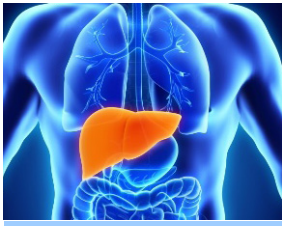
New Zealand Society of Gastroenterology Inc

2021 Annual Report



President's Report

by Dr Zoe Raos

It has been a challenging yet rewarding first year as President of the New Zealand Society of Gastroenterology, with change being the only constant. Opportunities to presidentially hobnob at home and away with the great and good have been replaced with dodgy zoom grids, doing colonoscopies in an n95 mask, guideline writing and change management.
Absolute highlights: lots of walks with the whānau e kurī, re-training as domestic hairdresser and working with all you lot.
The Delta Outbreak itself, as well as our country's response, has had repercussions across the board – what extraordinary times. After the breathtaking pace of 2020 and 2021, 2022 needs to be year of consistency and consolidation, bedding in change and getting ready for R-EXIT. Ehara koe i a ia – thank goodness we have each other!

Administration: NZSG now, and change that is coming up fast

We have worked on streamlining the minutes of executive meetings by executive priority, to make it easier to understand and manage current work streams in the face of growing demands. Anna put in place a new email system and generic NZSG email addresses to improve communications. The Strategic Direction and Planning Day documents from 2019 are still being worked on – the latter part of 2021 has taught me how hard it is to be proactive and think ahead when there is so much competing for attention!

The theme of change also continues with the resignation of Executive Officer, Anna Pears. Anna has been an outstanding E.O. for NZSG, with all of us eternally grateful for her superior organisational skill, vast corporate memory, kindness, patience and dry sense of humour. As I write this, she is working to hand over NZSG activities as part of the transition. We wish her all the best in a new role for a new government agency.

Claire Bark resigned from Conference Innovators to work closer to home in a new industry. Clare has been associated with NZSG for over a decade, and carried considerable knowledge of NZSG events and activities with a proactive work ethic. Oh, the stories Clare could tell! Many thanks to Emma and the C.I. team who have stepped into the breach to keep everything evolving and moving.

As part of the theme of change and development, NZSG has worked with EGGNZ and the MOH to secure a grant so that the important work and momentum that the members of EGGNZ and NEDS have created can continue for 2-3 years with admin-

istrative support.

One thing that has been fairly steady thanks to the election cycle is the NZSG Executive. Rob is handing over the Trainee Rep reins to Akhilesh Swaminathan, who we greatly look forward to meeting on the zoom grid, and maybe in real life!

NZSG separating from RACP: a new future

Since 1966, NZSG has had a working agreement with the RACP. The NZSG Executive Officer works for NZSG, and is employed by the RACP, providing office space, equipment, professional education and other benefits as an employee of the College. RACP historically had many similar arrangements over the years with similar societies across New Zealand and Australia which have wound down. NZSG is the 'last cab off the rank', with the current working agreement ending in December 2022. This separation from the RACP has been nick-named 'R-EXIT', and there is a Working Group tasked with overseeing this transition: Thank you Simone, John, Jeff, Malcolm and Mark for all the skills you bring to the table, all the extra Zoom and Teams meetings and all those emails.

As part of this process, the Working Group has asked other similar societies how they run themselves. There is quite a range, with the main model a 'work from home' arrangement, where an Executive Officer works as a self-employed independent contractor who invoices the special society. This works well, is flexible and can be cost-effective.

The R-EXIT Working Group acknowledges the benefits of sharing the administration of NZGS as a partnership with a similar organisation, with the support of a formal mutually beneficial agreement. NZSG has a bigger membership and undertakes activities accordingly. Advantages of a partnership model include certainty of employment for the E.O., professional development, access to I.T. platforms as well as opportunities to collaborate in an office environment (in person and virtually). From the NZSG point of view, an organisation taking care of payroll, annual review, leave requests and the like allows space and time for other activities and allows these important aspects of being an employer to rest with experts, as well as providing support systems, institutional memory retention and resilience.

