



New Zealand Society of
Gastroenterology^{Inc}

Annual Report 2024

July 1 2023 to June 30 2024

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President's Report

Professor Catherine Stedman

“Ka Mua Ka Muri”

Walking Backwards Into The Future

This Whakataukī sums up the past year for NZSG beautifully. Everything we do is laying a foundation for the future; to improve the lives of our colleagues and patients, to train the next generation, and to support research and better health outcomes for our communities. This year, as we have reviewed our Constitution in preparation for re-registration as an Incorporated Society, we have also spent time consulting our Past Presidents and understanding our history as an organisation, so that we can take the things we have learnt from the past into our future to protect NZSG and position it to thrive.

Strengthening Governance

All incorporated societies in Aotearoa New Zealand are required to review/rewrite their constitutions in order to comply with the requirements of the NZ Incorporated Societies Act 2022. To assist with this process, we engaged a new legal team who have particular expertise in this law, and they have provided invaluable assistance to the working group of Past Presidents who brought their collective governance experience with NZSG to oversee this process. All current NZSG members will have the opportunity to vote on this updated version of the NZSG Constitution at the Annual General Meeting in Hamilton this year, and in 2025 we will aim to proceed with re-registration as an Incorporated Society. Thank you to everyone who has contributed to this process.

Together with our Executive Officer, April-Mae Marshall, we have strengthened governance processes for NZSG, including development of new policies in our by-laws, identification and mitigation of areas of risk for NZSG, and recording a range of policies and procedures. Systems and efficiencies have improved across

our whole organisation, and our members are beginning to see the benefits of this, with an updated and refreshed website this past year, and plans to develop a more interactive “Members only” platform on our website over the next year to improve access for our members.

For our trainees, NZSG Executive governance over the Match process has continued to develop, with input into this process from the Equity Working Group, and successful Trainees Days were held in March, continuing with a new 3-year curriculum to ensure a broad range of topics are covered.

Finances and Contracts

There have been further refinements to the relationship with NZSA, and an updated contract was agreed and signed, with some improvement in cost structure for NZSG. It is fantastic to see that our overall financial position has continued to strengthen over the past couple of years, with a further increase in profit, and our Treasurer's role in overseeing investment strategies has contributed significantly to this.

Working Groups, Networks and Educational Meetings

The inaugural NZSG Motility Summit was held in Queenstown in August, organised by members of the Neurogastroenterology Network. Registrations for this event sold out rapidly and the meeting was very successful in equipping our members to manage and support complex patients. The NZSG Annual Scientific Meeting in Rotorua in December was attended by 465 delegates, with a highlight being the inaugural presentation of the Eru Pōmare Award to Professor Ed Gane, who has contributed tremendously to hepatology and hepatitis C eradication on a global basis.

The IBD Medications Working Group released a range of IBD treatment guidelines to assist members, and other working groups including

Hepatology, Sustainability and Equity continue their roles in advocacy and promoting guidelines where appropriate. We so appreciate all the chairs and members of these working groups.

NZSG continues to support and oversee a range of other courses and educational meetings including the Introduction to Endoscopy Course, Polypectomy Course, Train the Trainers Course and the Hepatology Network Meetings. All our convenors are highly valued experts who give their time to help colleagues.

Advocacy

NZSG's role in advocacy remains very important in the current environment. Our Executive invited Pharmac members to a face to face meeting in February to advocate for improvements to special authority criteria for IBD medications, and ongoing medications access. Detailed submissions were provided to Pharmac on the Shingrix vaccination funding, and to the NZ Medical Council on a draft proposal about "Treating yourself and those close to you", with significant changes to the final document. A carefully balanced statement was also provided to media about hyper mobile Ehlers Danlos Syndrome. As President, I enjoyed having the opportunity to speak at the Internal Medicine Organization of the Pacific (iMOP) Scientific Meeting on Pacific Gut Health in Fiji. I heard firsthand of the impact the ANSGITA team are having in the Pacific and hope that there will be opportunity for ongoing collaboration with our Pacific neighbours and colleagues with an interest in gastroenterology.

A New Bequest

I am particularly excited to announce our inaugural Dr Pamela Brown Speakers Fellowship will be part of this year's ASM in Hamilton. Dr Pamela Brown (Jones) was a former gastroenterologist in Auckland and left a substantial portion of her estate to promote both a gastroenterology speakers fellowship, and also travelling scholarship for gastroenterology fellows in Aotearoa New Zealand. We are still working through details as this bequest will be managed by the RACP Foundation alongside the NZSG President, and there will be future announcements regarding this.

Changes to the NZSG Executive

We were delighted to have Drs Rajan Patel and Mehul Lamba join the NZSG Executive in December 2023, and at the end of 2024 will farewell Drs Simone Bayer and James Irwin, who have both made significant contributions that will have a lasting impact. We also farewell our Trainee Reps Erin Horsfall and Michael Chieng and thank them. I will be handing over the role of President to the capable hands of Professor Andrew Day and will remain in a supportive role as Past President for the next year. Thank you so much to everyone who contributes, especially our Executive Officer, Executive Team and Working Group members and Course Convenors, as well as our partners at Conference Innovators and long-term sponsors- it has been a pleasure working with you all.

Ngā mihi nui



Secretary's Report

Professor Andrew Day

Membership

We currently have **209** members, comprising

- 140 full members
- 32 trainees
- 22 researchers
- 15 Honorary members

Overall numbers have decreased from 2023.

International Engagement

The Trans-Tasman Lecture at AGW2024 was delivered by Professor Murray Barclay. His talk was entitled “Therapeutic Drug monitoring in Gastroenterology” and was very well received.

Research Activity

Small Research Grants have been awarded to Dr A Hurley (Identifying the pre-clinical indications for children with paediatric IBD), Dr T Edwards (Non-invasive diagnostic markers of inflammation in children with IBD) and Dr C Wall (Nutrition screening and prevalence of malnutrition using the GLIM criteria in inflammatory bowel disease).

The 2024 NZSG Janssen Research Fellowship was awarded to Dr Chris Varghese for his project entitled “Digital biomarker enhanced patient selection for gastric per oral endoscopic myotomy – advancing a promising treatment for delayed gastric emptying with a novel gastric mapping device.” Interim results arising from this work will be presented at the ASM in November.

The outcome of the 2025 Fellowship will be announced at the ASM.

The Society thanks Janssen for their ongoing support of Research Fellowship.

Treasurer's Report

Dr Simone Bayer

The year ended 30 June 2024 is reported.

Attached are:

- Statement of financial performance for the year ended 30 June 2024 with the previous year for comparison
- Statement of financial position as of 30 June 2024 with the previous year for comparison
- A visual representation of the financial performances since 2013
- Budget for 01 July 2024 to 30 June 2025

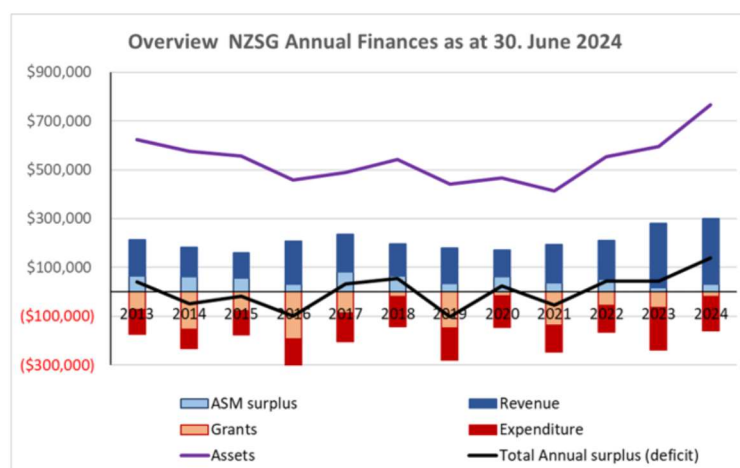
Operationally there was a surplus of \$141,376 against a budgeted deficit of \$-55,259.

The 2023 ASM held in Rotorua achieved a surplus of \$32,346 against a budgeted \$15,000 surplus.

Previous years operational surpluses (deficit)							
2016	2017	2018	2019	2020	2021	2022	2023
(\$100,697)	\$31,110	\$54,856	(\$101,588)	\$24,342	\$(53,592)	\$44,053	\$44,529
Previous years ASM surpluses							
2016	2017	2018	2019	2020	2021	2022	2023
\$29,964	\$81,314	\$64,676	\$34,671	\$60,587	\$36,782	\$49,281	\$15848

Our financial position as of 30 June 2023 was \$640,422.

Previous years financial position							
2016	2017	2018	2019	2020	2021	2022	2023
\$457,059	\$488,169	\$543,025	\$441,437	\$465,779	\$412,187	\$456,241	\$499,046



Budget

Item & Category	Projected Budget 2024-2025	Actuals Expenditure 2023 -2024
Income		
ASM Surplus	40000	32346
Interest	10000	17812
Investment Income	3000	10689
Janssen Research Fellowship	27000	27000
NZSG Run Courses	81500	91750
Trainees Day and Course Fee	22950	16995
Hep Network Meeting	2500	6166
IBD Symposium	0	10150
IOIBD	9000	0
Motility Summit	10000	0
Conjoint Committee money	5350	7765
Subscriptions	83100	73867
Gastro Match Fees	7950	6277
Total Income	302350	300817
Expenditure		
Accounting Fees	4226	3000
ASM Expenses	5906	4108
Bank Charges	3721	5131
Exec Training & Travel	0	243
Committee Meetings - Catering	338	292
Committee Meetings - Travel	5879	4137
Depreciation	1200	546
IT Expenses	3360	3283
Gastro Match	681	71
Indemnity Insurance	2269	1980
Membership Int Organisations	2630	1180
NZgNC share of ASM profit (NZNA)	10000	7942
NZSG Run Courses	28651	15384
Research Fellowship (Jansen)	97500	2500
Awards & Prizes	20000	16785
Secretariat Costs -(NZSA)	76104	78201
General Expense	100	2412
Trainees Expense	3680	5276
Xero	245	868
Social Media	2336	5773
Telephony	1071	329
Membership Platform	24200	0
Rules Review	6000	0
CCCaire	0	0
Total Expenditure	300099	159441
NET	2251.45	141376

- Our budgets are generally highly conservative.
- The NZSG is in a good position. We have been able to increase our support to our members as well as our revenue.
- Of note is that the Janssen award payment did not fall into the past financial year and will fall into 2024/2025.

