the assumption that the entity will continue to operate in the foreseeable future.

Goods and Services Tax (GST)

The entity is registered for GST. All amounts are stated exclusive of goods and services tax (GST) except for accounts payable and accounts receivable which are stated inclusive of GST.

Income tax

New Zealand Society of Gastroenterology is wholly exempt from New Zealand income tax having fully complied with all statutory conditions for these exemptions.

Bank Accounts and Cash

Bank accounts and cash in the Statement of Cash Flows comprise cash balances and bank balances (including short term deposits) with original maturities of 90 days or less.

Changes in Accounting Policies

There have been no changes in accounting policies. Policies have been applied on a consistent basis with those of the previous reporting period.

Notes to the Performance Report

New Zealand Society of Gastroenterology
For the year ended 30 June 2023

	2023	2022
1. Analysis of Revenue		
<u>Donations, fundraising and other similar revenue</u>		
Janssen Research Fellowship	27,000	30,000
Total Donations, fundraising and other similar revenue	27,000	30,000
<u>Fees, subscriptions and other revenue from members</u>		
Subscription Income	67,751	64,662
Total Fees, subscriptions and other revenue from members	67,751	64,662
<u>Revenue from providing goods or services</u>		
ASM Income	15,848	49,281
NZCCRTGE-Conjoint Admin Fee	4,457	2,123
Grants returned	-	1,450
Hepatology Network Meetings (Net of expenses)	17,289	-
Match Interviews Admin Fee	2,325	2,450
MOH Administration Income	-	25,000
NZSG Run Courses	89,608	10,870
Other Income	31,200	25,742
Total Revenue from providing goods or services	160,726	116,915
<u>Interest, dividend and other investment revenue</u>		
Bank Interest Received	1,348	668
Investment Income	10,865	2,791
Revaluation of Invest Now Portfolio	13,582	(5,113)
Total Interest, dividends and other investment revenue	25,794	(1,653)
	2023	2022

2. Analysis of Expenses

<u>Costs related to providing goods or services</u>		
Accounting Fees	3,592	3,650
ASM Expenses	2,171	119
Bank Charges	3,367	1,814
Committee Meetings - Catering	770	-
Committee Travel Expenses	2,279	7,770
Depreciation	1,455	598
Exec Travel Expenses - Other Meetings	419	-
Gastro Match	538	647
General Expenses	210	790
Indemnity Insurance	1,794	1,710
IT expenses	5,244	2,323
Legal Expenses (69500)	1,200	-
Membership APAGE	276	215
Membership to International Organisations	1,929	475

	2023	2022
NZNOGastro Nurses' College	3,962	12,320
NZSG Expense Run Courses	38,406	1,580
RACP Direct Costs	49,844	73,100
Secretariat Costs	48,200	-
Trainees Day	785	253
Trainees Expenses	1,688	-
Website Maintenance	6,132	1,214
Xero	453	516
Total Costs related to providing goods or services	174,714	109,096
Grants and donation made		
ASM Awards	1,502	750
Janssen Research Fellowship	46,600	45,000
NZSG Small Research Grant	15,650	11,025
Total Grants and donations made	63,752	56,775
	2023	2022
3. Analysis of Assets		
Bank accounts and cash		
BNZGeneral Cheque Account	99,626	76,180
BNZCall Account	54,453	53,661
NZD PayPal	13,902	11,045
Total Bank accounts and cash	167,981	140,886
Debtor and prepayments		
Prepayments	20,975	56,791
Trade Debtors	29,203	21,147
Total Debtors and prepayments	50,178	77,938
Property, Plant & Equipment		
Office Equipment	2,522	2,522
Accumulated Depreciation - Office Equipment	(1,313)	(105)
Total Property, Plant & Equipment	1,208	2,417
Intangible Assets		
Website	8,228	8,228
Accumulated Depreciation	(7,982)	(7,736)
Total Intangible Assets	246	493
Other non-current assets		
Invest Now	359,035	316,823
Vector Capital Bonds	15,920	15,920
Total Other non-current assets	374,956	332,744

	2023	2022
4. Analysis of Liabilities		
Creditors and accrued expenses		
Sundry Payables	6,145	48,870
Trade Creditors	73	3,549
Total Creditors and accrued expenses	6,218	52,419
Other current liabilities		
Income Received in Advance	90,600	38,768
Total Other current liabilities	90,600	38,768
	2023	2022
5. Accumulated Funds		
Accumulated Funds		
Opening Balance	456,241	412,187
Accumulated surpluses	42,805	44,053
Total Accumulated Funds	499,046	456,241
Total Accumulated Funds	499,046	456,241

6. Commitments

There are no commitments as at 30 June 2023 (Last year - nil).

7. Contingent Liabilities and Guarantees

There are no contingent liabilities or guarantees as at 30 June 2023 (Last year - nil).

8. Related Parties

There were no transactions involving related parties during the financial year.

9. Events After the Balance Date

There were no events that have occurred after the balance date that would have a material impact on the Performance Report (Last year - nil).

10. Ability to Continue Operating

The entity will continue to operate for the foreseeable future.

Educational Lead's Report

Dr L A Smith

ASM 2022

The 2022 ASM was again another successful meeting with over 500 delegates convening in Auckland, learning from our local and international experts across a breadth of current topics. Speakers included:

- Prof Leon Adams
- Dr Stephanie Buckton (Nurse speaker)
- Prof Benedict Devereaux
- Prof Eamonn Quigley
- Dr Jacqui Richmond (Nurse speaker)
- Dr Yutaka Saito
- A/Prof Payal Saxena
- Lisa Younge (Nurse speaker)

The program was well received and NZSG would like to thank the Convening Committee at Counties Manakua Hospital for all their hard work in putting together such a great program.

Introduction to endoscopy

A further two successful Introduction to Endoscopy courses were run this year, organised by Dr Judy Huang and held at Olympus Live in Albany. This one-day course covers the basic skills and requirements for our new trainees, gastroenterology and surgical advanced trainees and nurse endoscopists. Feedback continues to be positive and the Quiz at the end seems to be the emerging highlight.

Whilst participant numbers have been increased, there are still resource limitations to increasing the number of courses as the faculty involved are all volunteers. Efforts are being made to increase the pool of faculty to try and allow expansion of the course further.

The next course is planned for February 2024 and a further one later in the year.

Training the Colonoscopy Trainers Course (TCT)

Dr Russell Walmsley and the TCT faculty continue to deliver a well-attended and in demand course. Held over two days at Olympus Live and at Waitakere Hospital, six participants are put through their paces in adult education and how to effectively train their endoscopy trainees. As with the Introduction to Endoscopy course, the faculty is being expanded to allow further development of the course with a possible course to be run in Dunedin in 2024.

NZSG Polypectomy Course

This new course developed for NZSG and made possible by funds from the National Bowel Screening Programme. It was run in February 2023, held at the University of Auckland. Organised by Dr Lesley-Ann Smith and faculty of local interventional endoscopists, the day covered all aspects of polypectomy: from the equipment used, how to assess and describe a polyp to removing them safely.

The first day was open to anyone with an interest in endoscopy with attendees from Gastroenterology, Surgery and our Nursing colleagues coming from all over New Zealand. The second day was limited in numbers for a more detailed, hand-on experience of the techniques used in polypectomy and advanced endoscopic techniques.

Feedback from the course was extremely positive and the next course is planned for 29 February and 1 March 2024, again held at the University of Auckland and their facilities.

Trainee Representative's Report

Dr Michael Chieng & Dr Vicki McGarrigle

With Covid-19 firmly in the rear-view mirror, domestic and international events have returned in full swing and there have never been more opportunities on offer for our local trainees. It's been great to see a large representation at events across the calendar and we are so grateful to NZSG and affiliated sponsors for enabling and prioritizing trainee participation.

Over the course of the year, trainees were invited and attended introductory endoscopy courses, advanced polypectomy courses, the inflammatory bowel disease symposium, the hepatology network meeting and several other local offerings. Many of us also had the opportunity to travel abroad to AGW, DDW and UEGW this year; to be inspired, to network, and to acquire international knowledge and expertise. We look forward to convening again at the national scientific meeting in December, which has always been a fantastic event.

As trainee representatives, our mission this year had been to build on the educational offering our predecessors started and to improve existing learning opportunities in a trainee-centered way. Starting with our flagship "Trainees Day", we were thrilled to host an entirely in-person event over two packed days in April. We are so grateful to our generous speakers who were willing to give their time to travel across the motu and attend. Both trainees' and speakers' travel were made possible through sponsorship and we are delighted that Pharmaco have recommitted to supporting our event in 2024. We had a diverse line-up of speakers and topics this year, mirroring the range of content that would be expected at larger meetings. Diversity, equity, and clinical relevance are core tenets that continue to guide development of our curriculum, and work continues on a framework for a rolling programme that future conveners may use going forward.

This year the monthly teaching sessions were run differently with an intention to record content so that any trainees whom were unable to attend 'live' could still benefit from the content covered. We started with hosting these meetings on an

online platform, Demio, but found this relatively inflexible for our purpose so changed back to Zoom part way through the year. Now we have a professional Zoom account dedicated for trainees, we have been able to host meetings of unlimited length and number, record these, and change hosting rights on the go, which has been perfect for our needs. In general, participation has been strong but we'd like to see our meetings reach capacity next year and co-design with trainees on how to achieve this is in process. Part of the challenge is securing access to protected learning time, which requires proactive communication on the part of trainees and buy-in from departments to schedule covered duties for one hour, once per month.

We thank Vicki McGarrigle for her service as trainee representative this year and wish her all the best for her exciting fellowship overseas. I (Michael) will be continuing in the role and will be joined by Erin Horsfall who will bring new energy and ideas next year. Planning is underway for Trainees Day 2024 and we hope that any prospective speakers reading this will be inspired to come along and meet our next generation of gastroenterologists.