We are working through these two models: The 'Contractor' model and the 'Partnership' model. The Working Group will consult with NZSG Members, and hope to present options in the first half of 2022.

Meanwhile, other parts of the transition, such as working on a new relationship with the RACP, as well as aspects like email addresses and storage continue.

Financial wellness and stability

Ensuring financial viability and well being of NZSG in the face of highly uncertain times has been a major executive priority for NZSG. In a new direction, NZSG is working on securing grants from the Ministry of Health to support key activities. Simone Bayer, Treasurer, has brought significant experience from a past life in banking and finance to the table, leading the charge in moving existing funds from term deposits to managed funds.

Education

Annual Scientific Meeting
2020's ASM, put together at short notice, utilising local experts and with integration with the nursing and medical programmes with was a success educationally as well as financially for NZSG. Many were able to attend in person, with others, for the first time in NZSG history, tuning in remotely as individuals or as teams.

For 2021, the COVID-19 Delta outbreak challenges us, with the border, travel restrictions and the outbreak itself making the rules. 2021's meeting will be fully virtual. Many thanks to Heidi Su and Jeffrey Ngu and all the Christchurch convening team for navigating the ASM waka through stormy waters. NZSG remains eternally grateful to all our long standing and new sponsors for their support for the ASM, for research grants as well as all our other endeavours.

The proposed kaupapa of sharing the role of ASM organisation between different teams around the country year-by-year will continue, we will publish the 10-year-plan soon.

Introduction to Endoscopy Course
The Introduction to Endoscopy Course continues to be oversubscribed and receive excellent feedback from participants and tutors alike. Judy Huang continues to convene and oversee yet more change with the goal of more courses, so more attendees can attend. This will of course mean more tutors: the ratio of teachers to trainees is a big part of what makes this course so successful, so please let Judy know if you would like to join the group of tutors for this fun and highly rewarding day of teaching.

St Mark's Polypectomy Update for Bowel Screening Colonoscopists: March 2021 Webinar

NZSG co-convened this webinar with Susan Parry, lead of the Ministry of Health Bowel Screening Programme. Thanks to generous BSP sponsorship, Aotearoa's GI endoscopists tuned in to Prof Siwan Thomas-Gibson, Dr Noriko Suzuki and colleagues from St Marks, London, present key video-based polypectomy topics, with talks and topics still available for review on the NZSG website.

IBD Symposium

March was a busy month for NZSG, including the IBD Symposium which was over-subscribed and very successful. Particular highlights were learning about the COVID response in London, thiopurines and IBD in pregnancy. Many thanks to the local Christchurch convenors and generous sponsorship from Pharmaco; this biannual event is an eagerly anticipated part of our educational calendar.

Trainees' Event: looking ahead to NZSG Trainees Days

For some years, the Trainees' Event has been organised through generous support from Pharmaco who work directly with trainees on the programme, providing financial support as well as organisational support through Conference Innovators. This year's event was very successful in terms of both attendance and high quality of speakers, with Rob Hackett organising an impressive array of local and international speakers.

The 2019 and 2020 Trainees' Survey made it clear that Gastroenterology Trainees want and need more input from gastroenterologists for teaching as they go about Advanced Training. The RACP has specific rules around pharmaceutical companies and trainee interaction.

NZSG is working with the Trainee Representatives on the exec, as well as Pharmaco, to be the 'Host Organisation' of the Gastroenterology Trainees' Event. This will enable increased compliance over time with RACP requirements, as well as enable the evolution of this long established meeting. It is vital that the Trainee Representatives continue their active role as convenors; it is excellent experience to organise meetings and keep it fresh. Pharmaco have indicated their ongoing financial support. The goal is that NZSG oversees a rolling 3-year RACP-based curriculum, with time for extra-curricular sessions and networking that the trainees really value.