Simone Bayer

Compilation Report

New Zealand Society of Gastroenterology For the year ended 30 June 2024

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 2024.

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 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 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.

MTM Accounting Limited
Chartered Accountants
Floor 3
191 Thorndon Quay
Wellington

Dated: 17 July 2024

Entity Information

New Zealand Society of Gastroenterology For the year ended 30 June 2024

'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 - Treasurer
Andrew Day - Secretary
Lesley-Ann Smith - Educational Lead
Reese Cameron
Thomas Caspritz
Michael Chieng
Erin Horsfall
James Irwin
Mehul Lamba
Rajan Nitin Patel
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

Approval of Financial Report

New Zealand Society of Gastroenterology For the year ended 30 June 2024

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 2024.

APPROVED



Catherine Stedman
President



Simone Bayer
Treasurer

Date 12 August 2024

Statement of Service Performance

New Zealand Society of Gastroenterology For the year ended 30 June 2024

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

	2024	2023
Description and Quantification of the Entity's Outputs		
Janssen Research Fellowship(1)	2,500	46,600
NZSGSmall Research Grants	16,785	15,650
Best Paper/Poster ASMawards	1,450	1,502

1. The Janssen Research Fellowship was also awarded for the 2024 year but allocation of funds was delayed at the recipient's request to align with the timing of the research activity.

Description and Quantification of the Entity's Outputs

In the 2023-2024 financial year The Society conducted scientific and educational meetings including the NZSGNZNO Annual Scientific Meeting held in Rotorua convened by the Society and NZNO Gastro Nurses' College. There were also educational meetings for the Gastroenterology Trainees, IBD Specialists and 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 election 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 2024

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

	NOTES	2024	2023
Revenue			
Donations, fundraising and other similar revenue	1	-	27,000
Fees, subscriptions and other revenue from members	1	73,867	67,751
Revenue from providing goods or services	1	175,907	160,726
Interest, dividends and other investment revenue	1	51,043	25,794
Total Revenue		300,817	281,271
Expenses			
Costs related to providing goods or service	2	138,705	174,714
Grants and donations made	2	20,735	63,752
Total Expenses		159,441	238,466
Surplus/(Deficit) for the Year		141,376	42,805

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

Asat 30 June 2024

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

	NOTES	30 JUN2024	30 JUN2023
Assets			
Current Assets			
Bank accounts and cash	3	128,309	167,981
Debtors and prepayments	3	56,394	50,178
GST		-	1,295
Total Current Assets		184,703	219,453
Non-Current Assets			
Property, Plant and Equipment	3	755	1,208
Intangibles	3	154	246
Other non-current assets	3	580,425	374,956
Total Non-Current Assets		581,335	376,410
Total Assets		766,037	595,864
Liabilities			
Current Liabilities			
Creditors and accrued expenses	4	18,033	6,218
Goods and services tax		3,508	-
Other current liabilities	4	104,075	90,600
Total Current Liabilities		125,616	96,818
Total Liabilities		125,616	96,818
Total Assets less Total Liabilities (Net Assets)		640,422	499,046
Accumulated Funds			
Accumulated surpluses	5	640,422	499,046
Total Accumulated Funds		640,422	499,046

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 2024

'How the entity has received and used cash'

	2024	2023
Cash Flows from Operating Activities		
Fees, subscriptions and other receipts from members	72,637	65,581
Receipts from providing goods or services	51,062	207,002
Interest, dividends and other investment receipts	21,501	12,213
Cash receipts from other operating activities	166,965	41,929
GST	4,807	(9,574)
Payments to suppliers and employees	(152,663)	(243,863)
Total Cash Flows from Operating Activities	164,309	73,288
Cash Flows from Investing and Financing Activities		
Payments to purchase investments	(205,470)	(42,212)
Cash Flows from Other Investing and Financing Activities	1,489	(3,981)
Total Cash Flows from Investing and Financing Activities	(203,981)	(46,193)
Net Increase/ (Decrease) in Cash	(39,672)	27,095
Cash Balances		
Cash and cash equivalents at beginning of period	167,981	140,886
Cash and cash equivalents at end of period	128,309	167,981
Net change in cash for period	(39,672)	27,095

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 2024

'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 2024

	2024	2023
1. Analysis of Revenue		
Donations, fundraising and other similar revenue		
Janssen Research Fellowship	-	27,000
Total Donations, fundraising and other similar revenue	-	27,000
Fees, subscriptions and other revenue from members		
Subscription Income	73,867	67,751
Total Fees, subscriptions and other revenue from members	73,867	67,751
Revenue from providing goods or services		
ASMIIncome	32,346	15,848
NZCCRTGE-Conjoint Admin Fee	7,765	4,457
Hepatology Network Meetings (Net of expenses)	6,166	17,289
IBDSymposium	10,150	-
Introduction to Endoscopy _ Income	30,000	-
Match Interviews Admin Fee	6,277	2,325
NZSGRun Courses	22,500	89,608
Other Income	4,458	31,200
Polypectomy Course _ Income	26,065	-
Train the Trainer _ Income	13,185	-
Trainee Programme _ Income	16,996	-
Total Revenue from providing goods or services	175,907	160,726
Interest, dividends and other investment revenue		
Bank Interest Received	3,689	1,348
Investment Income	17,812	10,865
Revaluation of Invest Now Portfolio	29,542	13,582
Total Interest, dividends and other investment revenue	51,043	25,794

2024

2023

2. Analysis of Expenses

Costs related to providing goods or services

Accounting Fees	3,000	3,592
ASME Expenses	2,108	2,171
Bank Charges	5,131	3,367
Committee Meetings - Catering	292	770
Committee Travel Expenses	4,137	2,279
Depreciation	546	1,455
Exec Travel Expenses - Other Meetings	243	419
Gastro Match	543	538
General Expenses	817	210
IBDSymposium gernal expenses	235	-
Indemnity Insurance	1,980	1,794
Introduction to Endoscopy _ Expense	2,209	-
IT expenses	3,238	5,244
Legal Expenses (69500)	2,412	1,200
Membership APAGE	-	276
Membership to International Organisations	1,880	1,929
NZNOGastro Nurses' College	7,942	3,962
NZSGExpense Run Courses	1,437	38,406
Polypectomy Course _ Expense	8,955	-
RACPDirect Costs	-	49,844
Secretariat Costs	78,201	48,200
Social Media _ Communications	938	-
Telephone	329	-
Trainees Day	976	785
Trainees Expenses	250	1,688
Train the Trainer - Expense	4,050	-
Trainees Programme _ Expense	217	-
Website Maintenance	5,773	6,132
Xero	868	453
Total Costs related to providing goods or services	138,705	174,714

Grants and donations made

ASMAwards	1,450	1,502
Janssen Research Fellowship	2,500	46,600
NZSGSmall Research Grant	16,785	15,650
Total Grants and donations made	20,735	63,752

	2024	2023
3. Analysis of Assets		
Bank accounts and cash		
BNZGeneral Cheque Account	71,309	99,626
BNZCall Account	49,955	54,453
NZDPayPal	7,045	13,902
Total Bank accounts and cash	128,309	167,981
Debtors and prepayments		
Advance to Hepatitis Conference	5,526	-
Prepayments	20,368	20,975
Trade Debtors	30,500	29,203
Total Debtors and prepayments	56,394	50,178
Property, Plant & Equipment		
Office Equipment	2,522	2,522
Accumulated Depreciation - Office Equipment	(1,766)	(1,313)
Total Property, Plant & Equipment	755	1,208
Intangible Assets		
Website	8,228	8,228
Accumulated Depreciation	(8,074)	(7,982)
Total Intangible Assets	154	246
Other non-current assets		
Invest Now	564,505	359,035
Vector Capital Bonds	15,920	15,920
Total Other non-current assets	580,425	374,956
	2024	2023
4. Analysis of Liabilities		
Creditors and accrued expenses		
Sundry Payables	14,087	6,145
Trade Creditors	3,946	73
Total Creditors and accrued expenses	18,033	6,218
Other current liabilities		
Income Received in Advance	104,075	90,600
Total Other current liabilities	104,075	90,600

2024

2023

5. Accumulated Funds

Accumulated Funds

Opening Balance	499,046	456,241
Accumulated surpluses	141,376	42,805
Total Accumulated Funds	640,422	499,046
Total Accumulated Funds	640,422	499,046

6. Commitments

There are no commitments as at 30 June 2024 (Last year - nil).

7. Contingent Liabilities and Guarantees

There are no contingent liabilities or guarantees as at 30 June 2024 (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 2023

The 2023 ASM once again brought over 500 passionate delegates together in beautiful Rotorua, thanks to an exceptional hosting effort by the Tauranga team! Attendees were immersed in a wealth of insights from both local and international experts, delving into the latest developments and trends across a wide range of topics. NZSG extends a warm thanks to the Convening Committee for their dedicated work in crafting such a dynamic and engaging program

Introduction to endoscopy

In 2024, the Introduction to Endoscopy courses continued to shine, organized by the dedicated Dr. Judy Huang and held at Olympus Live in Albany. This intensive one-day course gives our newest trainees, advanced gastroenterology and surgical trainees, and nurse endoscopists a solid foundation in core skills. Positive feedback pours in every year, with the post-course Quiz now a highly anticipated highlight! Due to the high demand, we're working to expand our incredible volunteer faculty to accommodate even more participants. Look out for our next course in February 2025!

Training the Colonoscopy Trainers Course (TCT)

Led by Dr. Russell Walmsley and a dedicated TCT faculty, this in-demand course trains skilled educators in endoscopy! This two-day event, held at Olympus Live and Waitakere Hospital, pushes six participants through intensive sessions on adult education and coaching techniques for endoscopy trainees. Like the Introduction course, the TCT program is expanding its faculty to meet ever-growing demand and ensure future courses are as impactful as ever.