Strategic Plan Progress Report

Objective 1: Achieving excellence in Education	Projects	Complete - Actioned Date	
Develop role of Education Lead on the Exec to oversee educational and training initiatives*	Appointed Lead from Exec	Feb-22	
	Implemented rolling 3 year programme for trainees day with Trainee Rep	Feb-22	
	Advocated for Polypectomy Course 2023	Jun-22	
Facilitate access to evidence-based resources, education, and training in areas such as endoscopy, nutrition, gastroenterological conditions, and people management**	Worked with Intro to Endo Facilitator on programme	Feb-22	
	Held two Intro to Endo course	2022 & 2023	
	Held IBD Symposium	2023	
	Held Hepatology Network Meeting 2022/2023	2022/2023	
	Held ASM with streams in endoscopy and nutrition	Nov-22	
Standard letter to give to all course convenors and teachers / trainers to ensure conference facilitators are empowered to apply for special leave to facilitate and organise courses as per MECA*	Held webinar on IBD medication and COVID	2022	
	Held Polypectomy Course Feb 2023	2023	
	Held a train the trainer courses 2022 & 2023	2022/2023	
Continue to support educational meetings, including hepatology network, IBD symposium, and ASM*	Held IBD Symposium	Aug-23	
	Held Hepatology Network Meeting 2022/2023	2022/2023	
	ASM held luminal and hepatology sessions	Nov-22	
Develop and use technology to share educational opportunities (e.g., webinars)*	Applied for RACP Webinar Funding	May-22	
	Implemented video platform for Trainees 12 Month program on demand platform	Jan-23	
Position NZSG as a training provider for Gastroenterology Advanced Trainees*	Held two Intro to Endo course 2022 & 2023	2022/2023	
	Held Train the Colonoscopy Trainer Course	Oct-22	
	Received funding for polypectomy course in 2023	Oct-22	
	Held Polypectomy Course Feb 2023	Feb-23	
	Purchased models for NZSG courses	Aug-22	
Governance and review of the MATCH programme, including process, entry criteria, and decision making*	Assisted in the Provincial Fellowship pilot	2022	
	Flow chart and process created	Jun-22	
	Equity Statement adopted and published	Jun-22	
	Equity Document published and surveyed	Oct-22	
	Lead and panel structure reviewed (current lead stepped down)	Nov-22	
Facilitate access to all current course such as train the trainer, introduction to endoscopy*	MATCH 2023 hosted changes in venue and format started	Jul-23	
	Held two Intro to Endo course 2022 & 2023	2022/2023	
	Held Train the Colonoscopy Trainer Course 2022 & 2023	2022/2023	
Innovate ongoing training and courses for the needs of the profession (e.g., polypectomy course, work with MOH on setting up a pilot advanced polypectomy course)**	Held Polypectomy Course Feb 2023	Feb-23	
	Received funding for polypectomy course in 2023 ongoing for two years	Oct-22	
Registrar Trainees Day –governance to shape the event to meet the needs of attendees	Implemented rolling 3 year programme for trainees day with Trainee Rep	Feb-22	
	Communication with sponsor, PHARMACO on future training days	Feb-23	
	NZSG EO part of Trainees Day organising hui	2022	
Objective 2: Advocacy *	Implementation of Trainees Day Registration Fee (includes yearly programme fee)	Feb-23	
	Projects	Progress Date	
	Representation on the Endoscopy Working Group	2022	
Collaborate with the Ministry of Health (MOH) including the National Bowel Cancer Screening programme (NBSPP), Health NZ and Māori Health Commission	Representation on EGGNZNBSPAC	2022	
	Correspondence to NBSPP leads and Minister(s) of Health on current and planned NBSPP changes	2022	
Work to broaden the NBSPP for Māori and Pasifika at a lower age	Feedback to NBSPP on Family History Recommendations	Feb-23	
	Equity Working Group continued dialogue/review of programme	2023	
Develop a communication plan for NZSG to increase its media presence, including social media and writing media releases about gastroenterology and letters to the Minister.*	NZSG supports the development of networks of particular interest, overseen by the exec with sustainable EO support (such as setting up shared files and appropriate sustainable secretarial support)EquityMedicationHCC ScreeningSustainabilityIMATCHEducation	2022	
	Establishment and Work Programme - Equity Working Group	2022	
	Establishment and Work Programme - Medication Working Group	2022	
	Establishment and Work Programme - Sustainability Working Group	2022	
	Establishment and Work Programme - Hepatology Working Group	2023	
Advocate for a diverse, inclusive, and sustainable gastroenterology workforce*	Establishment of Neurogastroenterology- Mobility Network	2023	
	Establishment and Work Programme - Equity Working Group	2022	
	Created Equity Document and Statement adopted by Exec	2022	
Work with stakeholders on the collection and reporting of quality gastroenterology workforce data**	Equity Member invited to Match 2023 Panel	2023	
	Representation on the Endoscopy Working Group	2022/2023	
	Reached out with and met members of Women in Gastroenterology	2022	
	Network Asia-Pacific WIGNAP		
Collaborating with the Association of Medical Specialists (ASMS) on workforce and on service sizing to ensure demand is met*	Placed gender and ethnicity questions in Gastro Match	2022	
	Plans to place gender and ethnicity questions in Membership Application	2023	
	Promote the gastroenterology profession to medical students, interns and registrars**		
Increase diversity (e.g., race, ethnicity, gender, age) of the gastroenterology workforce**	NZSG work examples would include speciality nursing networks**		
	Advocate for workforce growth to meet needs of Aotearoa NZ - Lobby MOH, HNZ and MHC for increase of gastroenterology capacity*, Work with HWNZ to develop peripheral fellowship and training positions*	Met with HNZ representatives to discuss state of play included members of NZAGS	2022
	Sent document 'Getting to the Guts of Gastrointestinal Workforce' to HNZ	2023	
	Met with TWO Chief Medical Officer to discuss funding and workforce in Aotearoa	2023	
Objective 3: Supporting the advancement of gastroenterology and innovation in the field*	Projects	Progress Date	
Foster national and international links with societies and associations relevant to the field of gastroenterology to encourage endorsement and use of shared guidelines.**	President attended RACP Specialty Society Hui Australia	2023	
	President member of Adult Medicine Committee	2022/2023	
	Continued membership of APAGE and WGO	2023	
	Membership to EECO started	2023	
	Conduct scientific and educational meetings in New Zealand*	Held two Intro to Endo course 2022 & 2023	2022/2023
Diversify research funding streams and build strong partnerships*	Held Train the Colonoscopy Trainer Course	Oct-22	
	Held Polypectomy Course Feb 2023	Feb-23	
	Held IBD Symposium	23-Aug	
	Held Hepatology Symposium	Jun-23	
	Held Trainees Day	May-23	
	Held ASM 2023	Nov-23	
	Support research through financing and awarding research grants (e.g., NZSG-Janssen Research Fellowship and Small Research Grants) as funding allows*	5 Small Research Grants Awarded	2023
Use ASM as a showcase to educate, motivate and inspire members and juniors building on existing research prizes and fellowships. Include new research and funding streams as well as prizes for abstracts	ASM Young Investigator Awards presented in five categories	2023	
	NZSG Janssen Fellowship Presented at ASM	2023	
	ASM Young Investigator Awards presented in five categories	2023	
Actively facilitate the sharing of evidence-based gastroenterology knowledge and information pathways*	NZSG Janssen Fellowship presented at ASM	2023	
	IBD Guideline created by IBD Working Group	2023	
	Discussion and MDM writeup for sharing by Neurogastro Working Group	2023	

Improve the knowledge and awareness of gastroenterology for people working outside gastroenterology services to consider this as a career*

Share accessible resources and events that increase knowledge and awareness of gastroenterology.*	Endoscopy Suite Poster posted online	2023
Network opportunities (e.g., WhatsApp Groups) and promoting of clinical directors and/or kaumatua.* - Arrange a Clinical Directors Hui as part of each ASM. Arrange a Past Presidents / Executive Members Rangitira Hui at each ASM. Promote mentorship	Clinical Directors Hui ASM 2023	2023
Networking with likeminded Societies to facilitate and promote sustainable work practices for the profession**	Sustainability Group linking with BSG, Green Endo AUS, NZgNC	2023

Objective 4: Keeping members informed, supported, and involved in the Society

Projects	Progress Date	
Review and clarify the role and membership of the Executive Committee**		
Māori members of the profession are empowered to lead Māori initiatives including the development of a te reo Māori name for the Society, translation of the vision statement into te reo Māori, and growth of the workforce. - Tino Rangatiranga*		
Increase membership by retaining current members and increasing the diversity of the Society by actively recruiting surgeons, GPs, nurses, researchers and allied health professionals with an interest or experience in gastroenterology**		
Encourage members to contact the society for support if they have issues and distribute information on who to contact and what they can expect in terms of outcomes*	promoted contact with office via NZSG Panui	2023
Provide feedback to members after each Executive Committee meeting to keep members informed about the activities of the society**	provided an update - Your Executive at work in each Panui	2023
Establish and maintain an organised website through investment for membership as a repository for resources that members can access as required and keep, including.*	website updated regularly with a monthly review revised website launched at ASM 2023	2023
NZ specific guidelines e.g., treatment of viral hepatitis, Hepatocellular Cancer Surveillance guidelines, polyp guidelines- Society position statements - Media releases and submission - Presentations that members can draw from or use as required - Connection of member for the funding and management of complex patients	IBD Guideline created by IBD Working Group	2023

Objective 5: Championing equity and valuing inclusion in the profession and treatment access*

Projects	Progress Date	
Develop an Equity Statement that can be used to share NZSG's vision to promote and achieve equity in our workforce*	Equity Statement endorsed and promoted	2022
NZSG - MOH rural / peripheral gastroenterology fellowship pilot rollout and reporting		
Advocate to Pharmaco, MOH and government in areas where inequity affects access to treatment for our patients e.g., develop an IBD Medication Working Group to meet with key Pharmaco stakeholders*	IBD Working Group liaison with PHARMACO Group Manager for Gastro Meds Letter to Minister of Health on restructure the Needle and Syringe Programmes Letter to HNZ/TWO on state of gastroenterology sector in NZ Letter to Ministers and other on IBD Nursing Crisis in NZ	2023 2023 2022 2022
Work with the MATCH process for the selection of advanced trainees into gastroenterology training to partner with RACP, DHBs and similar groups in terms of inclusiveness and promotion*	MATCH 2023 implemented with Equity observer	2023
Making space for members with disabilities, are neurodiverse and/or are part of LBGQTI, varied cultural and religious backgrounds ensuring they feel respected, valued and safe while having a voice that is heard and acted upon.**		

Objective 6: - Building partnerships with key stakeholders that align with NZSG**

Projects	Progress Date	
Build our relationship with NZSA as the Society exits RACP*		
Build a new, independent relationship with RACP*	President attended RACP Specialty Society Hui Australia President member of Adult Medicine Committee	2023 2022/2023
Build and maintain relationships with key stakeholders that align with the NZSG's vision,	Members representation on NEDS, NZCCRTGE, EGGNZ Ongoing discussion with MOH, TWO International membership and/or meetings with WGO, APAGE, GESA	2023 2023 2023
Establishing regular meetings with Pharmaco, MOH, Health NZ, Māori Health Authority and RACP, especially the ATC.*	IBD Working Group liaison with PHARMACO Group Manager for Gastro Meds	2023

Strengthening relationships with patient groups and other specialties and professions involved in the care of gastroenterology patients (e.g., surgeons, dieticians and nurses) to mobilise action on shared goals**		
Strengthening relationships with the ASMS, to facilitate advocating for national issues such as gastroenterology service provision in rural areas*		
Meet our contractual agreements with our network partners EGG - NBSPAC, NEDS and NZCCRTGE*	Secretariat Service provided as needed throughout year to NZCCRTGE/NEDS	2023
Strengthen engagement and partnership with allied organisations including the Asia Pacific, including but not limited to (e.g., GESA, APAGE, APASL, JSGE) and Global (e.g., WGO BSG)**	Partnered with NZgNC for ASM -share of profit Partnered with NZgNC to communicate IBD Nurse Crisis NZgNC membership agreed on NZSG working groups	2023 2022 2023
Support nurse specialisation in gastroenterology through connection with NZgNC**	Implemented OnDemand platform for monthly training programme Promotion of Trainees Day and in person presentation by gastroenterologists	2023 2023
Promoting professional relationship, networking, and mentoring between trainees and gastroenterologists		
Actively work with surgical endoscopy colleagues and leaders to promote standards of care, collegiality and cooperation**		