List of Courses and Resources for Trainees

Most Professional Bodies provide trainees with a list of 'Approved' resources and training events, in order for these to be reimbursed as a cost of training. Trainees, depending on their contract, also have a separate CME budget as part of their sal-

ary. The Gastroenterology list has been about five dot-points long, whereas other medical sub-specialities are more extensive across several sides of A4. There can be variation around the motu around what is accepted as a cost of training. As a response, Kirsty Macfarlane and Rob Hackett have put together an NZSG-approved list, that the Exec agrees is appropriate and in line with similar sub-specialities. It is quite a complex scenario, with RACP being the actual Training Body, trainees being employed by DHBs and with two unions. We hope that NZSG can be a bit of a circuit-breaker and support trainees in their efforts to streamline this process.

Train the Trainers & Nutrition Courses

Many thanks to Russell Walmsley and co-convenors for continuing to provide these high-quality courses. TTT supports GI-Endoscopists in their journey to train the next generation, and the bi-annual Nutrition Course has established itself as a fantastic educational opportunity. The first TTT course went ahead, with November cancelled due to Delta-related travel restrictions. Fingers crossed TTT will be back early 2022, with Nutrition hot on its' heels.

Future meetings and Collaborations

The Exec continues to network and work towards future meetings such as WGO and Transplantation Society, ideally (safely) in person, or through virtual meetings. Many thanks to Michael Schultz and the WGO as well as Helen Evans and all the others who regularly keep NZSG engaged with organising collaborative future events and conferences.

G.I. Radiology Course: 2022

Rob Hackett and Malcolm Arnold have put together an exciting curriculum and speakers for a gastroenterology-based radiology course in 2022. COVID-19 has interrupted much of the organising; the hope is for this to be held in Autumn 2022 – ideally in person, and if not, then virtual or hybrid.

Polypectomy Course: 2022 / 2023

Lesley-Ann Smith has been working on feasibility of a two-day advanced polypectomy course, the first of its kind in New Zealand. The vision: Day 1 - didactical teaching with lectures and video presentations aimed at an 'Intermediate Endoscopy' level. Day 2 -hands-on teaching for a smaller group. Funding and sponsorship is required for this to fly (particularly for Day 2) with the goal for this to be a self-sustaining and financially viable course. Please watch this space.

Communications

Thanks to all who have engaged with NZSG on the WhatsApp group, for swift communication, sharing of memes and general gathering of thought and gestalt. The

collective sense of humour and wisdom has kept us in contact. Anna Pears has kept the Website updated, with many using and downloading resources. Regular Panui/ newsletters have kept everyone up to date. The NZSG Twitter account, started by Michael Schultz, is another way we connect. We are open to any new ideas for communication, and also mindful of overflowing inboxes!

Research

Despite considerable uncertainty, NZSG continues to provide grants and prizes, and actively support gastro-intestinal research by writing letters of support. Many thanks to Prof. Andrew Day, NZSG Secretary, for updating statements and policies, and for his leadership and support as Secretary of NZSG.

Equity

Achieving equity in our specialty is a priority. COVID-19, especially this Delta outbreak, makes existing inequities more apparent. I have been focusing on three areas of equity: Advocacy to overcome medication equity for people living with severe IBD, addressing gender inequity in the gastroenterology workforce and also figuring out NZSG's place with key organisations (DHBs and the RACP) to achieve equity for Māori in gastroenterology – within our speciality, and ultimately for our patients and communities.

Publications in medical literature add to the science and understanding that equity is quality, and that inequity is harmful and costly. The RACP Indigenous Framework as well as Ministry of Health policies outline methods measurable outcomes to create positive change. The Royal Australasian College of Surgeons is charging ahead in the Equity space, with an excellent Diversity and Inclusion Plan.

Addressing inequity requires courage, which NZSG is fortunate enough to have in spades thanks to our engaged and enthusiastic membership.