NZSG Polypectomy Course

Following the success of the inaugural NZSG Polypectomy Course in February 2023 at the University of Auckland, the second year of this course was just as successful. Organized by Dr. Lesley-Ann Smith with an outstanding faculty of local interventional endoscopists, the course immersed attendees in the world of polypectomy, covering everything from equipment to advanced removal techniques. The first day welcomed a wide range of participants, from gastroenterology and surgery to nursing, while day two offered a hands-on experience with advanced techniques in a more focused setting. Enthusiastic feedback underscores the course's success, with the next session set for 13th-14th February 2025 at the University of Auckland!

Trainees' Day 2024

A staple in our calendar, the annual Trainees Day packed a powerful program over two days in Auckland, covering crucial elements of the RACP curriculum. With experts from across New Zealand, this event provides a unique opportunity for new trainees to connect and learn from experienced professionals in the field. With glowing feedback from attendees, it remains a cornerstone of our trainees' educational journey. Our sincere thanks to Dr Erin Horsfall and Dr Michael Chieng for their exceptional organization.

Trainee Representative's Report

Dr Michael Chieng & Dr Erin Horsfall

The world of gastroenterology has changed rapidly in modern times, and it has never been so exciting to be a trainee in this field. Over the last few years, for example, we have seen revolutions in IBD therapy – new molecules and targets, different ways of diagnosing and treating motility disorders, changes in liver transplant indications and peri-operative care, as well as an explosion in therapeutic endoscopy including third space, endobariatrics and endoscopic ultrasound – just to name a few!

Our trainees continue to be inspired by the breadth of opportunities within the field and New Zealand has always been a great place to embark on this journey towards fellowship. A big part of the reason for that is the hard work that goes on, every day, behind the scenes at NZSG. The society has been committed to expanding the training offerings year-on-year and this investment has seen trainees leaping at the chance to attend lectures, join hands-on sessions, and take opportunities to lead their own educational talks as well. This activity all generates beneficial flow on effects to our junior doctors, medical students and the broader medical and surgical community. Within the last year, many of our trainees have done presentations at meetings in the US, Europe and Australia, and several have collected prizes along the way. Our community all collectively benefit from this recognition and we are super proud of our trainee success domestically and abroad.

Focussing on educational offerings in New Zealand, we have seen enthusiastic engagement from the trainees attending our annual NZSG Trainees Day in March. This was very well received by our group with overwhelmingly positive feedback. We heard from leaders around the motu talking on a range of topics spanning the core curriculum. We were pleased also to welcome experts from colorectal surgery, the familial GI cancer service, bowel screening, and some recently returned fellows who gave a different perspective on key gastro issues that are often slightly on the periphery of our usual exposure as trainees. Plans are already underway to promote

the event next year and we again thank our sponsors, *Pharmaco*, for the generous working partnership we have enjoyed over the years.

Our monthly teaching programme continues to steam ahead for the remainder of the calendar year. This has, overall, seen a pleasing uptick in active participation, both in the live sessions and recordings, which are being uploaded to a dedicated and secure cloud. This has allowed our trainees to work through the programme at their own pace and revise material at their convenience.

As many of our readers will know, RACP has instituted several curricula changes this year to the formal gastroenterology training programme. All of our current cohort of 1st year trainees in 2024 have been automatically enrolled under the new standards. Whilst this has been a transitional year without material changes to assessments, we acknowledge that there remain a lot of unknowns about how this might affect supervision, training and progression in 2025 and beyond when the new standards are formally introduced. Now, more than ever, we need to be actively engaged, willing to collaborate and feedback to RACP on key training issues. For our NZSG executive, this has also meant considering the flow on effects to training sites and, of course, the Match programme.

Despite these evolving times within the speciality and within the governance of our training; sentiment amongst the trainees remains positive, optimistic about the future, and forward looking. Erin and I [Michael] have both thoroughly enjoyed representing the trainee voice this year, and will be handing the torch to Catherine Tian and Andrew Thushyanthan who will be fantastic reps for next year. We can't wait to see what they and the rest of the trainees achieve.

Strategic Plan Progress Report

Progress on the Strategic Plan Initiatives in 2023 - 2024

Objective 1: Achieving excellence in Education	Projects	Complete - Actioned Date
Develop role of Education Lead on the Exec to oversee educational and training initiatives•	Worked ith Trainee Reps on Trainee Day 2024 MoH Reporting for Polypectomy Course	2023 - 2024 Feb-24
Facilitate access to evidence-based resources, education, and training in areas such as endoscopy, nutrition, gastroenterological conditions, and people management••	Held two Intro to Endo course Held IBD Symposium Held Hepatology Network Meeting 2023/2024 Held ASM with streams in endoscopy and nutrition Held Polypectomy Course 2023/2024 Held Train the Trainer Course 2023/2024	2023&2024 2024 Dec 2023 Feb 2023 and 2024 2023/2024
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•	Completed 2023	Dec-23
Continue to support educational meetings, including hepatology network, IBD symposium, and ASM•	Held IBD Symposium Held Hepatology Network Meeting 2023/2024 ASM held luminal and hepatology sessions	Aug - 2023 2023/2024 Dec-23 2023/2024
Develop and use technology to share educational opportunities (e.g., webinars)•	Applied for RACP Webinar Funding	May-22
Position NZSG as a training provider for Gastroenterology Advanced Trainees•	Held two Intro to Endo course 2023 & 2024 Held Train the Colonoscopy Trainer Course Received funding for polypectomy course in 2023 and beyond	2023/2024 Jun-24 Oct-22 Feb-24
Governance and review of the MATCH programme, including process, entry criteria, and decision making•	MATCH 2023 hosted _changes in venue and format started Changes to placement process New applicant questionnaire revised Aditonal questionnaire reeision	Jul 23 Jul 23 Jul 23 Jul 24
Facilitate access to all current course such as train the trainer, introduction to endoscopy•	Held two Intro to Endo course 2023 & 2024 Held Train the Colonoscopy Trainer Course 2024	2023/2024 Jun 24 Feb 24 May-24
Innovate ongoing training and courses for the needs of the profession (e.g., polypectomy course, work with	Sponsorship obtained for second hepatology meeting	May-24
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 Investigated a venue outside Auckland	Feb-23
Objective 2: Advocacy •	Projects	Complete - Actioned Date
Collaborate with the Ministry of Health (MOH) including the National Bowel Cancer Screening programme (NBSP), Health NZ and Māori Health Commission	Representation on the Endoscopy Working Group Representation on EGGNZNBSCPAC	2023 2023
Work to broaden the NBSP for Māori and Pasifika at a lower age	Correspondence to NBSP leads and Minister(s) of Health on current and planned NBSP changes	2023 2023/2024
Develop a communication plan for NZSG to increase its media presence, including social media and writing		
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)•Equity•• Medication•• HCC Screening•• Sustainability•• MATCH•• Education••	Continued support of all working groups	2023/2024
Advocate for a diverse, inclusive, and sustainable gastroenterology workforce•	Continued support of work for Equity Working Group Review of Conference Guidelines for Equity Focus	2022 Mar-24 Jun-24 Mar-24
Work with stakeholders on the collection and reporting of quality gastroenterology workforce data••	Discussed workforce data collection as part of other sabbatical work	
Support opportunities for a wāhine to meet and build relationships in gastroenterology and endoscopy global	Inaugral Women in Gastro event 2023 ASM	2023/2024 Dec-23
Collaborating with the Association of Medical Specialists (ASMS) on workforce and on service sizing to ensure demand is met•		2023
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•		
Objective 3: Supporting the advancement of gastroenterology and innovation in the field•	Projects	Complete - Actioned 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 President attended AGW GESA President engaged with Cook Island and Fii health President a member of the Adult Medicine Committee (RACP) Continued Membership with APAGE and WGO Membership to ECCO started	2023 2023 2024 2023/2024 2023/2024 2024
Conduct scientific and educational meetings in New Zealand•	Held two Intro to Endo course 2023 & 2024 Held Polypectomy Course Feb 2024 Held IBD Symposium Held Hepatology Network Meeting Held Trainees Day Held ASM 2023	2023/2024
Diversify research funding streams and build strong partnerships•	Sponsorship obtained for second hepatology meeting	2024 2024 2024
Support research through financing and awarding research grants (e.g., NZSG-Janssen Research Fellowship and Small Research Grants) as funding allows•	4Small Research Grants Awarded ASM Young Investigator Awards presented in five categories	2024 2024
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 NZSG Janssen Fellowship presented at ASM	2024 2024 2024
Actively facilitate the sharing of evidence-based gastroenterology knowledge and information pathways•	IBD Guideline created by IBD Working Group	2023
Improve the knowledge and awareness of gastroenterology for people working outside gastroenterology services to consider this as a career•	Launched Public area of NZSG Website	2023
Share accessible resources and events that increase knowledge and awareness of gastroenterology. •	National and International events on new events page of the website	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	Clinical Directors Hui ASM 2024 confirmed	Feb-24

Networking with likeminded Societies to facilitate and promote sustainable work practices for the profession** Sustainability Group linking NZgNC, Te Whatu Ora, 2023/2024

Objective 4: Keeping members informed, supported, and involved in the Society	Projects	Complete - Actioned Date
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		2024
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	Investigating possible international members	2024
Encourage members to contact the society for support if they have issues and distribute information on who to	promoted contact with office via NZSG Panui and other communications	2024
Provide feedback to members after each Executive Committee meeting to keep members informed about the	provided an update -Your Executive at work in each Panui	2024
Establish and maintain an organised website through investment for membership as a repository for resources that members can access as required and keep up to date.	website updated regularly with a monthly review revised website launched at ASM 2023 olved and evolved in 2024	2023/2024
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	Complete - Actioned 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	2023
Advocate to Pharmac, 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 Pharmac stakeholders*	IBD Working Group liaison with PHARMAC Group Manager for Gastro Meds	2023
Work with the MATCH process for the selection of advanced trainees into gastroenterology training to partner	MATCH 2024 observer continued, contact with RACP on placements, trainee changes	2024
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		