Objective 7: Financial security, transparency & accountability

Projects	Progress Date	
Improve and maintain financial security of the Society	Ongoing investment into term deposit - monthly monitoring of market	2023
Diversify financial portfolio		
Ringfence/small project grant**		
Determine if rules can be adapted for excess Janssen grant funds to be used for general research instead of returned to NZSG to administer*	Agreement with Janssen to use funding for general research	2023
Determine minimum amount of savings to cover two-three years of expenditure		
Increase funds over time to reach ideal financial security		
Explore new funding streams to enhance research grants and prizes such as* - Consider how relationships with Pharma can be built, such as advertising space in a biannual bulletin that is part of the sponsor package through Conference Organiser*	YIA sponsor @ 2022 ASM for endoscopy theme Additional funder for Trainees Day found Implementation of NZSG Pharma Panui	2023 2023 2023
Ensure all working relationships are financially sustainable, with accurate budgets that take into account costs to NZSG to administer*	Review of fees for services	2023
Apply for funding through the Māori Budget 2022 to build capacity for Māori / Pasifika workforce		
Enhance transparency and accountability of finances and financial decisions-Write a financial strategy statement, Continue with the annual budget, Improve visual tools for ASM		
President, President Elect and encourage others office bearers and exec members to attend Board Directors' course (funded through own CME if possible)*		
Develop a 'How to run the ASM' document	ASM Guidelines written and shared with convenors	2023
Develop a Hand Over plan for exec members: 'How to guide' for being an exec member		
Develop a president-to-president elect hand over period to smooth the transition*		
Ensure key NZSG processes have process documentation*	Process documents for NZSG EO started	2023

Equity Working Group Report

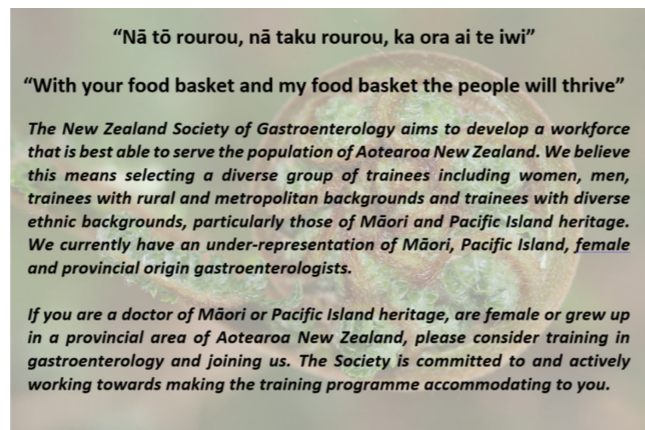
Dr Alex Lampen-Smith - Chair

We have been exploring ways to promote equity within the Profession of Gastroenterology. Broadly speaking this includes recruitment, education, research and advocacy. We consider equity based on ethnicity with particular focus on how the Society can uphold the Crown obligations under Te Tiriti o Waitangi and to promote health and wellbeing for tangata whenua. Other groups also have worse health outcomes in New Zealand, therefore we are also cognisant of people who identify as LGBTQI+, have a disability or live rurally.

In 2022 the Equity Working Group developed a document highlighting to the need to promote diverse and proportional representation amongst Senior Medical Officers in Gastroenterology, aiming to more accurately reflect the population we serve. Following on from that a focus this year has been on reviewing the Match process. As well as the 12 training site representatives a member of the Equity Working Group attended the Match as an observer. A submission of recommendations will be made to the Executive in November of 2023.

The Annual Scientific Meeting is the Society's flagship meeting and as such an important environment for the Society to embed our intentions to bring equity to the core of all we do. This year we were asked to contribute to the research grant application process. Next year we will review and contribute to the ASM Meeting guide.

It is our hypothesis that regional and rural workforce inequity persists despite the work done by members of the Society in the 2018 workforce survey. We proposed to the Executive repeating the workforce survey to update the information and better inform resource decisions in the new environment of Te Whatu Ora. Te Whatu Ora has not yet sent EOIs for a Gastroenterology Clinical Network. We watch and wait for an opportunity to engage and advocate in this space. We have been in consultation with Dr Rawiri McKree Jansen (Chief Medical Officer, Te Aka Whai Ora) as well as other smaller agencies, exploring possible areas of mahi.



Hepatology Working Group Report

Dr Amanda Chen and Dr Jerry Chin - Co Chairs

The Hepatology Working Group (HWG) is a steering committee comprised of NZSG and NZNO members. The primary goal for the HWG is to improve the care for patients with liver disease in Aotearoa New Zealand. The group will set clinical guidelines and advise regional pathways to standardise hepatology care around Aotearoa New Zealand, ensuring equitable access to care. Furthermore, the group will also have an active role in rising the profile of liver disease, advancing clinical care and promoting collaborative research for hepatology in New Zealand.

Preliminary work began in early 2023, with formal launch in Auckland in May 2023. There are currently 14 active and associated members from Auckland, Waikato, Wellington, Christchurch and Dunedin; the New Zealand liver transplant unit is pivotal and makes up half of the member representation. Current members comprise transplant, general hepatologists, transplant surgeon and hepatology nurse practitioners. The group also encourages provincial involvement to ensure balanced representation.

The HWG aims to meet 3 to 4 times annually. Currently identified project streams for 2023/2024 are:

- Transplant:
 - Improve and standardise pre/post-transplant care guidance
 - Database development for post-transplant outcomes
- Viral hepatitis
 - Hepatitis B – standardise treatment algorithms through centralised health pathways and encourage/empower primary/secondary care providers to take a proactive role in the management of patients with CHB.

- **Cancer care**
Hepatocellular carcinoma – advise surveillance guideline, national MDM utilisation and develop future framework for locoregional and systemic treatment for patients with HCC
- **Metabolic associated steatotic liver disease**
To build on currently existing framework developed by Auckland and Christchurch and develop a unified primary care pathway that is applicable across the regions.

The HWG is focused on collaborative and long-term projects. We would welcome health care providers from all disciplines who are interested to collaborate with us on the above project streams.

IBD Working Group Report

Dr Estella Johns - Chair

The NZSG IBD Working Group was formed to facilitate constructive engagement and build a working relationship with Pharmac

The core membership is Gastroenterologists. We have been joined by an expert IBD dietitian and surgeon, and most recently an IBD CNS

Our actions have included:

- Submitting feedback on the vedolizumab and ustekinumab proposals
- Submitting an application for upadacitinib for moderately to severely active ulcerative colitis
- Formal requests to Pharmac to allow dose escalation of infliximab and to drop the CDAI from 300 to 220
- Writing guidance for various aspects of IBD therapy, announced at the NZSG IBD meeting in August and available on the NZSG website.

Future plans for the next 12 months include:

- continuing our advocacy to Pharmac around the special authority criteria
- considering further medication applications
- formally publishing our IBD guidance
- formulating IBD endoscopic surveillance guidelines.

We acknowledge there are challenges involved in setting up a special interest group and coordinating and maintaining momentum. We

thank NZSG and particularly April-Mae Marshall for her support.

The group extends their gratitude to Akhilesh Swaminathan for his outstanding contributions and commitment, and wish him all the best for his fellowship.



Sustainability Working Group Report

Dr Ricardo Jurawan - Co Chair

The Sustainability working Group is made up of eight members established in 2022 with a mission to promote sustainable practice in gastroenterology and endoscopy. The genesis of this group was based on a realisation that climate change has emerged as the most significant global threat of the 21st century and that endoscopy is the third highest waste generating department within a hospital. It is therefore critical that Gastroenterologists formulate plans to promote sustainable practice and become aware of the impacts of climate change in the field of Gastroenterology.

This group promotes sustainable practice within the field of gastroenterology and provide impetus to the Te Whatu Ora organisation to progress towards a net carbon zero goal. This is in comparison to the UK's NHS goal of achieving net zero directly controlled emissions by 2040 and for directly influenced emissions by 2045. Support for this group was encouraged by a national survey which resulted in an overwhelming majority of our membership expressing noting concern about climate change with a large proportion we should prioritize environmental sustainability in gastroenterology and endoscopy. The group meets three or four times per year to discuss individual work perspectives on sustainable practice, discuss and promote recent best practice guidelines and strategise adoption at our individual Te Whatu Ora sites. Our team is unique in terms of its representation which includes gastroenterologists, gastroenterology trainees and endoscopy nurses.

Current and Future work Initiatives:

1. Collaborate with IT systems to encourage electronic documentation instead of paper copies with the specific example of correspondence of endoscopic reports to primary care practitioners as a first pilot project.
2. Interrogation of the endoscopy referral process system whereby literature has shown that up to 56% of referrals for upper GI scopes and 23-52% of referrals for colonoscopy are inappropriate. We have encouraged audit and research practices to determine the sustainability benefit of reducing unnecessary endoscopy as per current referral guidelines in the areas of dyspepsia, coeliac disease and other triage pathways.
3. Work is also underway to look at the carbon footprint of patient travel to and from hospital as well as looking at water and power usage within endoscopy units.

Research and Collaboration

We have promoted collaboration with our colleagues and widespread collaboration with UK, US and European colleagues. One focus serves to provide a platform for ongoing education sustainability where there is a current need to expand our knowledge of sustainability in the domains of hepatology, endoscopy, life cycle assessments, procurement and industry use.

These bodies include; GESA, UEG, GENECA, Centre for Sustainable Health

Education

Promotion of the World Gastroenterology Climate Webinars available online:

1. [WGO Climate Course for Global Gastroenterology](#)
2. [GI Multisociety strategic plan on environmental sustainability - Gastrointestinal Endoscopy](#)
3. [ESGE position statement on reducing the carbon footprint of gastrointestinal endoscopy, 2022.](#)
4. [BSG/JAG/CSH consensus statement on Green Endoscopy](#)

“Steps Towards Sustainability in Endoscopy”; presentation to NZgNC Leaders Meeting September 2023, Dr R John.

Promotion

1. Promotion of a sustainability award provided for the first time in 2022 (sustainability 2022 achievements/education)
2. Promotion of a sustainability agenda at the NZ Conference

Presentation

GESA AGW poster presentation: “Implementing sustainable practice in endoscopy to reduce emissions in a rural hospital setting” Morgan S, Hill K, Pendlington G, Jurawan R

Achievements

- Recommendation of a sustainability lead at all Te Whatu Ora sites
- Incorporation of a sustainability component in NEQUIP – to be initiated

Neurogastroenterology and Motility Network Report

Dr Charlotte Dakar and Dr Chris Cederwall Co-Chairs

2022 saw the formation of New Zealand's first Neurogastroenterology and Motility (NZNGM) Network. This has connected all gastroenterologists working in motility in Aotearoa as a platform for networking, collaborative research, peer review, cpd, complex case discussion and championing for equity and access to motility drugs and innovations.

The inaugural NZNGM Network symposium was held as a well attended breakfast meeting kindly hosted by Alimetry. We enjoyed an update on the new Oesophageal Manometry guidelines and talks on gastroduodenal disorders by our international speaker Professor Chris Andrews from the University of Calgary.

We have recently had a first complex case discussion and intend to do these every few months. We plan to hold our next symposium next year 2024 – look forward to some more cutting edge content from international experts.

NZ Advanced Training Subcommittee Report

Dr Maggie Ow - Chair

Trainees

In Aotearoa NZ – In Adult Gastroenterology, there are **11** accredited sites providing **20** core training runs and in Paediatric Gastroenterology, there is **1** accredited site providing **1** core training run.

32 adult trainees and **2** paediatric trainees were supervised (includes those on non-core runs and fellow positions). One trainee is on the “trainee in difficulty” pathway.