NZSG's response for the past year has been multi-faceted:

- NZSG Equity Committee: Starting 2022. Many thanks to James Irwin, Equity Lead of NZSG, who will oversee the development of the Equity Subcommittee and to those who have come forward to join the Equity Committee. Next steps for James and the whānau include putting together Terms of Reference that will be fed back to the Executive, and shared with all members.

- Equity was the theme of the NZSG President's Trans-tasman Lecture at

- Opportunities to hui e k**ō**rero, including Dr Sandra Hotu and Dr Cherie Hotu (co-chairs of the RACP M**ā**ori Health Committee) and Prof. Nicola Dalbeth (Rheumatology Society President)

- Equity and Tiriti o Waitangi questions were incorporated into interview questions at MATCH, with workforce initiatives robustly discussed at the post-MATCH review meeting

- Development of Women in Gastroenterology Networking Meetings

- Promoting increased diversity in panels and for local and invited speakers for NZSG activities, with a goal to develop ongoing policies that promote equity and inclusion

- Preparing for and attending the Pharmac Review meeting with CCNZ

- Submitting to PHARMAC regarding biosimilar Adalimumab, using the opportunity to shine a light on existing medication inequity for people living with severe IBD in Aotearoa, requesting that funds saved be invested in different treatment classes in line with similar conditions in New Zealand

- Speaking at Parliament's Petition Committee with CCNZ regarding the 'We Can't Wait' petition

Covid-19 The resources NZSG developed in 2020 continue to be used in units around the country, which is testament to the extraordinary team work that put it all together. This year, the Endoscopy Prioritisation Tool was updated and made more flexible in light of the Delta outbreak which supported departments to keep working whilst prioritising the highest need. NZSG put together a letter supporting vaccination for immune suppressed people, which was widely shared and reassuring for many of our patients. We have also put out Practice Points to support immune suppressed patients access the third primary COVID-19 vaccine. There has been encouraging correspondence between NZSG and the Ministry of Health around streamlining the wording to make access easier, so watch this space.

Workforce
NZSG continues to work on ways to acknowledge and celebrate our members, many thanks to Thomas Caspritz for continuing this mahi. We have been working on in-

creasing Medical Electives in gastroenterology, especially in rural and peripheral settings so that student doctors can get experience in gastroenterology.

NZSG is also meeting with the Ministry of Health, and hope to meet with the Health NZ Team regarding our ongoing workforce challenges, articulated in the 2018 NZSG Critical Analysis document that (disappointingly but not surprisingly) remains topical and relevant, three years later. It is really important to hear your voices in these discussions, so keep up the kōrero.

Sustainability

As I write this the COP26 Conference brings another massive challenge to front of mind: Climate Change. WGO and BSG have released Position Statements which is a big help for a little organisation like ours – a clear kaupapa for facing our future as kaitiakitanga of our planet. Greta Thunberg singing 'you can shove your climate crisis up your a**e' carries particular poignancy. Sir David Attenborough has called upon world leaders to work together as great problem-solvers and be 'motivated by hope rather than fear'.

Many thanks to the hard-working Executive: Andrew, Simone, Catherine, Malcolm, Andrew, James, Lesley-Ann, Thomas, Dominic, Karen, Kirsty and Rob who have gone above and beyond all year. Many thanks to our outgoing superb Executive Officer, Anna Pears – NZSG wishes you all the best for new horizons. Many thanks to Marianne Lill and everyone on the Conjoint Committee for their work, as well as to David Rowbotham and colleagues who run the MATCH programme. There are many who sit on committees, run departments, do research, teach, supervise, mentor, support on top of every expanding work-loads … thank you all. Keep up the mahi, it is so important.

Thank you to all members who have enthusiastically supported the efforts and activities of NZSG. What we have achieved as a Specialty Society is considerable, despite of, or perhaps because of, all of the challenges that a global COVID-19 Pandemic throws upon us. Our goal is that 2022 is a year of consolidation and consistency for NZSG.