Objective 6: - Building partnerships with key stakeholders that align with NZSG**	Projects	Complete - Actioned Date
Build our relationship with NZSA as the Society exits RACP*	meetings with new CEO, review of agreement, EO monthly meetings with CEO	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 and Pharmac	2024 2024 2024
Build a new, independent relationship with RACP*	President attended RACP Specialty Society Hui Australia President attended AGW GESA President engaged with Cook Island and Fii health President a member of the Adult Medicine Committee (RACP) Continued Membership with APAGE and WGO	2024
Establishing regular meetings with Pharmac, MOH, Health NZ, Māori Health Authority and RACP,	IBD Working Group liaison with PHARMAC Group Manager for Gastro Meds	2023/2024
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**	Assisted in HDC response to MoH re MALS	2023
Strengthening relationships with the ASMS, to facilitate advocating for national issues such as		
Meet our contractual agreements with our network partners-NZCCRTGE*and NEDS	Secretariat Service provided as needed throughout year to NZCCRTGE/NEDS	2023/2024
Strengthen engagement and partnership with-allied organisations including the Asia Pacific, including but not		2023/2024
Promoting professional relationship, networking, and mentoring between trainees and gastroenterologists	Implemented OnDemand platform for monthly training programme	2023 2023/2024
Actively work with surgical endoscopy colleagues and leaders to promote standards of care, collegiality and		

Objective 7: Financial security, transparency & accountability	Projects	Complete - Actioned Date
		2023/2024 2024
Determine if rules can be adapted for excess Janssen grant funds to be used for general research instead of returned	Agreement with Janssen to use funding for general research	2024
Increase funds over time to reach ideal financial security	A endowment has been agreed and received - funds for research being explored	2024 2023/2024
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 @ 2023 ASM for endoscopy theme Additional funders for new Motility Summit found Implementation of NZSG Pharma Panui Endowment and ongoing funding received via RACP Foundation	2023/2024 2023/2024 2023/2024 2023/2024
Ensure all working relationships are financially sustainable, with accurate budgets that take into account costs to NZSG to administer*	Continued to reiev costs, reiev of NZSA-NZSG service agreement	2024
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		
President, President Elect and encourage others office bearers and exec members to attend Board Directors'	Attended by current President	2024
	ASM Guidelines written and shared with convenors In Draft	2023 2024
	Continued with current handover in Nov 2024	2024 2024

Equity Working Group Report

Dr Alex Lampen-Smith - Chair

The EWG supported the Exec and Match lead with review and revision of interview questions, suggestions for operationalising some of the 2023 recommendations for improvement of the Match and an equity observer attending the Match days.

Other work undertaken this year includes review of the ASM Convenors Guide, consideration of ASM abstract process from perspective of equity and content released for Te Wiki o te reo Māori.

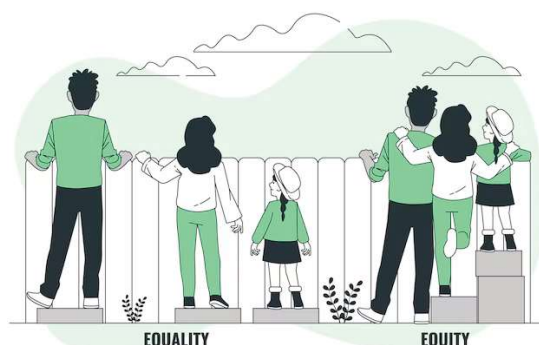
Future plans for the EWG to support the Exec:

- Development of a Maori name for the society
- Ongoing support for the Match process
- Ongoing promotion for equity in research at the ASM.

Areas of inequity yet to be explored by the EWG but on our radar include:

- Awareness of other marginalised groups such as rural communities , LGBTQI+, disabled and womens' access to adequate endoscopy and gastroenterology services
- Māori tikanga as it relates to endoscopy equipment.

The Chair would like to thank the members of the EWG and especially our lay member for their participation this year.



IBD Working Group Report

Dr James Fullforth - Chair

The NZSG IBD Working Group has seen some turnover of membership this year and I would in particular like to extend our thanks to Dr Estella Johns for her work in establishing and chairing this group through its infancy. We look forward to continuing your great work.

Our big success this year has been the publication of local guidelines for the use of advanced therapies for IBD in Aotearoa. This is an important document and should help to standardise care for patients across the country, especially in regions where access to gastroenterologists and IBD specialists is limited. Congratulations to Dr Michael Chieng for this work and Dr Caroline Jiang as the driving force behind it. The paper is entitled - Modern paradigms in biologic sequencing of inflammatory bowel disease in Aotearoa New Zealand (*N Z Med J. 2024 Jul 5;137(1598):73-85.*)

Beyond this we have continued to work on our key focus of improving access to medications to patients with IBD in New Zealand. This has included:

- Meetings with Pharmac to discuss both their, and our priorities.
- Ongoing advocacy for modernising special authority criteria to focus on objective markers of disease activity and severity rather than clinical symptoms.
- Preparation of clinician led submissions for upadacitinib and subcutaneous infliximab
- Feedback on Pharmac decisions, in particular noting the decision not to fund the Shingrix vaccine for patients with IBD

Future work includes:

- An ongoing piece of work on endoscopic surveillance in IBD
- Continuing to be the voice of the society in when it comes to IBD medications

Please let us know if there are any issues you would like us to consider and thanks to April-Mae for her administrative support with this group.

Sustainability Working Group Report

Dr Ricardo Jurawan - Co Chair

The Sustainability Working Group in the last year continued with the momentum from our 2023 efforts.

We strove to increase the awareness of sustainability practice within health care by continuing to encourage and identify sustainability champions within each hospital units. Our discussions included having sustainability being included as a category at future conferences including the provision of a sustainability prize to reinforce audit work. This has been successful and sustainability as a topic is also included at the upcoming New Zealand gastro conference.

We also brainstormed ongoing work including sustainability efforts in hepatology including paracentesis as well as looking at IBD treatments and smart prescribing. We continued to network with partner organisations including the Surgical Society, national and international societies. Collaboration also is occurring with the US, Australasia and UK groups with respect to endorsing sustainability practices.

We also endeavoured to secure protected working time to encourage collaboration and promote sustainability efforts in the NZSG panui.

Looking ahead for 2025:

Ongoing collaboration presentation at Australasia conferences highlighting sustainability

Encouraging research at resident doctor level

Contributing to a sustainability curriculum



National Intestinal Failure & Rehabilitation Service (NZ-NIFRS)

Dr Amin Roberts -

Personnel

- Andrew Xia is the new Adult NIFRS dietitian, replacing Lisa Guest. He recently visited the NSTs in Wellington and Christchurch to provide education/support from a PN perspective.
- Ruchika Tandon (NIFRS Pharmacist) leaving NIFRS to pursue a career in medicine at Otago Medical School in 2025. We thank her for all her work with the team and wish her the best of luck with her new career

National Clinical Network

- National Guidance document on Intestinal Failure continues to be updated online as feedback received. Reminder that it is available on the Starship Clinical Guidelines and Ministry of Health websites for those interested
- Still awaiting funding decision from Pharmac re: Teduglutide for short bowel syndrome. Timeline uncertain, although we have been told the paediatric patients have been given top priority. It is unfortunately unlikely to receive funding for adult patients.
- KiteLock (new sodium tetrachloride line locks which have both antiseptic and antithrombotic properties) now recommended as the line lock of choice for paediatric patients on home IVN in NZ.

Education Day & CME

- Next NIFRS **Education Day** will be on Friday 28th March 2025 and Novotel Auckland Airport. Dr Jonathan Hind (President of the International Intestinal Rehabilitation & Transplant Association) and Lee Martin (Neurogastroenterology Dietitian, University College London) confirmed as guest speakers
- NIFRS webinars continue to be held quarterly
- New initiative of a monthly adult nursing and allied health staff northern regional meeting

Recent publications

- Amy Andrews, Cate Fraser, Kim Herbison, Dug Y Han, Helen Evans, Amin Roberts. **Ethnicity and socioeconomic deprivation in children with intestinal failure in New Zealand: Disparities in incidence, but not in outcomes.** J Paediatr Child Health 2024 Apr-May;60(4-5):132-138. <https://onlinelibrary.wiley.com/doi/10.1111/jpc.16550>
- E. Ludlow, T. Harrington, R. Davidson, J. Davidson, K. Aikins, G. O'Grady, I. Bissett. **Evaluating the efficacy and safety of neonatal chyme reinfusion therapy: A feasibility study using a novel medical device.** Clinical Nutrition October 2024. <https://doi.org/10.1016/j.clnu.2024.08.016>
- K McGrath, T Collins, A Comerford, Z McCallum, M Comito, **Kim Herbison**, D Burgess, S Kane, K Coster, M Cooper, K Jesson. **A clinical consensus paper on jejunal tube feeding in children.** JPEN 2024. <https://aspenjournals.onlinelibrary.wiley.com/doi/epdf/10.1002/jpen.2615>

NZ Advanced Training Subcommittee Report

Dr Steven Ding - Chair

Our main role is to represent the college in monitoring trainee progress and ensuring that requirements are met before progressing to fellowship, as well as accrediting training sites. We have superb support and guidance from Debbie Kowalczyk, Jan Fletcher and Jared Woodroffe from the college.

The committee draws fellows from large and smaller centres as well as paediatric and trainee representatives and comprises;

Steven Ding - Chair

Amin Roberts - Deputy chair and paediatric representative

Henry Wei

Ricardo Jurawan

Michelle Gowans

Michael Chieng - trainee representative

Over 2024, there have been 31 adult and 2 paediatric trainees over 13 sites, with some vacant core and fellowship positions. 6 have or will be admitted for FRACP, with no trainees in difficulty.

Site accreditations have been completed at Tauranga, Dunedin and Wellington and at time of writing, Palmerston North, Taranaki and Christchurch site visits are pending.



The New Zealand Liver Transplant Unit Report

For the 2023 Calendar Year

Dr Dominic Ray -Chaudhuri

Summary

In the calendar year of 2023, the New Zealand Liver Transplant Unit (NZLTU) undertook 94 liver transplant assessments and performed 55 liver transplants in 53 recipients. Six of the assessments were for paediatric patients. Of the 55 transplants, 46 were of whole livers and 9 were partial grafts (6 left lobe and 3 right lobe grafts). Two transplants were from living donors. There was one combined liver/kidney transplant.