8 adult trainees and **1** paediatric trainee have been recommended for admission for fellowship (FRACP).

In 2024, we will have a total of **24** adult trainees and **2** paediatric trainees (not including those on overseas fellowships).

Accreditation site visits in 2023:

- Starship Hospital - Dr Maggie Ow and Dr Ricardo Jurawan – completed
- Wellington Hospital – Dr Ricardo Jurawan and Dr Henry Wei – 30th October
- Middlemore Hospital – Dr Maggie Ow and Dr Amin Roberts – 6th November
- Auckland City Hospital – Dr Stephen Ding and Dr Amin Roberts – 27th November

The RACP has recently released a short overview outlining proposed changes to the Gastroenterology Core curriculum. There will be a transition phase in 2024. The committee has been advised someone from the college will be attending our next committee meeting (Feb 2024) to talk to us more about this.

I finished my term with RACP on 1st October 2023 after 6 years on the committee and Dr Stephen Ding has taken over as Chair.

National Intestinal Failure and Rehabilitation Service Report

Dr Amin Roberts

Personnel

- Candice Gemmell now the Adult NIFRS co-ordinator
- Thank you to Becs Coggins for all her work in the role
- Lisa Guest (Adult NIFRS Dietitian) stepping down from role – thank you Lisa for the many years of hard work with the service.
- Recruitment for Lisa's replacement is underway

National Clinical Network

- National Guidance document on Intestinal Failure continues to be updated online as feedback is received. It is available on the Starship Clinical Guidelines and Ministry of health websites for those interested
- Continued advocacy with Pharmac to support funding of Taurolidine line locks, Teduglutide
- Procurement process underway for KiteLock (new sodium tetrachloride line locks which have both antiseptic and antithrombotic properties). More information to follow in this soon

Education Day & CME

- Successful NIFRS **Education Day** held on Friday 31st March 2023. Next education day will be held in 2025
- AuSPEN 2023 held in Auckland at the Park Hyatt Nov 9-11 2023 (AuSPEN 2024 will be in Brisbane)
- Webinars will continue to be held in 2024 (Next one March 2024, date TBC)

New initiatives / Future directions

- Upgrade to web-based database - progress slow but ongoing (will now be REDcap based)
- Development of credentialing guidelines with IVN/PN prescribing in NZ (National IVN/PN benchmarking survey recently undertaken – results will be shared to wider network in due course)

Research collaboration

- Ongoing collaboration with the International Intestinal Rehabilitation and Transplant Associations (IIRTA)

The New Zealand Liver Transplant Unit Report

For the 2022 Calendar Year

Dr Dominic Ray-Chaudhuri

Summary

In the calendar year of 2022, the New Zealand Liver Transplant Unit (NZLTU) undertook 80 liver transplant assessments and performed 54 liver transplants in 54 recipients, of which 11 assessments were children. Of the 54 transplants, 41 were whole livers, 10 were partial grafts from living donors.

The overall patient survival rates for both adult and paediatric recipients remain excellent by international standards.

Transplant Data

Waiting times

The average waiting time from listing until transplantation for all 54 patients was 102 days (range 1-524 days). By ABO blood group, mean waiting times were 157, 117, 69 and 60 days for blood groups, O, A, B and AB respectively. There were 20 blood group O donor livers and 15 of these (75%) were used in blood group O recipients – a decrease over last years and below the 80% threshold set for quality and equity reasons.

Demographics

There were 16 females and 38 males transplanted. 9 recipients were children. The mean age of adults transplanted was 56.3 years (range 18-69 years) and of children was 4.4 years (range 0-14 years). The age distribution is shown in Figure 1. The ethnic group populations are shown in comparison with the NZ general population in Figure 2.

Indications

The indication for transplantation (See Table 1), the predominant causes in adults continued to be viral hepatitis and metabolic-associated fatty liver disease. Biliary atresia was the chief indication for transplantation amongst paediatric recipients.

Figure 1 - Age Distribution 2022

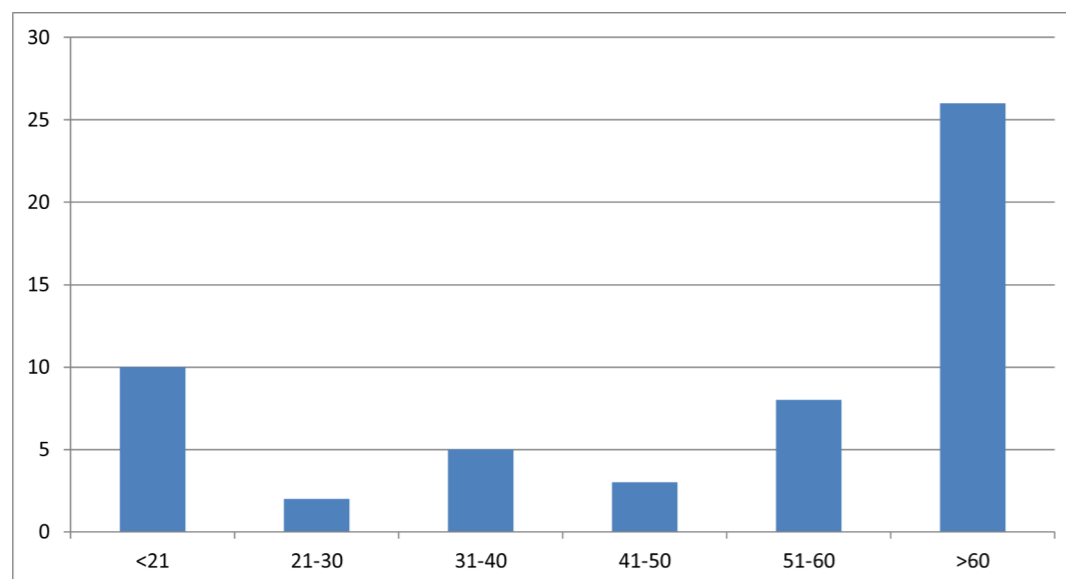


Figure 2 - Ethnicity Distribution 2020

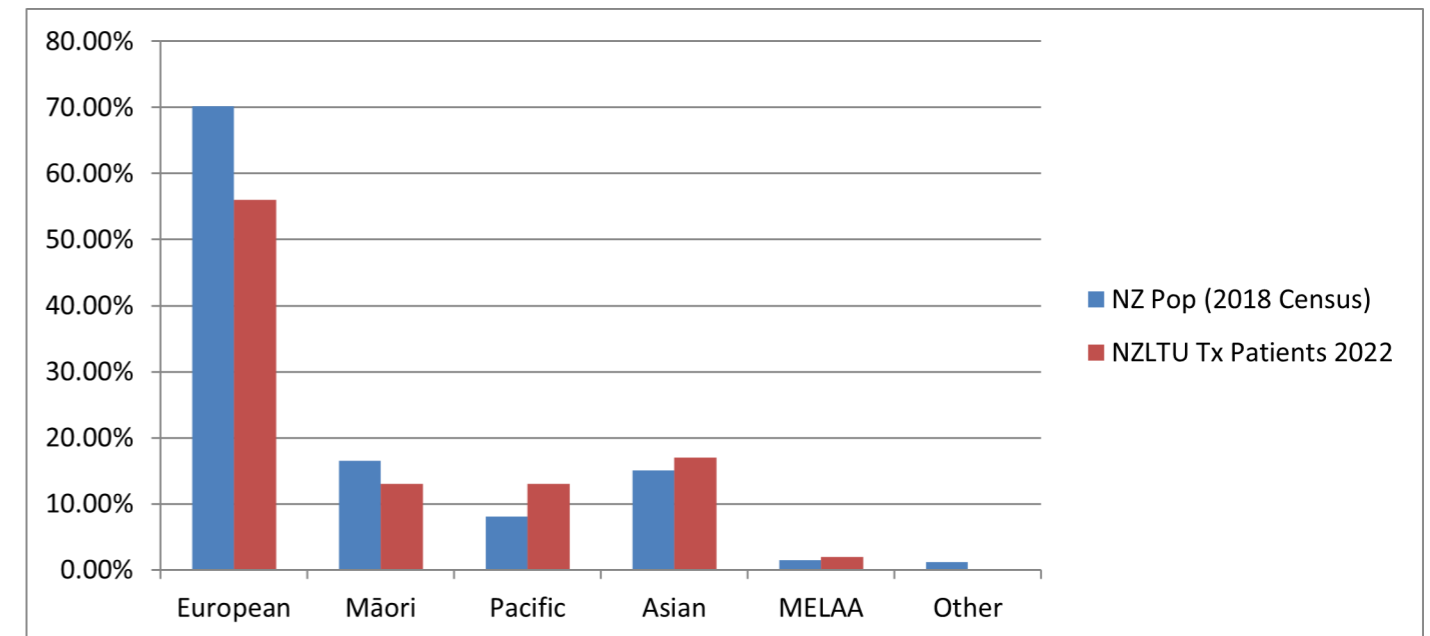


Table 1

LIVER DISEASE	NUMBER
Hepatitis B	9
Primary sclerosing cholangitis	4
Fatty liver disease (NASH/NAFLD)	9
Acute liver failure	4
Biliary atresia	7
Alcoholic liver disease	4
Hepatitis C	6
Metabolic	1
Autoimmune cirrhosis	2
Allograft cirrhosis	2
Cystic Fibrosis	1
other Cholestatic disease	1
Primary biliary cirrhosis	1
Primary non-function	1

Surgical details

The average surgical time for liver transplant was 6.5 hours (range 4.08 – 10.48 hours). This is slightly lower in numerical terms compared with the preceding 3 years where the mean times were 6.5, 6.7 and 6.8 hours, respectively. The mean number of packed red blood cells (RBCs) transfused was 6.5 units (range 0 - 72 units). Overall 33.3% of transplant procedures were completed without the need for any transfusion of RBCs.

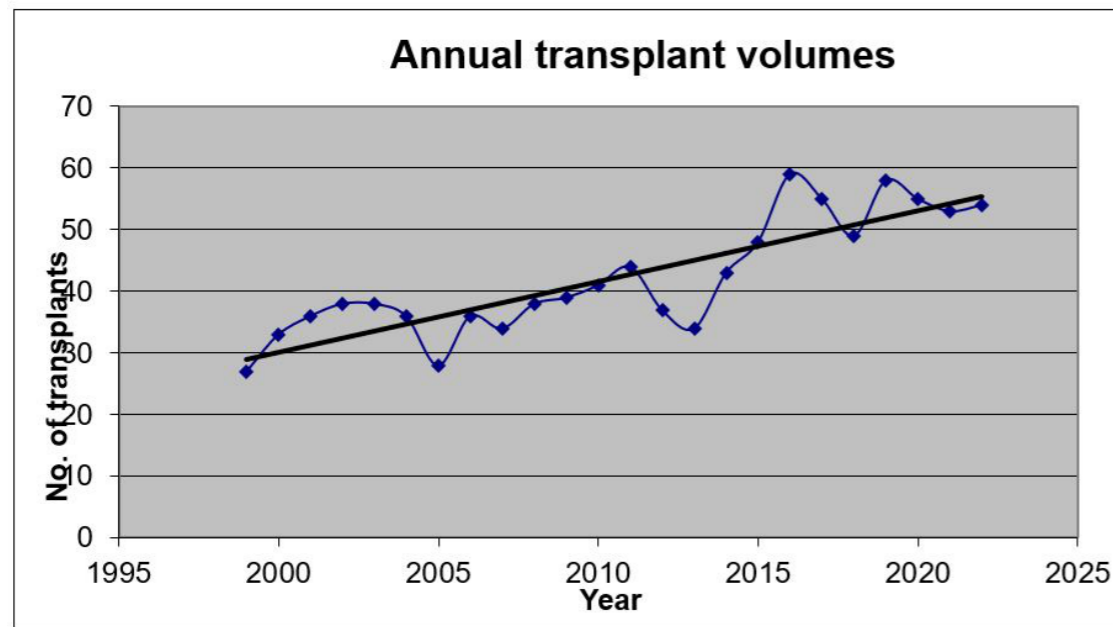
Patient survival

Of the 54 patients transplanted in 2022, 4 died following their transplant. One died 71 days post-transplant from Passenger lymphocyte syndrome / GVHD - sepsis, one died 67 days post-transplant unexpected, one 383 days post-transplant from multi organ failure and one died 51 days post-transplant unexpected. The crude survival for patients' transplants in the calendar year 2022 was 91.6%. Overall patient survival rates continue to be excellent by international standards (See Figure 3)

Length of stay

For adult recipients, the median post-transplant length of stay in hospital in 2022 was 10 days (range 7 – 146 days). The mean intensive care stay was 2 days (range 1 - 40 days).