Ehara taku toa i te takitahi, he toa takitini.

Nga mihi nui,

Zoë Raos
President

Secretary's Report

by

Professor Andrew Day

Membership numbers have increased significantly since last year. We currently have 201 members, comprising of 138 full members (up 11), 30 trainees (up 2), 21 researchers and 12 honorary members.

We continue to have links with our international sister Societies with official representation on committees of the Asia-Pacific Association of Gastroenterology (APAGE), the Asian-Pacific Society of Digestive Endoscopy (PSDE) and on the editorial and outreach committee of the World Gastroenterology Organisation.

Dr Zoe Raos delivered the Trans-Tasman Lecture at the GESA Australian Gastro Week 2021 Virtual in September.

$20,000 was awarded as research grants and ASM Awards. The ASM awards were allocated a much smaller grant this year in reflection of the financial uncertainty around our meeting due to the Covid Pandemic.

Small study grants were issued to the following individuals:

- Dr Simone Bayer "Using colon tissue RNA sequence to determine the link between gut bacteria and pain in irritable bowel syndrome"
- Dr Angharad Hurley **"**Assessing whether attendance at a summer residential camp influences non-clinical outcomes for children with inflammatory bowel disease and their parents".
- Krista Dawson "Nutritional immunity: butyrate and gastrointestinal barrier function".
- Leigh O'Brien "The prevalence of chronic diarrhoea in older adults and possible causes."
- Oliver Waddell "Early Onset Colo-rectal Cancer, its epidemiology, aetiology and impact on patients in New Zealand."

The Janssen Fellowship in 2020 was awarded to Dr Paulo Urbano (under the supervision of Prof Ros Kemp) for work "Prediction of Anti-TNF Response in Inflammatory Bowel Disease Patients Using Intestinal Organoids". Due to COVID-related exceptional circumstances the work included within the grant was transferred to Dr Andrew Highton.

Treasurer's Report

by Dr Simone Bayer

The year ending 30 June 2021 is reported.
Attached are:

- Statement of financial performance for the year ended 30 June 2021 with the previous year for comparison
- Statement of financial position as at 30 June 2021 with the previous year for comparison
- Budget for 01 July 2021 to 30 June 2022

Operationally there was a deficit of $53,592 against a budgeted deficit of $99,617. This was principally due to two Janssen Research Fellowship from 2019 and 2020 being paid out in 2021.

The 2020 Hybrid ASM held in Auckland achieved a surplus of $24,342 against a budgeted $1,000 deficit. The ASM continues to be the most import event on the NZSG calendar.

Previous Year's Operational Surpluses (deficit)

2013	2014	2015	2016	2017	2018	2019	2020
42,028	(49,322)	(17,330)	(100,697)	31,110	54,856	(101,588)	24,342