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 53 patients was 118 days (range 1-531 days) with a median of 79 days. These waiting times represent an average wait of 126 days (median 89 days) for adults and 53 days (median 32 days) for paediatric recipients.

Twenty-five patients transplanted were blood group A, 7 blood group B and 17 blood group O. There were no recipients with the AB blood group transplanted during 2023. By ABO blood group, mean waiting times were 69, 189 and 162 days for blood groups, A, B and O respectively.

There were 21 blood group O donor livers and 18 of these (86%) were used in blood group O recipients, an increase over last years' figure of 75% and hence above the 80% threshold set for quality and equity reasons. Two blood group O livers were transplanted into blood group A recipients and one into a blood group B recipient. A liver from a blood group AB donor was transplanted into a blood group B recipient using the unit's ABO incompatible protocol.

Demographics

There were 18 females and 31 males transplanted. Six recipients were under the age of 18 years. The mean age of adults transplanted was 52.2 years (range 18-72 years, median 51yrs) and of children was 1.2 years (range 1-2 years, median 1yr). The age distribution is shown in Figure 1. The ethnic group populations are shown in comparison with the NZ general population in Figure 2.

Aetiology of liver disease in transplant recipients

The principal aetiologies of liver disease in transplant recipients (See Table 1), were viral hepatitis, primary sclerosing cholangitis and metabolic-associated fatty liver disease. Twenty patients had hepatocellular carcinoma and in many cases, particularly the patients with viral hepatitis, this was the primary indication for transplant.

Biliary atresia was the chief indication for transplantation amongst paediatric recipients.

Figure 1 - Age Distribution 2023

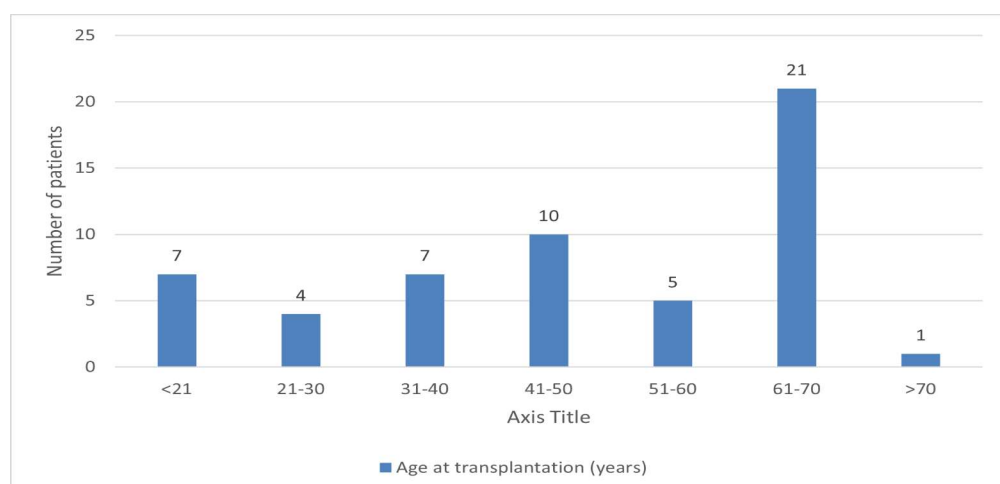


Figure 2 - Ethnicity Distribution 2023

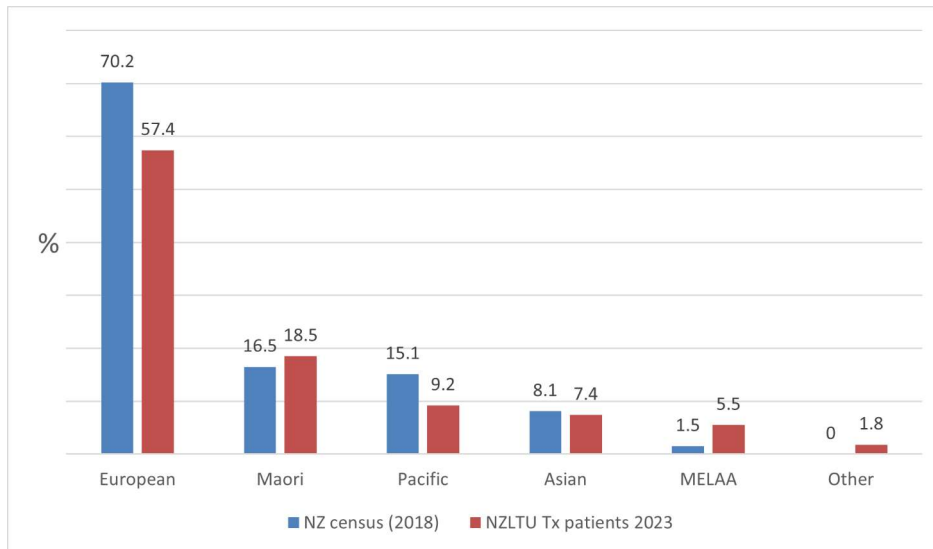


Table 1

LIVER DISEASE	NUMBER
Hepatitis B	6
Primary sclerosing cholangitis	7
Primary sclerosing cholangitis/AIH overlap	3
Fatty liver disease (NASH/NAFLD)	7
Acute liver failure	6
Biliary atresia	2
Alcoholic liver disease	7
Hepatitis C	5
Autoimmune hepatitis	1
Allograft cirrhosis	1
Polycystic disease	1
Other cholestatic disease	3
Cryptogenic cirrhosis	1
Wilson's disease	1
Congenital hepatic fibrosis	1
Post-transplant cholangiopathy	1
Hepatoblastoma	2

Surgical details

The median surgical time for liver transplant was 362 minutes (range 283 minutes to 743 minutes). This is slightly lower in numerical terms compared with the preceding 3 years where the mean times were 390, 402 and 390 minutes, respectively.

Patient survival

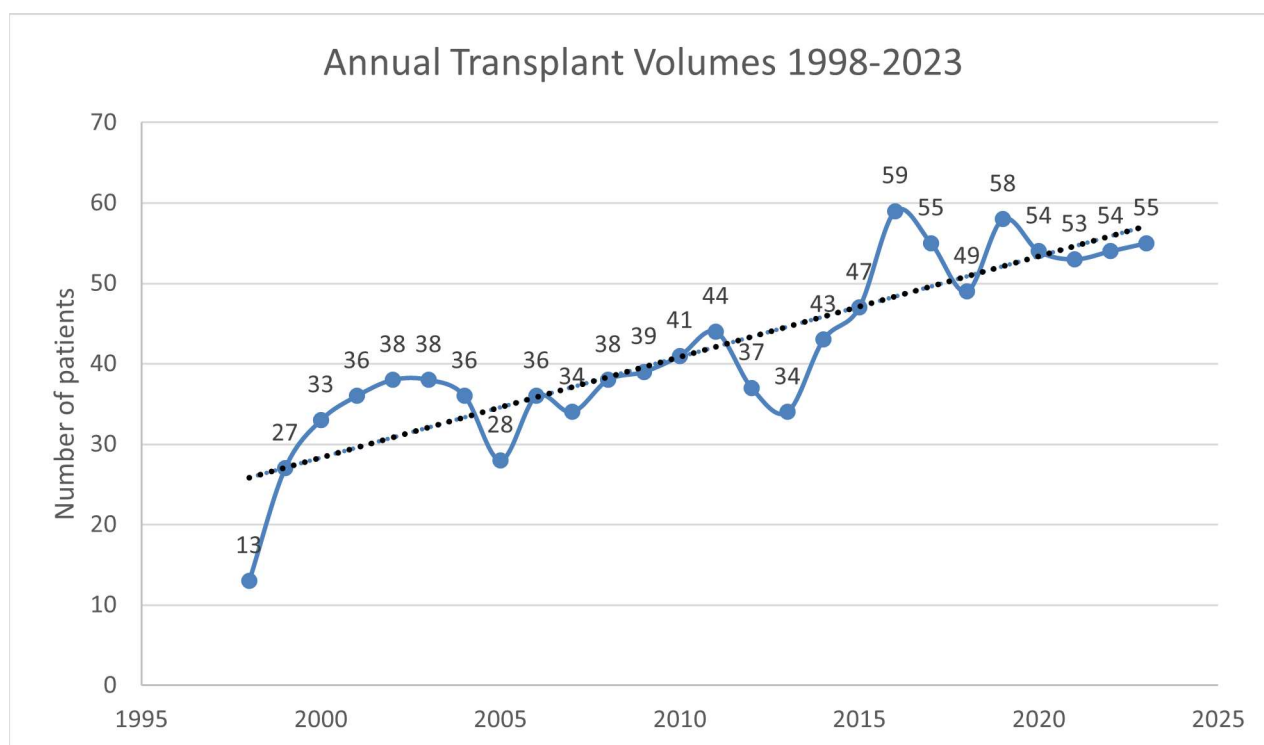
Of the 53 patients transplanted in 2023, 2 died following their transplant. One died 24 days post-transplant and the other 47 days post-transplant, both from sepsis. There were also two instances of graft failure requiring re-transplantation, one for acute Budd-Chiari syndrome and the other for hepatic artery thrombosis. The crude survival for patients' transplants in the calendar year 2023 was 96.2%. Overall patient survival rates continue to be excellent by international standards.

Length of stay

For adult recipients, the median post-transplant length of stay in hospital in 2023 was 9 days (range 4 – 47 days). The mean intensive care stay was 1.5 days (range 1 - 8 days).