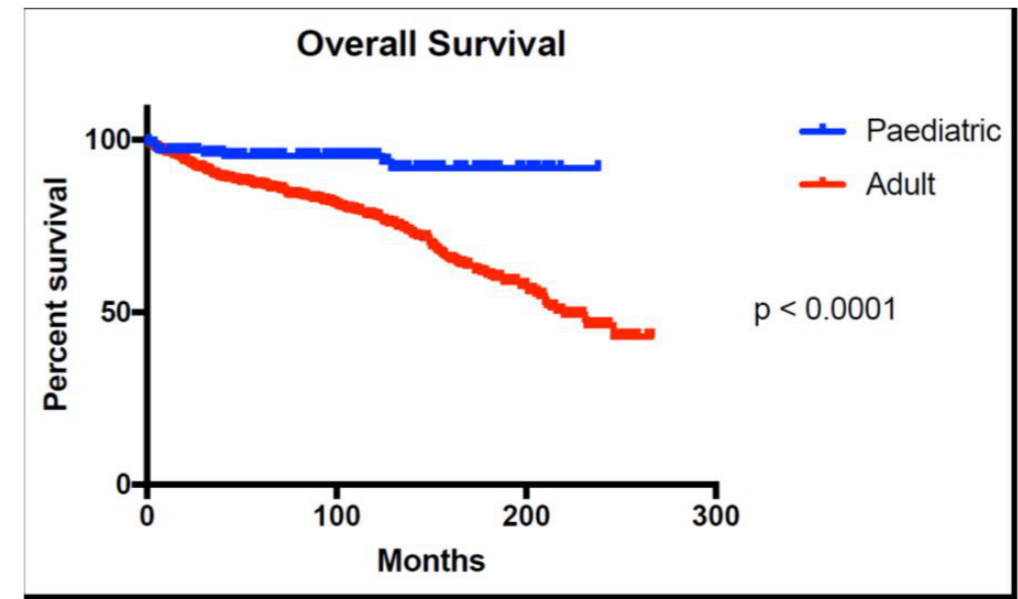
Figure 4



Transplant volumes

Figure 4 demonstrates the trend in liver transplant volumes year-on-year since the inception of the programme in 1998.

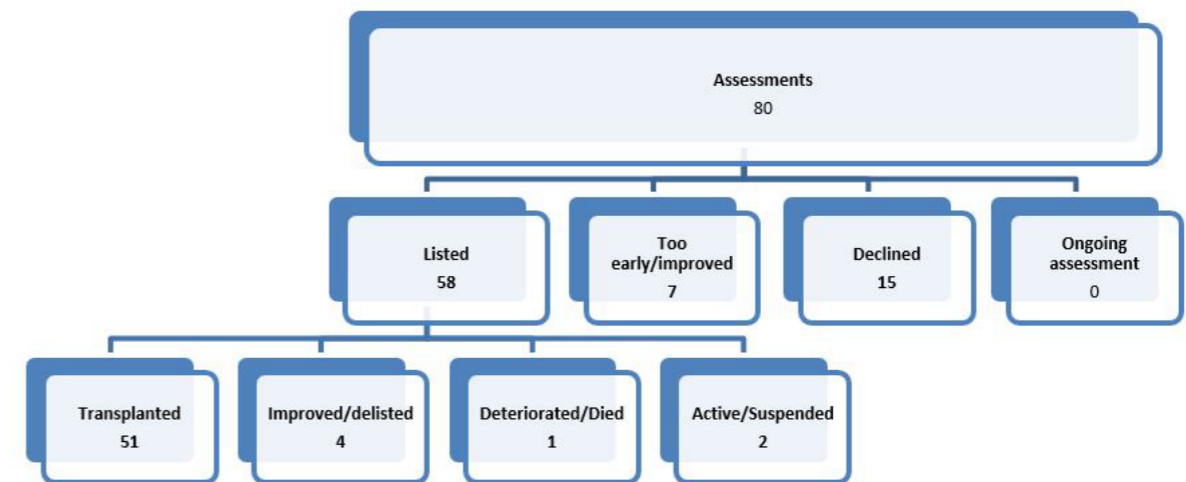
Figure 3



Assessment Data

Of the 88 liver transplant assessment performed in 2022, there were 54 patients listed (See Figure 4). Of those listed, 35 were transplanted within the same calendar year

Figure 5



Service Clinical Director Comments

As with 2020 and 2021, the Liver Transplant Unit faced challenges to its operation during 2022. Although lockdowns became a thing of the past, the COVID-19 pandemic still made itself felt, principally through high levels of staff sickness and also an ongoing shortage of junior medical staff. Both these issues were DHB-wide and the latter as a result of fewer junior doctors coming to New Zealand from the UK and Ireland on short-term contracts because of the COVID travel restrictions. However, a concerted effort by all the staff in the unit, often involving significantly longer hours than normal, overcame these challenges and ensured that transplant activity continued essentially 'as normal'. As a result, the total number of transplants were carried out during 2022 was similar to the number carried out in previous years.

Twenty twenty-two marked some significant advances in clinical practice for liver transplantation in New Zealand. First of all, June saw the arrival of the Liver Assist machine perfusion device in our unit. This allows for a donor liver that is assessed as marginal for use, particularly livers donated after circulatory death (DCD), to undergo a period of ex-vivo perfusion prior to implantation. This is expected to reduce post-transplant complications (particularly biliary complications) and potentially allow livers that were previously deemed 'unusable' to be implanted.

The machine was used for the first time in July, and has been used more than twenty-times including 12 DCD livers. Data regarding outcomes is being collected prospectively, but the results look very promising. In particular, there have been no instances of ischaemic cholangiopathy in the patients who received a DCD liver.

The second significant advance was the adoption of a protocol for blood group incompatible liver transplantation. The protocol was used successfully in two patients during 2022 and the addition of this protocol to our armamentarium adds an extremely useful tool for the management of very sick patients with a narrow window for transplantation.

Twenty twenty-two also saw some significant changes in the NZLTU staff. Foremost amongst these changes was the retirement of Margaret Johnston in March 2022. Margaret was an integral part of the unit from its inception in 1998, first as a nurse specialist/nurse liaison and subsequently transplant coordinator and finally nurse practitioner. Such was Margaret's wealth of experience and knowledge that when she retired we needed to recruit two people to replace her!

In March last year we welcomed Monnina Pitts and Lucy Mills as transplant coordinators. Monnina had previously been the specialist nurse and coordinator for the Hepatobiliary Service at Auckland Hospital while Lucy was a Hepatology and Gastroenterology Nurse Specialist at Middlemore Hospital. For Lucy, the move represented a return to our service as she had previously worked in the unit as a nurse specialist and transplant coordinator.

In August last year, Fionna Miller, transplant coordinator, was seconded to become Nurse Unit Manager for intra-abdominal transplant service, overseeing the nursing staff for both liver and renal transplant services.

Fionna's secondment offered the opportunity for a replacement transplant coordinator for the duration of her secondment and we were pleased to welcome Sarah Robinson into this role. Sarah moved to us from the intensive care unit at Auckland Hospital and, like Monnina and Lucy, has proved to be highly capable and an asset to the unit.

We were also very pleased to welcome Dr Ian Leipnitz to the unit in April last year. Ian is a liver (adult and paediatric) transplant, renal/pancreas transplant and hepatobiliary surgeon who was previously based at the Universidade Federal do Rio Grande do Sul liver transplant program in Brasil. Ian has moved with his wife and young family, and despite the challenges of such a move has adapted very well to his new environment. His many years of experience and knowledge will be a significant boon to the unit.

Overall, 2022 represented another successful year for the Liver Transplant Unit. Transplant and assessment numbers were maintained at similar levels to previous years and just as importantly as the numbers, the service continued to provide a high quality service, as reflected in outcomes on a par with international units, despite significant operational obstacles.

With the ongoing hard work and dedication of the transplant team, together with the opportunities offered by new technologies such as machine perfusion, I'm confident that the unit will continue to provide the high quality liver transplant service that the people of New Zealand expect and deserve.



Paediatric Gastroenterology Report

Prof Andrew Day - Chair

Clinical Services and Staffing

Dr Ashwin Bhana took up a new position as a paediatric gastroenterologist in Wellington in May of this year. We were very pleased to welcome Ashwin to his role, and look forward to his increasingly important contributions to clinical activities in the Wellington (and adjacent) region and also to the national community of paediatric gastroenterology.

This year also saw the appointment of two new paediatric IBD nurses (in Wellington and Auckland). In addition, a further appointment in Auckland will provide psychology input to the children with IBD. These new positions will greatly enhance care to children with IBD in these regions.

Paediatric Gastroenterology Clinical Network

The multidisciplinary network (working in the auspices of the Paediatric Society) has continued to focus on several clinical workstreams over 2023. These include the development of relevant resources and documents. The key event in 2023, however, was the first national IBD Education Day. This most successful event was held in Wellington in July and attracted participants from Southland to Northland. The audience (which included dietitians, nurses, pharmacists, psychologists, paediatric surgeons, general paediatricians and paediatric gastroenterologists) heard a series of talks and case reports.

Paediatric Australasian Gastroenterology Research Network (PEDAGREE)

This Australasian research network, established in 2021, is slowly building momentum, with a number of collaborative multi-centre projects completed and more underway. This network promises to ensure that our units make even stronger contributions to the international arena.

Academic and Research contributions

A number of academic presentations (posters and talks) were made through the year at local, national, regional and international meetings. These included the George Abbott Symposium (Christchurch), DDW, Australian Gastroenterology Week and the APPSPGHAN (meeting in Korea). Further important contributions will be made at the AusPEN meeting (Auckland in November) and the NZSG meeting (Rotorua in December).

Reports from Organisations in the Gastroenterology & Endoscopy Community

NZNO Gastroenterology Nurses College Report

Ms Merrilee Williams - Chair

This term our college committee consisted of a balanced quorum of skills to ensure our nursing membership was well supported in their work and professional development. Our nursing college membership has grown this year to nearly 500 across the country.