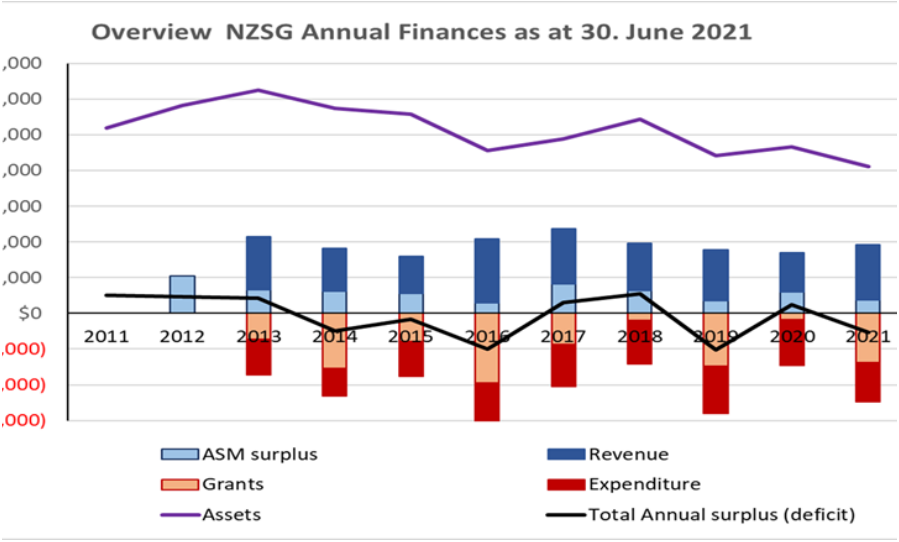
Previous Year's ASM surpluses

2013	2014	2015	2016	2017	2018	2019	2020
62,633	55,786	29,964	81,314	64,676	34,671	60,587	36,782

Our financial position as at 30 June 2021 was $412,187

Previous years financial position

2013	2014	2015	2016	2017	2018	2019	2020
624,408	575,087	577,756	457,059	488,169	543,025	441,437	465,779



The society received an unexpected surplus from the last ASM this year and predicts no surplus from this current ASM due to increased cost of hybrid conferences and uncertainty about national alert levels.

The NZSG is still in a reasonably good position. We have been able to support its members and provide education, training and guidance throughout the current pandemic, and aim to continue to do so.

We have been able to gain additional funding from the Government to host the previous EGGNZ. An independent contractor will cover the work.

To improve our income from interest, the exec approved a new long-term investment strategy, which aims to diversify our portfolio, and we expect higher investment gains offset by lower interest gains.

The NZSG executive board also seeks approval from its membership to increase Full member subscriptions fees by $ 50.00 NZD.

Entity Information

New Zealand Society of Gastroenterology
For the year ended 30 June 2021

'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

Zoe Raos - President
Malcolm Arnold
Campbell White
Thomas Caspritz
Dominic Ray-Chaudhuri
Judy Huang
Andrew McCombie
Karen Clarke
Simone Bayer
Andrew Day
Catherine Stedman
Kirsten MacFarlane
Rob Hackett

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

Statement of Service Performance

New Zealand Society of Gastroenterology
For the year ended 30 June 2021

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

	2021	2020
Description and Quantification of the Entity's Outputs		
Janssen Research Fellowship	113,130	-
NZSG Small Research Grants	23,190	14,988
Best Paper/Poster ASM awards	1,000	2,750

Description and Quantification of the Entity's Outputs

One of the key objectives of the Society is to conduct scientific and educational meetings and in November 2020 the Society convened the NZSG NZNO Gastro Nurses' College One Day Meeting in Auckland. This meeting was held both with virtual attendees, as well as in person attendance, in response to the potential Covid-19 pandemic restrictions on gatherings.

There were also two Hepatology Network Meetings held in September 2020 and May 2021 and the IBD Symposium was held in Christchurch in March 2021.

Another objective of the Society is the promotion of improved standards in the practice of gastroenterology. The Society coordinated the Gastro Advanced Training Selection Interviews which enable the selection of the most skilled applicants for gastroenterology training. The Society facilitated two Introduction to Endoscopy Courses held in December 2020 and June 2021 to increase the endoscopy skills of all physician, surgical and nurse endoscopist trainees. There were two Train the Colonoscopy Trainer courses which were held in November 2020 and May 2021.

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 2021

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

	NOTES	2021	2020
Revenue			
Donations, fundraising and other similar revenue	1	30,000	30,000
Fees, subscriptions and other revenue from members	1	62,054	44,670
Revenue from providing goods or services	1	95,652	82,994
Interest, dividends and other investment revenue	1	5,605	12,439
Total Revenue		**193,311**	**170,104**
Expenses			
Costs related to providing goods or service	2	109,582	128,024
Grants and donations made	2	137,320	17,738
Total Expenses		**246,902**	**145,762**
Surplus/(Deficit) for the Year		**(53,592)**	**24,342**