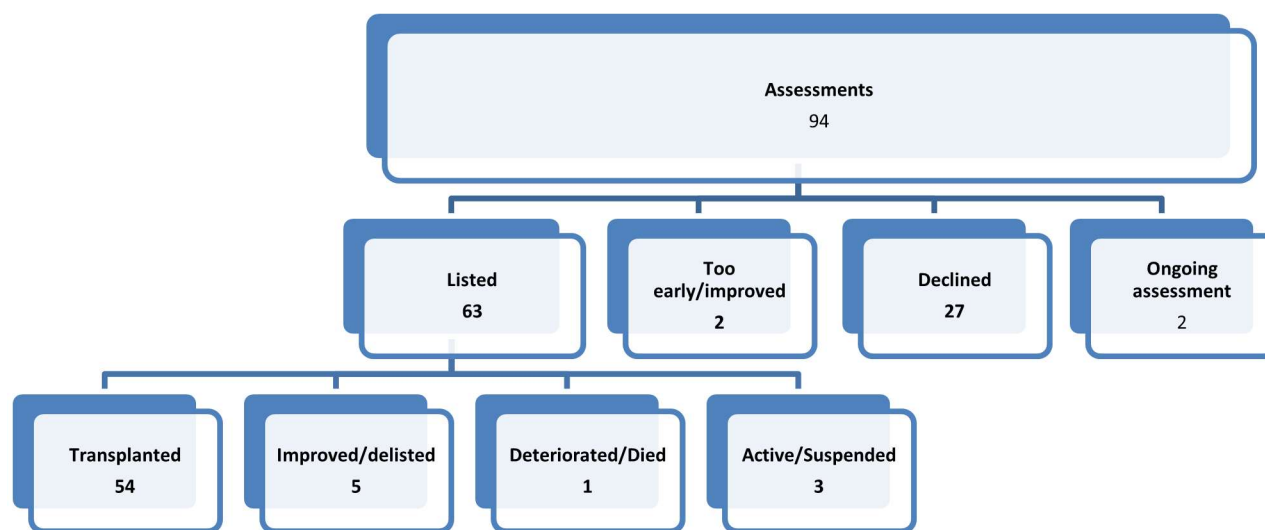
Transplant volumes

Figure 3 demonstrates the trend in liver transplant volumes year-on-year since the inception of the programme in 1998.



Assessment Data

Of the 94 liver transplant assessments performed in 2023, 63 patients were listed for transplantation (See Figure 4) and of those 36 were transplanted within the same calendar year.



Service Clinical Director Comments

2023 felt like a return to ‘business as usual’ following several years of COVID-related disruption. There were still significant challenges, including a high number of junior doctor posts being unfilled across the Auckland Region, which impacted out-of-hours and leave cover, and also uncertainty around the structure of the health service going forward.

However, the unit took these issues in its stride and delivered a significant increase in the number of transplant assessments and a small incremental increase in the number of transplants compared to the previous year. Our target of carrying out at least 60 transplants in a year continues to elude us with, as always, donor numbers being the rate-limiting step.

Machine perfusion was introduced in 2022 and its application was expanded in 2023 being used for 21 donor liver, 13 from livers donated after brain death and 8 donated after circulatory death. Prospective audit of the effectiveness of machine perfusion with regards to expanding the donor pool and reducing post-transplant complications is ongoing. The protocol for the use of ABO-incompatible livers, also first introduced in 2022, was further validated with its use in another recipient in 2023 yielding an excellent outcome.

2023 saw some notable staffing changes in the transplant unit. First of all, we were very pleased to welcome Dr Hannah Giles as our fifth Hepatologist in April. Hannah trained in medicine and Gastroenterology in Auckland before embarking on a post as a Senior Clinical Fellow at the University Hospitals Birmingham Liver Services Unit, the largest liver transplant centre in Europe. She then spent a year as a locum Transplant Hepatologist in the liver transplant unit at Addenbrookes Hospital in Cambridge. Hannah has wide range of clinical and research interests, including the role of mast cell activation syndrome in GI and liver disease, alcoholic liver disease, porto-mesenteric thrombotic disease and obstetric liver disease. Hannah has certainly returned with some excellent ideas and endless enthusiasm for the ongoing development of the unit which will stand us in very good stead for the future.

In the Hepatocellular Carcinoma Service at NZLTU, both HCC coordinators indicated their intention to leave the service. Vivienne Walker, HCC coordinator, subsequently left the at the end of the year to take up a post in the Department of Critical Care Medicine at Auckland while Oonagh Lithgow made plans to retire in early 2024. Between them, Oonagh and Viv have done a fantastic job coordinating a service which encompasses a national multi-disciplinary meeting as well as organising interventional and surgical treatments for patients both in Auckland and from other parts of the country. Their experience, knowledge and dedication to the role will be much missed.

Last, but certainly not least, October 2023 saw the retirement of Professor John McCall, adult and paediatric liver transplant surgeon. John joined the Liver Transplant Unit at its inception in 1998 after returning from the King's College Liver Unit in London. In 2010 John left the unit to take up an academic appointment at the Medical School at the University of Otago in Dunedin but later returned to NZLTU, initially dividing his time between Dunedin and Auckland but subsequently full-time at the unit.

During his time at NZLTU, John was responsible for the introduction of a number of innovative procedures including split liver transplants and live donor liver transplantation both of which greatly helped address the issue of waiting times for paediatric patients awaiting transplant. John was pivotal in the introduction and evolution of the Hepatocellular Carcinoma Service at NZLTU and was also the driving force behind bringing machine perfusion to NZLTU as well as the development of a protocol for liver transplantation for colorectal metastases.

John's strong academic profile included interests in the metabolic and nutritional consequences of cirrhosis and their impact on outcomes after liver transplantation, new techniques and treatments for hepatocellular carcinoma and improving outcomes after liver transplantation and other major abdominal surgery.

John's role in mentoring more junior surgical colleagues has in no small part contributed to the strong surgical team that the transplant unit now enjoys. For all of us working in the unit, John has represented an invaluable source of knowledge, experience, wisdom and support. All these attributes will be very much missed but we wish John a long and happy retirement.

In conclusion, 2023 represented another strong year for the unit, delivering transplant outcomes at least on a par with those in other units around the world. However, there's always room for improvement and NZLTU remains committed to ensuring equitable access to transplant for all New Zealanders and the best possible outcomes for our recipients.

Paediatric Gastroenterology Report

Dr Helen Evans

New Zealand Child and Youth Clinical Network

Focus is on advocacy role:

- Demonstration of need for neonatal screening for neonatal liver disease, acknowledging incidence of biliary atresia being 2-3 times more common in New Zealand due to higher disease frequency in Māori Tamariki
 - This has resulted in partnering with Te Manu Toroa in the Bay of Plenty, with a highly productive hui at Huria Marae leading to widespread support by stakeholders for such an initiative
 - The next stages include consulting with iwi in Te Tai Tokerau and Counties Manukau
- Partnership with Safe Kids to launch an education campaign for families regarding safe administration of paracetamol
- Creation of an investigation algorithm for Metabolic-Associated Steatotic Liver Disease. This remains a work in progress due to concern by General Paediatricians regarding number of children potentially requiring investigation
- Partnership with NZ Child and Youth Clinical Network for Child Protection in joint satellite symposium at upcoming Paediatric Society of NZ Annual Scientific Meeting

Clinical Services and Staffing

- No changes in 2023/2024
- We continue to advocate for additional senior staff, particularly in Christchurch, but also an evolving need in Hamilton

Clinical Concerns

- Much like colleagues in adult gastroenterology, we remain concerned about the increasing number of children with functional gastrointestinal disorders
- Some of these patients have been thought to have Ehlers-Danlos syndrome, of whom a number have sought surgical treatment overseas for vascular compression syndrome
- We continue to observe this trend closely, and remain keen to work with adult counterparts and other professional groups in learning more about this trend
- The continued increase in paediatric IBD will lead to a requirement for more SMO FTE throughout the country in the near future.

Paediatric Australasian Gastroenterology Research Network (PEDAGREE)

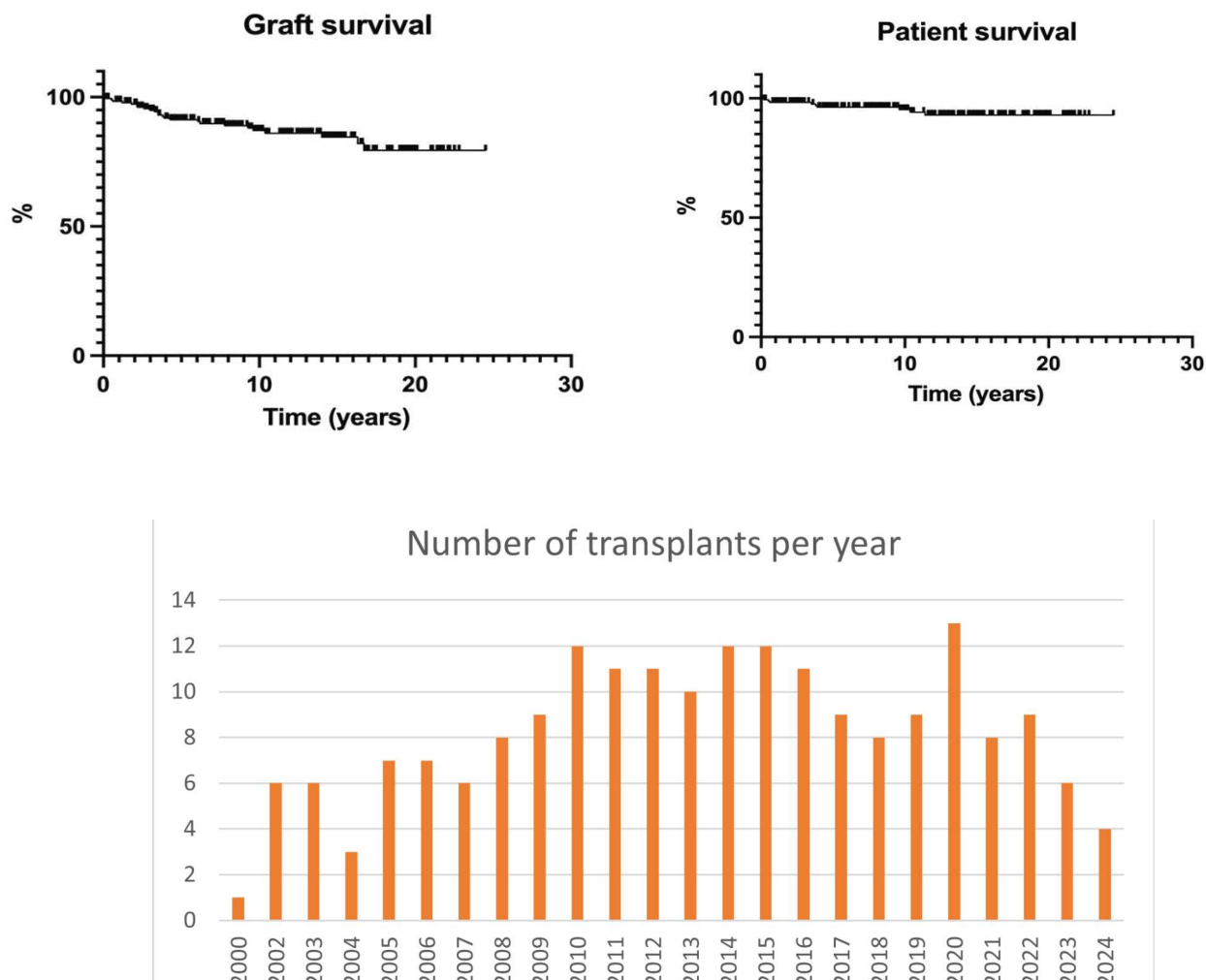
- Established 2021
- New Zealand Paediatric Gastroenterologists continue to contribute
- Upcoming projects on coeliac disease and eosinophilic gastroenteritides