The 2023 committee included:

- Chairperson: Merrilee Williams (CNM Gastroenterology, Dunedin)
- Secretary: Holly Weale (NEQUIP and ACN Gastroenterology Christchurch)
- Treasurer: Kirsten Arnold (CNS IBD Christchurch)
- Committee members: Marian O'Connor (CNS IBD Taranaki)
- Jessica Southall (Hepatology and Endoscopy, Christchurch)
- Kiran Joseph (RN Gastroenterology, Dunedin)
- Karen Kempin (Nurse Endoscopist, Hutt Valley)
- Justin Augustine (Endoscopy, West Coast)
- NZNO Professional Nurse Advisor: Julia Anderson

The Committee have accomplished much over the year with a focus on improving the connection between our senior nursing leaders in Gastroenterology to share resources and knowledge. This has been through a new email group, the development of a quarterly Panui, and our annual Nurse Leaders Day. The improved connection between our senior nurses has been welcomed, and eased the sense of isolation experienced at times.

Our nurse leader's day was held in Wellington in September where we had some excellent speakers, including Sir Ashley Bloomfield who shared his experience and leadership expertise with the delegates. This is always a valuable day to network, problem solve, and share our successes from our workplaces.

IBD Sub specialty group: Continues to work alongside the NZSG to bring about change and implement future planning to promote our IBD Nurse specialists who are pivotal role in the care of patients with this chronic disease. They are under increasing pressure to provide services to a

growing population of people, however FTE provision is not keeping up due to poor business planning, low recognition of the value in this nursing role, and conflicts of nursing time where IBD nurses are often pulled into other roles. This continues to be a challenging time. We welcomed the acquisition of new medications for patients to improve quality of care through extended treatment options, and recognise the joint effort from groups including CCNZ, NZSG and NZgNC to achieve this success.

Hepatology Sub specialty group: The group have nearly completed the first Knowledge and Skills Framework which will be used as a guide for new and existing nurses working in this increasingly complex field. This has been a big and important project, and support was given by the Australasian Hepatology Foundation, further fostering our trans-Tasman links at a professional level.

Nurse Endoscopists sub specialty group: This group consists of current and aspiring nurse endoscopists who are working towards an agreed pathway through which training can be acquired locally resulting in credentialing as nurse practitioners and nurse endoscopists. There has been some time elapsed since our last formal academic pathway, and in this time interest in this career advancement has grown significantly. Support will be sought in the coming time to establish an agreed pathway with our professional body, as well as our NZSG colleagues.

We continue to publish the Tube journal, which we have reduced to twice yearly, supplemented by the Panui publication 6 times per year. These journals are well subscribed to, with each edition containing scholarly articles from our membership in return for funding from our Nurses Education fund. The education fund is available for all nurse members to apply for, and will fund full PG paper costs (approx. \$2500ea), \$1800 towards International conference, or \$800 towards National education. We promote the education fund at every opportunity to support advancement of skill, knowledge and enjoyment in our specialty of Gastroenterology.

The NZgNC committee and members value the collegial support from the NZSG, and thank you for continued expression of this.

The National Endoscopy Data Standardisation Group (NEDS)

JAMES IRWIN CHAIR, NEDS

1 SUMMARY

Tēnā Koutou katoa. This document summarises the work that NEDS has been undertaking on behalf of the endoscopy community of Aotearoa New Zealand over the past 12 months.

2 UPGRADES OF THE PROVATION DATABASE

DHB server versions are displayed in Figure 1. As you can see, we are all significantly behind-running 5.0.410 which is not sensible or safe. This was experienced by those working in hospitals served by the Canterbury Server this year - our database crashed, and We lost (LOST? LOST!) all of our historical data. Provation released version 5.0.490 In October 2021, 5.0.510 in October 2022, 5.0.530 in October 2023, and will release 5.0.550 in 2024. Version 5.0.530 is the version with the latest content that we would prefer DHBs use right now.

Major hurdles to achieving regular upgrades of the database remain, and we are continuing to work to overcome them. If you don't have the latest version (5.0.530) in your unit, you are not able to use data quality improvements that NEDS has implemented, and you are not able to contribute meaningfully to the quality improvement cycle. The more noise that is made nationally to address this problem, the more likely it is to be addressed. Ask to upgrade your database!



Server Location	District Health Board (DHB)	Site Name	Provation Customer ID	Current Provation Update Installed	Years Behind Generally Available (GA) Release	Scheduled
Physical server of location	Regulatory authority		Identifier used when calling Provation support		>2 years limits the support a site may receive	
Christchurch Hospital	Canterbury DHB	Christchurch Hospital	CRCNZ00001	5.0.410.21 HF 1	6	Unknown
		Ashburton Hospital	CRCNZ00002			
		Wellington Hospital	CCWNZ00001			
	Capital and Coast DHB	Wellington Hospital	CCWNZ00001			
		Kenepuru Hospital	CCWNZ00002			
	Southern DHB	Dunedin Hospital	SODNZ00001			
		Southland Hospital	SODNZ00002			
		Lakes District Hospital	SODNZ00003			
		Oamaru Hospital	SODNZ00003			
		Clutha Health First	SODNZ00005			
		Dunstan Hospital	SODNZ00006			
	West Coast DHB	Grey Base Hospital	WCDNZ00001			
		Buller Health	WCDNZ00002			
	Hawke's Bay DHB	Hawke's Bay	HBDNZ00001			
	Hutt Valley DHB	Hutt Hospital	HVDNZ00001			
	Nelson Marlborough DHB	Nelson Hospital	NMDNZ00001			
Wairau Hospital		NMDNZ00001				
Midcentral DHB	Palmerston North	MCNNZ00001				
South Canterbury DHB	Timaru Hospital	SCDNZ00001				
Wairarapa DHB	Wairarapa Hospital	WHDNZ00001				
Whanganui DHB	Whanganui Hospital	WHBNZ00001				
Auckland City Hospital	Auckland DHB	Auckland City Hospital	ARDNZ00001	5.0.410.23 HF 3	6	Unknown
		Greenlane Clinical Center	ARDNZ00002			
		Starship Children's Hospital	ARDNZ00003			
	Counties Manukau DHB	Middlemore Hospital	ARDNZ00004			
		Auckland Manukau SuperClinic	ARDNZ00005			
	Waitemata DHB	Auckland North Shore Hospital	ARDNZ00006			
		Auckland Waitakere Hospital	ARDNZ00007			
Northland DHB	Whangarei Hospital	NDHNZ00001				
	Kaitiaki Hospital	NDHNZ00002				
Taranaki Base Hospital	Taranaki DHB	Taranaki Base Hospital	TBHNZ00001	5.0.470.23 HF 1	3	Unknown
		Bay of Plenty DHB	Tauranga Hospital (Bay Of Plenty DHB)			
	Whakatane Hospital	TBHNZ00003				
	Lakes DHB	Rotorua Hospital (Lakes DHB)	TBHNZ00004			
Waikato Hospital	Lakes DHB	Taupo Hospital	TBHNZ00005	5.0.430.26 HF 2	5	Unknown
		Waikato DHB	Waikato Hospital			
	Thames Hospital	WAINZ00002				
	Gisborne Hospital	WAINZ00003				
Tairāwhiti DHB	Waikato DHB - Paediatric Surgery	WAINZ00004				

Figure 1: Server versions of Provation in Aotearoa New Zealand- at September 2023

The screenshot shows a dropdown menu titled '-Advanced To-' with the following options:

- Incomplete procedure
- Aborted procedure
- Intentionally abbreviated procedure
- Caecum
 - Ileocaecal valve
 - Terminal ileum + Identification of Terminal Ileum
 - Terminal Ileum, Distance
- Ileocolonic anastomosis
- Colocolonic anastomosis
- Colocolonic s/p Left Colectomy
- Surg stoma (no landmarks ID'd)

 The 'Caecum' option is currently selected. Other menu items visible include 'Orifice - Anus', 'Consultant', 'Pre-Procedure Assessment', 'Difficulty/Tolerance', 'Patient Profile', 'Indication', 'Comorbidities', 'Medication', 'Findings', 'Complication', 'Impression', and 'Recommendation'.

Figure 2: Current presentation of recording of extent within Provation, versions 5.0.490 and below

3 DATA CODING WITHIN PROVATION

3.1 DATAPOINT CHANGES

The following changes within the Provation database have been discussed and addressed through NEDS over the past 12 months. Each one is listed with its status in the database upgrade cycle.

1. Extent of examination: Work in progress

When documenting extent of a complete procedure within Provation, many options are presented. EGGNZ and BSP consider a complete procedure to involve intubation of the caecum, and identification of the appendiceal orifice. To this end, endoscopists are encouraged to identify the appendiceal orifice during a colonoscopy, and to record that they have identified it. This means “Caecum–Caecum identified by Appendix and IC valve” documents a complete colonoscopy, while “Caecum–Caecum identified by IC valve” does not. That “Terminal Ileum–Caecum identified by Appendix” documents a complete colonoscopy, while “Terminal Ileum” does not.

Performance of a complete colonoscopy in Aotearoa New Zealand, in the future, will require documentation of identification of, and visualisation of, the appendix. If you are not doing this now, please ensure that you change to visualising the appendix during each colonoscopy, and that you document that you are doing it.

The screenshot shows a dropdown menu with the following categories and options:

- Screening / New Zealand FH CRC** (Selected)
 - Screening
 - No Previous Colonoscopy
- Therapeutic procedure**
 - Therapeutic procedure
- Diagnostic**
 - Abdominal pain
 - Diarrhoea
 - Gastrointestinal bleeding
 - Anaemias
 - Polyps
 - Inflammatory bowel disease
- Cancer / Malignancy**
 - Genetic cancer syndrome

 On the right side of the screen, a patient profile is visible, including:

- Exam: Colonoscopy
- Provider: 1234567890ABCDEFGHIJ1234567890ABCDEFGHI
- Referring Physician:
- Requesting Physician:
- Indications:
- Comorbidities:
- Patient Profile: NBSP Screening Colonoscopy
- Family History: NZ Family History CRC: Colon CA - 1st deg Relative < 50 yrs old, Lynch Syndrome (MMR mutation), Lynch Syndrome (immunohisto suggestive), HNPCC (Amsterdam II criteria), FAP in 1st deg Relative, Serrated Polyposis Synd - 1st deg Rel
- Guidelines: NZ Guidelines Group Risk Categories: Category 3, Category 2, Category 1
- Other: No Family History of Bowel Cancer, FH Bowel Cancer Unknown (adopted)

Figure 3: NZFHCRC dropdown list, versions 5.0.490 and beyond

2. Recording of family history of bowel cancer. Change included in Provation 5.0.490 and beyond

NEDS want everyone recording the presence or absence of a family history of bowel cancer in the same way. The “NZFHCRC” dropdown list is the datapoint that we would like used. Note that definitions of the categories may be viewed by hovering over the “Definitions” node at the bottom of the list. This dropdown list has had added to it “FH bowel cancer unknown (eg.adopted)”, and “No FH of bowel cancer”. The order of the categories will change from as is current (highest risk to lowest risk) to the opposite (lowest risk to highest risk). This is because the majority of patients will have a low risk family history of bowel cancer. See figure 3.