Statement of Financial Position

New Zealand Society of Gastroenterology
As at 30 June 2021

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

	NOTES	30 JUN 2021	30 JUN 2020
Assets			
Current Assets			
Bank accounts and cash	3	390,735	412,279
Debtors and prepayments	3	118,256	59,321
GST		-	9,968
Total Current Assets		**508,991**	**481,568**
Non-Current Assets			
Intangibles	3	986	1,971
Other non-current assets	3	15,920	15,920
Total Non-Current Assets		**16,906**	**17,892**
Total Assets		**525,897**	**499,460**
Liabilities			
Current Liabilities			
Creditors and accrued expenses	4	47,580	33,681
Goods and services tax		5,293	-
Other current liabilities	4	60,836	-
Total Current Liabilities		**113,710**	**33,681**
Total Liabilities		**113,710**	**33,681**
Total Assets less Total Liabilities (Net Assets)		**412,187**	**465,779**
Accumulated Funds			
Accumulated surpluses	5	412,187	465,779
Total Accumulated Funds		**412,187**	**465,779**

NZSG Budget

	Budget 2021-2022	Actual 2020-2021
Income		
ASM Surplus	0	36782
Interest	4000	4750
Investment Income	3000	855
Janssen Research Fellowship	35000	30000
NZSG Run Courses	35000	30000
Hep Network Meeting	9300	9300
IBD Symposium	0	11870
Conjoint Committee money	1539	1539
Subscriptions	68000	62064
Gastro Match Fees	5200	5130
MOH contract EGGNZ	50000	0
Total Income	**211039**	192290
Expenditure		
Accounting Fees	2500	2350
ASM Expenses	2000	1398
Bank Charges	2000	2067
Committee Meetings - Catering	650	612
Committee Meetings - Travel	1200	1175
IT Expenses	1800	1397
Gastro Match	500	501
Indemnity Insurance	1800	1625
Membership Int Organisations	1500	1475
NZgNC share of ASM profit	0	9196
NZSG Run Courses	15000	17024
Research Fellowship	65000	113130
Awards & Prizes	21000	24190
Secretariat Costs	71620	68020
Secretariat EGGNZ	25000	
Total Expenditure	**211570**	244160
NET	-531	-51870

New Zealand Liver Transplant Unit Report

by Dominic Ray-Chaudhuri

Summary
In calendar year 2020 the New Zealand Liver Transplant Unit (NZLTU) undertook 81 liver transplant assessments and performed 54 liver transplants in 53 recipients of which 12 were children. Of the 54 transplants, 36 were whole livers, 15 were partial grafts from deceased donor liver splits, and 3 were partial grafts from living donors. Three patients died within a year of transplant, at 46, 54 and 86 days post-transplant, giving a crude patient survival rate of 94%. The overall patient survival rates for both adult and paediatric recipients remain excellent by international standards. The volume of liver transplants remains consistently above 50 per annum.

Transplant Data

Waiting times
The average waiting time from listing until transplantation for all 54 patients was 123 days (range 1 – 763 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 29 blood group O donor livers and 23 of these (79.3%) were used in blood group O recipients – an improvement over previous years and above the 80% threshold set for quality and equity reasons.

Demographics
There were 15 females and 39 males transplanted. 12 recipients were children. The mean age of adults transplanted was 55 years (range 18 – 69 years) and of children was 5 years (range 0 – 14 years). The age distribution is shown in Figure 1. The ethnic group proportions are shown in comparison with the NZ general population in Figure 2.

Indications
In the indications for transplantation (see Table 1), the dominant causes in adults continued to be Hepatitis B and C related disease, followed by primary sclerosing cholangitis. The commonest indication in children remains biliary atresia (33.3%).