Inter-agency work

- Dr Helen Evans was appointed to Pharmac's PTAC in late 2023
- We are represented at various Pharmac committees by Drs Evans, Bishop, Roberts and Kim Herbison (dietitian)
- Professor Andrew Day is President Elect of NZSG – a very exciting concept

Paediatric Liver Transplantation

- Excellent graft and patient outcomes, similar to international comparators
- Possible decrease in annual number of transplants – potentially related to improved outcomes of Kasai operation for babies with biliary atresia
- Challenges in the AYA (Adolescent and Young Adult) period remains concerning despite long-standing dedicated clinic
- Recognition of recent cluster of PTLT cases leading to revision of immunosuppression protocol, plus a review to be held using an international subject matter expert



Academic and Research contributions

- Continued focus on IBD which continues to increase annually
- Dr Vivek Rajasekaran, previous Fellow at Starship, graduated with a Masters showing increased incidence and severity of IBD in Indian children in Auckland
- Contribution to international registry on Alagille syndrome (GALA)
- Continued research into biliary atresia which is much commoner in NZ than other countries
- Involvement in several clinical trials
 - Odevixibat in biliary atresia (BOLD and BOLD-Extension)
 - Obeticholic acid in biliary atresia (ALDO)
 - Upadacitinib in UC and Crohn's disease (MODERATE and MITIGATE)

**Reports
from Organisations
in the
Gastroenterology &
Endoscopy
Community**

NZNO Gastroenterology Nurses College

Ms Merrilee Williams - Chair

2024 has been a challenging year for Nursing as a profession, as a result of significant and high impact decisions made at a national level.

Nurses of all levels of practice from new graduate right through to senior and leadership positions, are struggling with the impact of restrictions to recruitment and replacement of staff to manage day to day patient care, and are facing an uncertain and concerning immediate future.

In gastroenterology, we remain well connected, resourceful, and adaptable to changes and continue to find options to continue to provide safe and efficient care to our patient groups.

The NZgNC committee continue to build upon the foundations we have build in recent years of connectedness, collaboration, and draw strength from these for our membership of more than 500. We have a strong Nurse Leaders network and use this avenue to work together, share ideas, and seek innovation in practice.

Committee:

- Merrilee Williams- Chairperson
- Jessica Southall- Secretary and Hepatology Sub group
- Kirsten Arnold- Treasurer and IBD sub group
- Karen Kempin- Committee and Nurse Endoscopist sub group
- Fiona Williams- Committee and Enteral Feeding network
- Nicola Caine- Committee and Hepatology Sub group
- Justin Augustine- Committee
- Gino Borromeo- Committee
- Julia Anderson- Professional Nurse Advisor- NZNO



(Missing- Nicola Caine, Julia Anderson)

This AGM will see the end of terms for Merrilee Williams, Jessica Southall, Kirsten Arnold and Justin Augustine. I thank them for their immense contribution over their time on the committee. New committee members will be elected at the AGM in November.

Sub Specialty Groups:

Our sub specialty groups are thriving, and doing excellent work towards strengthening nursing professional practice and patient care. The NZgNC provide funding to host workshops to develop and update Knowledge and Skills frameworks (KSF). They also plan and host their own education days for nurses who are working in their specific sub specialty.

Inflammatory Bowel Diseases sub-specialty: 2024 achievements

- Hosted IBD nurse symposium October 2024- Hamilton.
- Continue to collect national IBD workforce data to support and promote senior nurse progression, retention and influence NZNO bargaining.
- Supporting work towards funding of new medications, and alternative formulations for IBD treatment delivery.

Hepatology sub-specialty: 2024 achievements

- Completed the NZ Hepatology Nursing Knowledge and Skills Framework to be launched at AGM 2024.
- Encouraged and supported their members to complete online training module through the Australasian Hepatology Association.
- Continue to strengthen connections with the AHA.

Nurse Endoscopy sub- specialty: 2024 achievements

- Strong committee structure now
- Provide professional comment and perspective on NE flexible sigmoidoscopy workforce proposal.
- Paving way for career pathway for future NE's in NZ setting.

Networks:

We are proposing at the 2024 AGM that we amend the College Rules to include Networks as well as sub specialty groups. Networks will be a means of connecting people with a special interest in a particular area of practice to share knowledge and learning opportunities, and may prove to be a starting point towards developing a new Sub Specialty group. A network will not have funding, however will have the same access to the Education Fund applications that other members have. We have developed an outline document for Networks and Subspeciality groups to help illustrate the differences and roles for these collaborative groups.

Finances:

The NZgNC continue to receive core funding from NZNO in biannual tranches, from the Annual Scientific Meeting revenue (25% of profits), as well as revenue from the Tube Journal publication.

This year we have increased the cost to sponsors for advertising in the Tube Journal. The Tube is now biannual rather than quarterly, and it had been many years since any increase to the cost of advertising had been made.

The committee received a large volume of applications for Education Grants in February 2024 which we were able to approve, and a lesser number of applications in September. We approved the increase of the nurses registration fee for ASM Gastro conference this year, as it had not been increased for several years. We considered this closely and determined that the increase was in line with other conference fees that nurses attend, and that it remained high value for money. This will ensure that conference will remain viable and profitable, and that the running costs are not in jeopardy.

The college remain financially sound, and able to continue to support the membership to be able to grow their knowledge and skills in gastroenterology practice through various means.

We look forward to welcoming our new committee members for the coming term at our AGM. There has been a lot of interest in joining the committee, which is pleasing. It reflects the improvements we have made to the visibility and avenues of communication that we have

established for over the previous years. The committee and the college are a platform to influence and promote professional practice of nurses in gastroenterology.

Finally, my sincere thanks to the committee members, the membership, as well as the NZSG and our Pharma sponsors who continue to collaborate with us to succeed in being able to provide excellent care to patients.

National Data Endoscopy Standardisation Group

James Irwin, Chair

MEMBERSHIP NEWS

The National Endoscopy Data Standardisation group in 2024 have been James Irwin (Chair), Gino Borromeo, Honey Clarke, Malcolm Arnold, Marius van Rijnsoever, Merrilee Williams, Nicola Griffiths, Russell Walmsley, Magda Sakowska, Susan Parry, April-Mae Marshall (Secretariat).

This year we farewelled Holly Weal, NEQUIP Nurse Lead and NzgNC representative. Holly's knowledge and hands on knowledge of Provation will be missed around the discussion table, We are delighted to welcome Gino Borromeo to the group taking up Holly's NzgNC role. Gino currently works as Clinical Nurse Educator for Endoscopy Nursing at Waitemata Hospital.



Gino shared with us that his full name Vincent Gino Lorenzo Borromeo but goes by his second name. He's lived in New Zealand for 12 years and started working in Te Whatu Ora – Waitemata Endoscopy since 2017. Where he is also a capsule endoscopy nurse. Gino is a committee member of the New Zealand Gastro Nurses' Colleges (NZGNC). Recently he started a new role, Clinical Nurse Educator for Endoscopy Nurses. He enjoys doing research and tries to submit and review articles for *The NzgNC Tube*. When not at work he enjoys spending time with his wife and 4 year old son, playing badminton and video games. He is looking forward to his NEDS role and disseminating information between NEDS and the NZGNC.

OUR WORK

We continue to work to standardise the recording of endoscopy information in Aotearoa/New Zealand, with the aim of allowing standardised reporting of quality metrics. There has been a fair amount of movement in this sphere over the past 12 months.

We are writing a data standard for the recording of gastroscopy, which defines the datapoints and format of critical datapoints required to record

performance of a quality gastroscopy. This will sit alongside the already written [colonoscopy data standard](#). These documents will allow any institution (public or private) to design their database to align data recording with the standard, and potentially in the future feed data to a national recredentialing body.

There is a national push to upgrade the 4 provation database servers that exist in Aotearoa/New Zealand. Because of our political structure this remains a challenging task. However, nationalisation of IT services should make this a less painful task in future years. The target version of Provation is 530. This database version contains many datastructures that NEDS has designed. Many of them will be intuitive. One that needs attention is the CPN number. To allow linking of data between sites (for example for an endoscopist who works at multiple sites) every user will need their CPN number entered into the CPN field. This will require a careful review of all users at your site, and ensuring each has their CPN number entered.

Te Whatu Ora has implemented the National Data Platform - a national repository of health data that will be available to perform analytics, with the goal of making insights that improve the delivery of healthcare in Aotearoa/New Zealand. National Provation data has been placed on this platform.

This will provide access to data for trusted data users. This will include the Conjoint Committee, which will move to use Centralised Provation Data to replace self maintained logbooks. It also will provide the opportunity for a nationalised KPI audit cycle, an exciting consideration that will improve the quality of endoscopy services in Aotearoa/New Zealand.