3. Change name of “Fellows Endoscopic Skills” node to “Trainees Endoscopic Skills”.
Not yet scheduled

4. “Trainees Endoscopic Skills” functionality.
Change not yet scheduled

This change request is to ensure recording of trainee data is completed for every procedure in which a trainee is involved. Currently within Provation the “Fellows Endoscopic Skills” node is prompted if a fellow is entered in the staff node. If a registrar is entered, the node is not prompted. NEDS considers that there are two major risks for poor data entry of trainee data. The first risk is of a trainee not being entered in the staff node of a procedure that he/she participated in. The second risk is of the “Fellows Endoscopic Skills” node not being filled out, despite the trainee being entered in the staff node.

The request is made to ensure that if a trainee is present that they are entered in the staff node, and, if a trainee is entered in the staff node then the “Fellows Endoscopic Skills” node is completed.

The request is to create a new node: trainee involved in procedure (y/n) that is mandatory. If this node is filled y, then the trainees node must have an entry (entry of a trainee as involved in the procedure), and fellows endoscopic skills must be filled.

This request will require recording that a trainee is not involved in the procedure, in all procedures where no trainee was involved. NEDS considers that this is a reasonable request to make of our endoscopy community, in exchange for excellent recording of trainee data. Provation are not able to make this change at this point to a node which has many dependencies. NEDS will continue to work with Provation to improve recording of trainee endoscopy activity.

3.2 PREFERENCES WITHIN PROVATION

NEDS has designed two ‘preferences’ for colonoscopy within Provation that will guide endoscopists through data entry, capturing required datapoints. There is one preference for NZ bowel screening programme colonoscopy, and one for all other colonoscopy. In version 5.0.510 these preferences will be shipped with the database, will be available to all, and will be hardwired (cannot be changed). **The Auckland server has recently loaded these two colonoscopy preferences, so you should all now see them in your preference dropdown list.** (They are also in use on the other three servers in Aotearoa New Zealand). The section below explains how to use these preferences

Both preferences prompt recording of BBPS, GCS, and “Fellows Endoscopic Skills”. The NZ bowel screening programme preference also automatically records “NZ Bowel Screening Programme Colonoscopy” as the indication, prompts correct recording of a family history of bowel cancer using the “NZFHCRC” dropdown list, and automatically provides the following patient advice: “Please inform the local Bowel Screening Lead or the colonoscopist who performed this procedure (on the first working day)

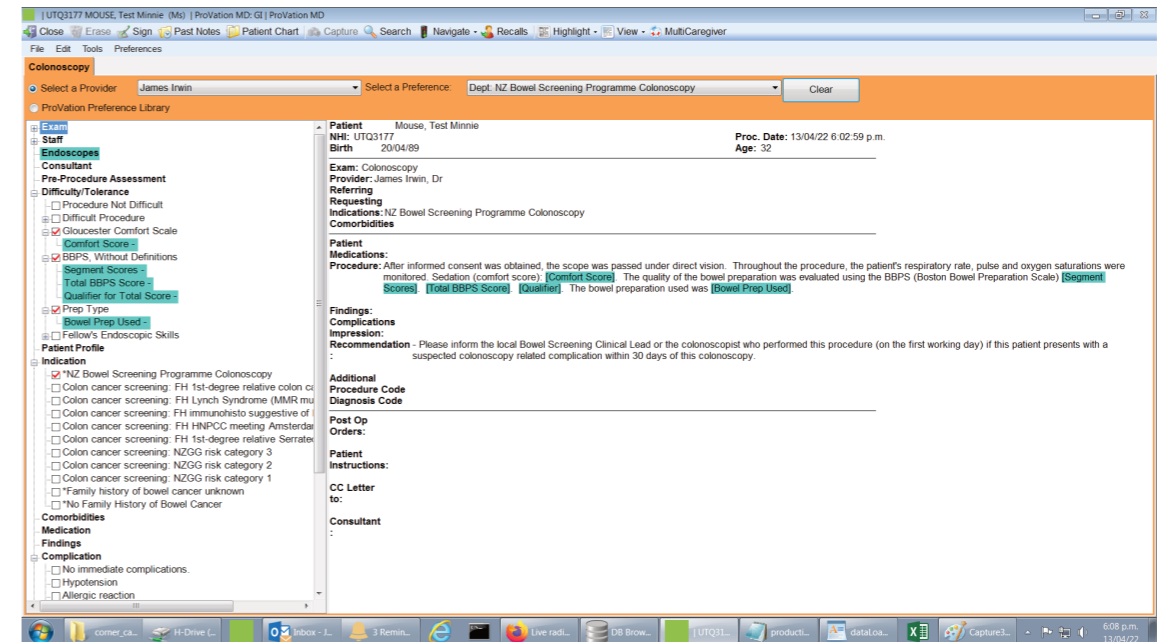


Figure 4: NZ bowel screening colonoscopy preference, upper part.

if this patient presents with a suspected colonoscopy related complication within 30 days of this colonoscopy”. See figures 4 5

Please encourage use of these preferences, which will help standardise recording of datapoints critical for KPI reporting.

4 IDENTITIES

There are often multiple identities for individuals within the Provation database. This occurs across sites, and also within sites. The multiple identities are generated by the interface between Provation, and various PMSs (PatientManagementSystems). If second or third identities are removed, they are soon regenerated.

Our approach for this problem is to create a second identity field, which will be filled with the endoscopist's CPN (Common Person Number). This will allow identities to be merged if they are for the same person. At this point the datapoint is not going to be forced - however we will require each centre to ensure that this number is recorded against each endoscopist, and each trainee. This change will be present in version 5.0.510.

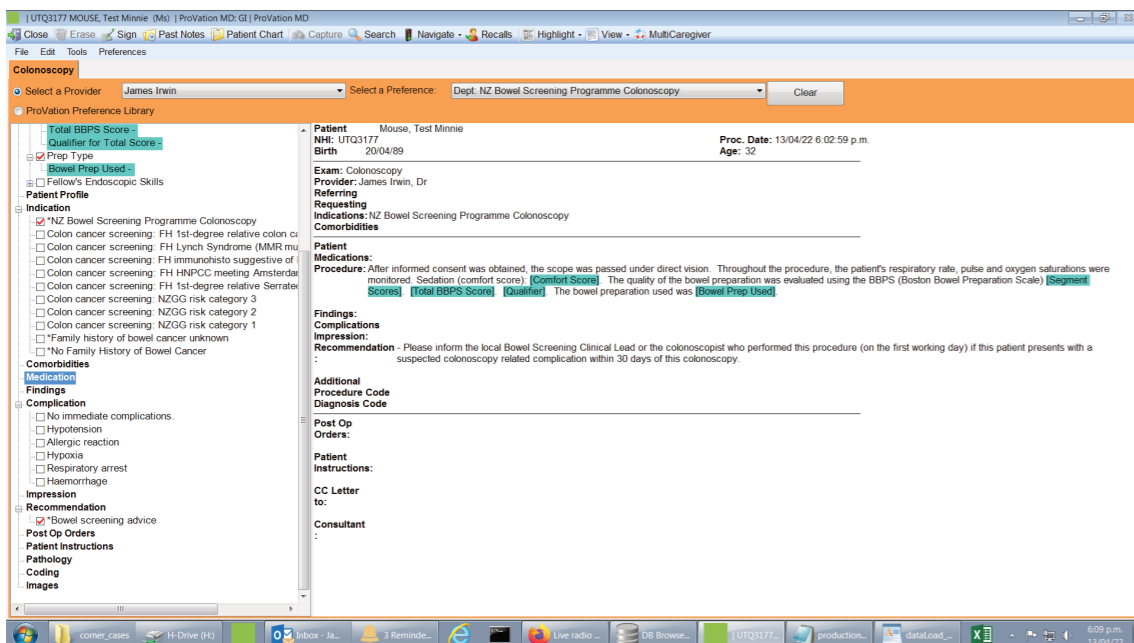


Figure5: NZ bowel screening colonoscopy preference, lower part.

5 DOCUMENTATION OF REGISTRAR ENDOSCOPY TRAINING

NEDS is working closely with the Conjoint Committee to look to provide a trainee log of endoscopy activity within Provation. EGGNZ/BSP governance group and NEDS have advocated for and have succeeded in having all Provation data sit on Te Whatu Ora's National Data Set servers. This means that the building of a Trainee Endoscopy Dashboard with these data is a step closer. The major hurdles to this occurring are:

- Robust recording of identity within Provation
- Reliable capture of trainee involvement in each endoscopy procedure performed.

These problems are being addressed within the Provation upgrade cycle, and we have developed solutions for them that we consider will work. However, the implementation of these solutions is dependent on DHBs upgrading their Provation servers to the latest version. Until this time it is not fair for the Conjoint Committee to ask Trainees to rely on Provation to record their training data, and trainee logbooks will not be within Provation.

6 NATIONAL STANDARD FOR CODING OF KEY PERFORMANCE INDICATORS (KPIs) WHEN REPORTING GASTROSCOPY

A Standard for coding of KPIs when reporting colonoscopy was written in 2022. We plan to do the same for other endoscopy procedures, beginning with gastroscopy. This process first requires EGGNZ/BSP governance group to define KPIs in gastroscopy, and then NEDS can document standardisation of coding.

7 MEMBERSHIP

We are delighted to have welcomed Honey Clarke to NEDS this year. Honey is originally from the Philippines and has lived in New Zealand for 12 years. As a nurse, she has worked in Endoscopy, Oncology and in out patient clinic. Currently, she is part of the Bowel Screening Programme (Waikato) as a Specialty Clinical Nurse. Outside work, she enjoys spending time with family and dabbling in photography. She is also a novice gardener! Honey hopes she is able to provide a nursing perspective to NEDS, and assist with information exchange between ProVation superusers.

Our current membership is:

- James Irwin (*Chair; Gastroenterologist, Palmerston North*)
- Malcolm Arnold (*NEQIP, Gastroenterologist, Christchurch*)
- Honey Clarke (*IT representative, Bowel Screening Programme Nurse, Waikato*)
- Nicola Griffiths (*Nurse Endoscopist, Waikato*)
- Susan Parry (*National Bowel Screening Programme*)
- Magda Sakowska (*NZ Assoc. of General Surgeons representative*)
- Marius van Rijnssoever (*Gastroenterologist, Waitemata*)
- Russell Walmsley (*Gastroenterologist, Waitemata; EGGNZ representative*)
- Holly Weale (*NEQIP, NZ Gastroenterology Nursing representative*)
- April-Mae Marshall (*Secretarial Support; Executive Officer, NZSG*)

NZ Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy Report

Dr Richard Stein - Chair

Committee Objectives

The New Zealand Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy (NZCCRTGE) is a New Zealand body comprising representation from the Royal Australasian College of Physicians (RACP), the Royal Australasian College of Surgeons (RACS) and the New Zealand Society of Gastroenterology (NZSG). The Committee provides recognition of training undertaken in New Zealand in gastroscopy, colonoscopy and ERCP procedures within the confines of a set standard of guidelines. The Committee strives to keep these guidelines up to date and aligned with similar guidelines in Australia so that reciprocal recognition of training can occur.

Assessment Outcomes

Below is an outline of the number and type of Endoscopists considered for recognition of training by the Conjoint Committee since December 2013.

Year	RACP	RACS	Total
2013	12	3	15
2014	4	1	5
2015	7	12	19
2016	14	11	25
2017	19	15	34
2018	7	9	16
2019	12	3	15
2020	5	6	11
2021	6	5	11
2022	6	8	15*
2023	19	9	29*
TOTAL	185	185	371*

*2022 and 2023 the Committee granted recognition to nurse endoscopist.

Conjoint Executive Committee Composition and Terms of Office

The Conjoint Executive Committee consists of two representatives from each of RACS, RACP and NZSG. The current Committee consists of the following members:

Parent Body	Member	Current Term
Chairperson (RAPS Rep)	Dr Richard Stein	June 2015 -
Secretary (RACP Rep)	Dr Alasdair Patrick	June 2015 -
RACs Rep	Dr Marianne	June 2015 -
NZSG Rep	Mr Bevan Jenkins	Oct 2019 -
NZSG/RACP Rep	Dr Rees Cameron	March 2017 -
RACS Rep	Dr Deborah Wright	March 2022 -

The management of the Committee is under the control of the six (6) members of the Executive Committee who are comprised as such:

1. Two members must be proposed by the RACP who must both be physicians, including one from a provincial centre.
2. Two members must be proposed by the NZSG one of whom must be a physician and one of whom must be a surgeon.
3. Two members must be proposed by the RACS who must both be surgeons, including one from a provincial centre.

Financial Status

The Financial Report for the year ending 31 March 2022 records a total income of \$13,530 and a total expenditure of \$11,122, resulting in a profit of \$2,408. The fund overall as of 31 March 2023 has a balance of \$17,344

Comparison to previous financial years:

Financial year	Total Income \$	Total Expenditure \$	Surplus(Deficit)\$	Overall fund balance at year end \$
1 April 2013 – 31 March 2014	4,200	1,620	2,580	12,410
1 April 2014 – 31 March 2015	2,800	2,271	529	12,939
1 April 2015 – 31 March 2016	5,000	743	4,257	17,196
1 April 2016 – 31 March 2017	5,800	2,197	3,603	20,800
1 April 2017 – 31 March 2018	6,600	9,133	(2,533)	18,267
1 April 2018- 31 March 2019	3,800	10,073	(6,273)	11,994
1 April 2019 – 31 March 2020	4,100	2,369	1,731	13,725
1 April 2020 – 31 March 2021	7,300	4,462	2,838	16,563
1 April 2021 – 31 March 2022	6,650	8,277	(1,627)	14,936
1 April 2022 – 31 March 2023	13,350	11,122	2408	17,344

NZCCRTGE Financials

Compilation Report

NZ Committee for Recognition of Training in Gastrointestinal Endoscopy For the year ended 31 March 2023

Compilation Report to the Board of NZ Committee for Recognition of Training in Gastrointestinal Endoscopy.

Scope

On the basis of information provided and in accordance with Service Engagement Standard 2 Compilation of Financial Information, we have compiled the financial statements of NZ Committee for Recognition of Training in Gastrointestinal Endoscopy for the year ended 31 March 2023.

These statements have been prepared in accordance with the accounting policies described in the Notes to these financial statements.

Responsibilities

The Board are solely responsible for the information contained in the financial statements and have determined that the Special Purpose Reporting Framework used is appropriate to meet your needs and for the purpose that the financial statements were prepared.

The financial statements were prepared exclusively for your benefit. We do not accept responsibility to any other person for the contents of the financial statements.

No Auditor Review Engagement Undertaken

Our procedures use accounting expertise to undertake the compilation of the financial statements from information you provided. Our procedures do not include verification or validation procedures. No audit or review engagement has been performed and accordingly no assurance is expressed.

Independence

We have no involvement with NZ Committee for Recognition of Training in Gastrointestinal Endoscopy other than for the preparation of financial statements and management reports and offering advice based on the financial information provided.

Disclaimer

We have compiled these financial statements based on information provided which has not been subject to an audit or review engagement. Accordingly, we do not accept any responsibility for the reliability, accuracy or completeness of the compiled financial information contained in the financial statements. Nor do we accept any liability of any kind whatsoever, including liability by reason of negligence, to any person for losses incurred as a result of placing reliance on these financial statements.

Progress since last report;

The NZCCRTGE is working with our secretariat to simplify the application process. As requirements for recognition must be acceptable to our own Colleges and Societies, but must also conform to Australian and international standards, the application process has become more complicated and, at times, burdensome. For instance, in recent years, we have added DOPS/DOPyS and safe-sedation certification to the requirements, as well as more specific requirements for therapeutic procedures such as ERCP. We also require additional information for those with overseas training and those applying through the experienced practitioners pathway to ascertain that NZ standards are met.

In an effort to make the application process more straightforward, we are in the process of revamping our website to make it more user-friendly. We are also actively looking at replacing manual logbooks with electronic ones using Provation, but this is a work-in-progress. We are consolidating our internal records to streamline retrieval of applicant information.

The Conjoint Committee is made up of six volunteers who give generously of their time without compensation. Every application is reviewed by each committee member. The Committee does not operate to achieve a profit, but we need to assure sustainability.

Managing many pages of applications, confirming that logbooks are accurate, along with communication with applicants, supervisors, and committee members is time-consuming and costly. The cost for our secretariat, which we contract through the NZSG, has more than doubled this past year, along with rising costs for indemnity insurance and IT support to maintain and improve our pages on the NZSG website. Consequently, beginning in 2024, application fees for each procedure are being increased to \$550, which is still considerably less than application fees in Australia. For those applicants applying via the reciprocity pathway (who have recognition through GESA or JAG), the cost will increase from \$50 to \$150. These increases are, unfortunately, necessary to keep our Committee operating.

Finally, programme directors are already aware that we need to require that Supervisors have recognition of training themselves or have "equivalent training". We anticipate that Conjoint recognition of training will be a requirement for all supervisors within the next few years and encourage all supervisors to apply for recognition in the near future.

Please contact the Chair at any time if you have questions or concerns.

MTM Accounting Limited
Chartered Accountants
Floor 3
191 Thorndon Quay
Wellington

Dated: 21 August 2023

Directory

NZ Committee for Recognition of Training in Gastrointestinal Endoscopy For the year ended 31 March 2023

Nature of Business

Medical Training Recognition

Incorporation Date

2 February 2001

Incorporation Number

1115404

Address

Level 4, 99 The Terrace, Wellington, New Zealand, 6011

Chartered Accountant

MTMAccounting Limited

Bankers

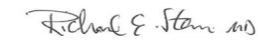
Bank of New Zealand

Approval of Financial Report

NZ Committee for Recognition of Training in Gastrointestinal Endoscopy For the year ended 31 March 2023

The Board is pleased to present the approved financial report including the historical financial statements of NZ Committee for Recognition of Training in Gastrointestinal Endoscopy for year ended 31 March 2023.

APPROVED



Chairperson

Date

22-10-2023

Statement of Profit or Loss

NZ Committee for Recognition of Training in Gastrointestinal Endoscopy For the year ended 31 March 2023

	NOTES	2023	2022
Trading Income			
Subscriptions		13,530	6,650
Total Trading Income		13,530	6,650
Gross Profit		13,530	6,650
Total Income		13,530	6,650
Expenses			
Accounting & Consulting		863	863
Amortisation of Website		3,105	3,105
Bank Fees		8	8
Insurance		1,636	1,493
Secretariat Support		5,125	2,441
Subscriptions		291	273
Website costs		95	95
Total Expenses		11,122	8,277
Profit (Loss) for the Year		2,408	(1,627)

These financial statements have been prepared without conducting an audit or review engagement, and should be read in conjunction with the attached Compilation Report.

Statement of Changes in Equity

NZ Committee for Recognition of Training in Gastrointestinal Endoscopy For the year ended 31 March 2023

	2023	2022
Equity		
Opening Balance	14,936	16,563
Increases		
Profit for the Period	2,408	-
Total Increases	2,408	-
Decreases		
Trustees Loss for the Period	-	1,627
Total Decreases	-	1,627
Total Equity	17,344	14,936

These financial statements have been prepared without conducting an audit or review engagement, and should be read in conjunction with the attached Compilation Report.

Balance Sheet

NZ Committee for Recognition of Training in Gastrointestinal Endoscopy
As at 31 March 2023

	NOTES	31 MAR 2023	31 MAR 2022
Assets			
Current Assets			
Cash and Bank			
BNZ Bank Account		15,547	9,659
Total Cash and Bank		15,547	9,659
Trade and Other Receivables		600	50
Prepayments		1,653	1,717
Total Current Assets		17,800	11,425
Non-Current Assets			
Intangibles	3	1,553	4,658
Total Non-Current Assets		1,553	4,658
Total Assets		19,353	16,083
Liabilities			
Current Liabilities			
Trade and Other Payables		2,009	1,147
Total Current Liabilities		2,009	1,147
Total Liabilities		2,009	1,147
Net Assets		17,344	14,936
Equity			
Retained Earnings		17,344	14,936
Total Equity		17,344	14,936

These financial statements have been prepared without conducting an audit or review engagement, and should be read in conjunction with the attached Compilation Report.

Committee & Group Members

EXECUTIVE

Prof Catherine Stedman
Dr Zoë Raos
Prof Andrew Day
Dr Simone Bayer
Dr Lesley-Ann Smith
Dr Rees Cameron
Dr Thomas Caspritz
Dr Michael Chieng
Dr Rachel Harry
Dr James Irwin
Dr Vicki McGarrigle
Dr Dominic Ray-Chaudhuri
Dr Frank Weilert
Ms Merrilee Williams

President
Immediate Past President
Secretary
Treasurer
Educational Lead
Elected Member
Elected Member
Trainee Representative (RACP)
Elected Member
Elected Member
Trainee Representative (NZSG)
Elected Member
Elected Member
NZgNC Nurse Representative

Equity Working Group

Dr Alex Lampen – Smith (Chair)
Dr Thomas Boswell
Dr Helen Evans
Dr James Irwin
Dr Rachel Harry
Dr Clarence Kerrison
Dr Kirsty MacFarlane
Hama McNeil (Community Representative)
Dr Zoë Raos

Sustainability Working Group

Dr Rhys John (Co-Chair)
Dr Ricardo Jurawan (Co-Chair)
Dr Malcom Arnold
Dr Graeme Dickinson
Ms Andrea Dixon (NZgNC Representative)
Dr Tara Fox
Dr Charlotte Rowan
Ms Holly Weale (NZgNC Representative)

IBD Working Group

Dr Estella Johns (Chair)
Prof Murray Barclay
Dr Jonathon Bishop
Dr James Fulforth
Dr Caroline Jiang
Dr Zoë Raos
Dr Heidi Su
Dr Akhilesh Swaminathan

Hepatology Working Group

Dr Amanda Chen (Co-Chair)
Dr Jerry Yung-Lun Chin (Co-Chair)
Dr Wayne Bai
Dr Louise Barbier
Dr Dominic Ray-Chaudhuri
Dr Estella Johns
Dr Rachel Harry
Dr Lucy Mills
Dr Frank Weilert

National Endoscopy Data Standards Group

Dr James Irwin (Chair)
Dr Malcolm Arnold
Dr Nicola Griffith
Dr Susan Parry
Dr Magda Sakowska
Dr Marius Van Rijnsoever
Dr Russell Walmsley
Ms Holly Weale

New Zealand Conjoint Committee for Recognition of Training in Gastrointestinal Endoscopy

Dr Richard Stein (Chair)
Dr Rees Cameron
Dr Bevan Jenkins
Dr Marianne Lill
Dr Alasdair Patrick
Dr Deborah Wright