Expect these developments in the coming 12 months. Expect your registrars to carefully monitor that you record they participated in the procedure, and that you complete the 'trainee endoscopic skills' node [difficulty/trainee endoscopic skills] - without this the procedure will not be recorded in their logbook!



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 2014.

Year	RACP	RACS	Total
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*
2024	16	8	24
TOTAL	201	193	395*

*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 – August 2024
RACP Rep	Dr Judy Huang	August 2024
RACs Rep	Dr Marianne Lill	June 2015
NZSG Rep	Mr Bevan Jenkins	October 2019
NZSG/RACP Rep	Dr Rees Cameron	March 2017
RACS Rep	Dr Deborah Wright*	March 2022

**Deborah Wright – Secretary as of August 2024.*

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 2024 records a total income of \$13,343 and a total expenditure of \$13,905, resulting in a loss of \$563. The fund overall as of 31 March 2023 has a balance of \$16,781.

Financial year	Total Income \$	Total Expenditure \$	<u>Surplus(Deficit)</u> \$	Overall fund balance at year end \$
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
1 April 2022 – 31 March 2024	13,343	13905	(563)	16,781

Progress since last report;

The Committee had a very busy year. We received 24 applications this past year. Reviewing applications is time consuming and involves collating information, going over each applicant's log books, supervisor reports, previous training, and supporting documents.

As noted in our last report, the requirements for recognition must be acceptable, not only to our own Colleges and Societies, but must also conform to Australian and international standards. This is due to our reciprocity agreements with our counterparts across the Tasman. As the requirements have increased over the years, we understand that the application process has become more complicated and, sometimes, burdensome. To this end, the Committee is continuing to work with our secretariat to simplify the online application process. We also now has a checklist for each category which is available on request and will soon be available on our webpage.

The Conjoint Committee is made up of six volunteers who give freely of their time without compensation. This year, Judy Huang replaced Alasdair Patrick as the RACP tertiary care representative. The Committee wishes to express its sincere thanks to Alasdair who has served on the committee for more than a decade. We will miss his expertise and collegiality.

Finally, programme directors are aware that we now require that supervisors have recognition of training themselves or have "equivalent training". We thank the programme directors for complying with this request. 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.

The committee wants to acknowledge our ongoing sincere gratitude for the hard work and support we receive from April-Mae, our Secretariat.

Compilation Report

NZCommittee for Recognition of Training in Gastrointestinal Endoscopy For the year ended 31 March 2024

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

Scope

On the basis of information provided and in accordance with ServiceEngagement Standard 2 Compilation of Financial Information, we have compiled the financial statements of NZCommittee for Recognition of Training in Gastrointestinal Endoscopy for the year ended 31 March 2024.

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 NZCommittee 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.

MTMAccounting Limited
Chartered Accountants
Floor 3
191 Thorndon Quay
Wellington

Dated: 18 July 2024

Directory

NZCommittee for Recognition of Training in Gastrointestinal Endoscopy For the year ended 31 March 2024

Nature of Business

Medical Training Recognition

Incorporation Date

2 February 2001

Incorporation Number

1115404

Address

26 Brandon Street, Wellington, New Zealand, 6011

Chartered Accountant

MTMAccounting Limited

Bankers

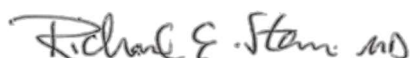
Bank of New Zealand

Approval of Financial Report

NZCommittee for Recognition of Training in Gastrointestinal Endoscopy For the year ended 31 March 2024

The Board is pleased to present the approved financial report including the historical financial statements of NZCommittee for Recognition of Training in Gastrointestinal Endoscopy for year ended 31 March 2024.

APPROVED



Chairperson

Date 23/07/2024

Statement of Profit or Loss

NZCommittee for Recognition of Training in Gastrointestinal Endoscopy For the year ended 31 March 2024

	NOTES	2024	2023
Trading Income			
Subscriptions		13,343	13,530
Total Trading Income		13,343	13,530
Gross Profit		13,343	13,530
Total Income		13,343	13,530
Expenses			
Accounting & Consulting		863	863
Amortisation of Website		1,553	3,105
Bank Fees		7	8
Insurance		1,428	1,636
Secretariat Support		7,783	5,125
Subscriptions		225	291
Website costs		2,048	95
Total Expenses		13,905	11,122
Profit (Loss) for the Year		(563)	2,408

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

NZCommittee for Recognition of Training in Gastrointestinal Endoscopy
For the year ended 31 March 2024

	2024	2023
Equity		
Opening Balance	17,344	14,936
Increases		
Profit for the Period	-	2,408
Total Increases	-	2,408
Decreases		
Trustees Loss for the Period	563	-
Total Decreases	563	-
Total Equity	16,781	17,344

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

NZCommittee for Recognition of Training in Gastrointestinal Endoscopy Asat 31 March 2024

	NOTES	31 MAR2024	31 MAR2023
Assets			
Current Assets			
Cash and Bank			
BNZBank Account		19,247	15,547
Total Cash and Bank		19,247	15,547
Trade and Other Receivables		-	600
Prepayments		1,691	1,653
Total Current Assets		20,938	17,800
Non-Current Assets			
Intangibles	3	-	1,553
Total Non-Current Assets		-	1,553
Total Assets		20,938	19,353
Liabilities			
Current Liabilities			
Trade and Other Payables		4,157	2,009
Total Current Liabilities		4,157	2,009
Total Liabilities		4,157	2,009
Net Assets		16,781	17,344
Equity			
Retained Earnings		16,781	17,344
Total Equity		16,781	17,344

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

Notes to the Financial Statements

NZCommittee for Recognition of Training in Gastrointestinal Endoscopy For the year ended 31 March 2024

1. Reporting Entity

The financial statements presented here are for NZCommittee for Recognition of Training in Gastrointestinal Endoscopy Incorporated, a separate legal entity.

NZCommittee for Recognition of Training in Gastrointestinal Endoscopy is an incorporated society registered under the Incorporated Societies Act 1908.

This special purpose financial report was authorised for issue in accordance with a resolution of members dated 18 July 2024.

2. Statement of Accounting Policies

Basis of Preparation

These special purpose financial statements have been prepared in accordance with the Tax Administration (Financial Statements) Order 2014.

The financial statements have been prepared on a historical cost basis, except as noted otherwise below.

The information is presented in New Zealand dollars.

Historical Cost

These financial statements have been prepared on a historical cost basis. The financial statements are presented in New Zealand dollars (NZ\$) and all values are rounded to the nearest NZ\$, except when otherwise indicated.

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.

Income Tax

Income tax is accounted for using the taxes payable method. The income tax expense in profit or loss represents the estimated current obligation payable to Inland Revenue in respect of each reporting period after adjusting for any variances between estimated and actual income tax payable in the prior reporting period.

Goods and Services Tax

The entity is not registered for GST. Therefore all amounts are stated inclusive of GST.

	2024	2023
3. Intangible Assets		
Website	7,763	7,763
Amortisation - Website	(7,763)	(6,210)
Total Intangible Assets	-	1,553

	2024	2023
4. Income Tax Expense		
Net Income for the Year per Financial Statements		
Current Year Earnings	(563)	2,408
Total Net Income for the Year per Financial Statements	(563)	2,408
Additions to Taxable Profit		
Non-Deductible Expenses	13,905	11,122
Total Additions to Taxable Profit	13,905	11,122
Deductions from Taxable Profit		
Non-taxable income	13,343	13,530
Total Deductions from Taxable Profit	13,343	13,530
Taxable Profit	-	-
Tax Payable at 33%	-	-
Deductions from Tax Payable		
Resident Withholding Tax Paid	-	-
Provisional Tax Paid	-	-
Total Deductions from Tax Payable	-	-
Income Tax Payable (Refund Due)	-	-

5. Related Parties

The NZ Society of Gastroenterology Incorporated is a related party and pays expenses and receives income on behalf of NZ Committee for Recognition of Training in Gastrointestinal Incorporated.

6. Contingent Liabilities

There are no contingent liabilities at balance date. (2023: none).

7. Capital Commitments

There are no capital commitments at balance date. (2023: none).

Committee & Group Members

EXECUTIVE

Prof Catherine Stedman
Prof Andrew Day
Dr Simone Bayer
Dr Lesley-Ann Smith
Dr Rees Cameron
Dr Michael Chieng
Dr Erin Horfall
Dr James Irwin
Dr Mehul Lamba
Dr Rajan Patel
Dr Frank Weilert
Ms Merrilee Williams

President
Secretary, President Elect
Treasurer
Educational Lead
Elected Member
Trainee Representative (RACP)
Trainee Representative (NZSG)
Elected Member
Elected Member
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 Melissa Haines
Dr Rachel Harry
Dr Kirsty MacFarlane
Hama McNeil (Community Representative)
Dr Zoë Raos

Sustainability Working Group

Dr Rhys John (Co-Chair) (resigned August 2024)
Dr Ricardo Jurawan (Co-Chair)
Dr Malcom Arnold
Dr Graeme Dickinson
Ms Andrea Dixon (NZgNC Representative)
Ms Holly Weale (NZgNC Representative)
Ms Merrilee Williams (NZgNC Representative)
Dr Zoë Raos

IBD Working Group

Dr James Fulforth (Chair) (appointed May 2024)
Dr Estella Johns (Chair) (resigned May 2024)
Prof Murray Barclay
Dr Jonathon Bishop
Dr Caroline Jiang
Dr Thomas Mules
Dr Rajan Patel
Dr Heidi Sue

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
Mr Vincent (Gino) Borromeo (appointed August 2024)
Ms Holly Weale (resigned August 2024)

New Zealand Conjoint Committee for Recognition of Training in Gastrointestinal Endoscopy

Dr Richard Stein (Chair)
Dr Rees Cameron
Dr Judy Huang (appointed August 2024)
Dr Bevan Jenkins
Dr Marianne Lill
Dr Alasdair Patrick (resigned August 2024)
Dr Deborah Wright

A large, stylized blue fern frond graphic that diagonally spans the entire page from the top-left to the bottom-right. The frond is composed of several elongated, pointed leaflets.

New Zealand Society of
Gastroenterology^{Inc}