Figure 1 - Age Distribution 2020

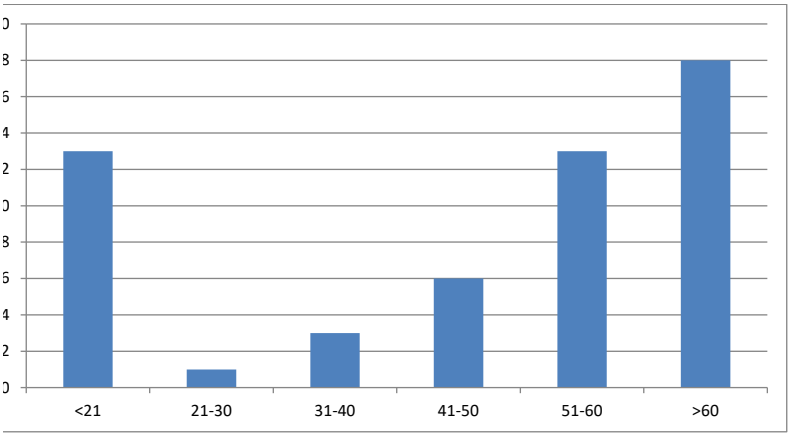


Figure 2 - Ethnicity Distribution 2020

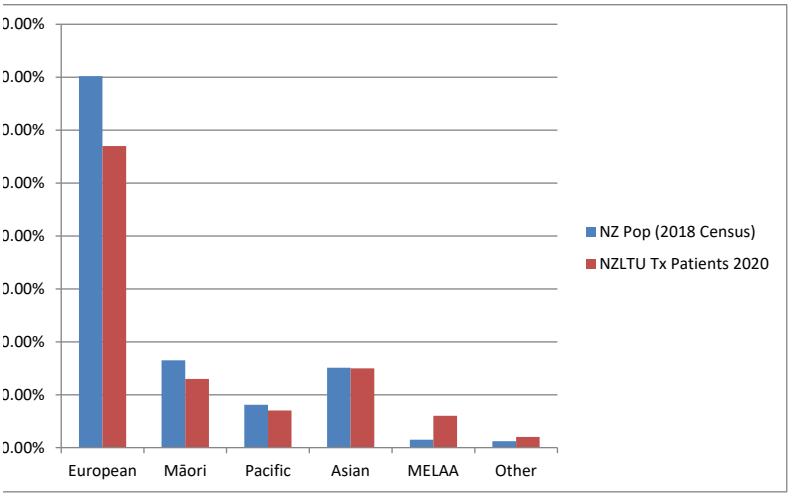


Table 1

LIVER DISEASE	NUMBER
Hepatitis B	8
Primary sclerosing cholangitis	7
Fatty liver disease (NASH/NAFLD)	6
Acute liver failure	6
Biliary atresia	5
Alcoholic liver disease	5
Hepatitis C	4
Metabolic	2
Sarcoidosis	2
Autoimmune cirrhosis	1
Chronic Rejection	1
Allograft cirrhosis	1
Cystic Fibrosis	1
other Cholestatic disease	1
PFIC	1
Primary biliary cirrhosis	1
Primary non-function	1
Urea cycle disorders	1

Surgical details

The average surgical time for liver transplant was 6.8 hours (range **3.3** – **13.4** hours). This is slightly higher in numerical terms compared with the preceding 3 years where the mean times were 6.**2**, 6.**5** and 6.**7** hours, respectively. The mean number of packed red blood cells (RBCs) transfused was 3**.5** units (range 0 - 33 units). Overall **39**% of transplant procedures were completed without the need for any transfusion of RBCs.

Patient survival

Of the 53 patients transplanted in 2020, 3 died following their transplant. One died 86 days post-transplant from HHV6 and sepsis, one died 46 days post-transplant from multi organ failure and one died 54 days post-transplant from cholangiocarcinoma and biliary complications. The crude survival for patients' transplants in the calendar year 2020 was 94.4% and the crude re-transplant rate was 1.8 %. Overall patient survival rates continue to be excellent by international standards (See Figure 3) with 1, 3 and 5 year actuarial survival rates of 96%, 90% and 87% for adults and 97%, 96% and 95% for children, respectively.

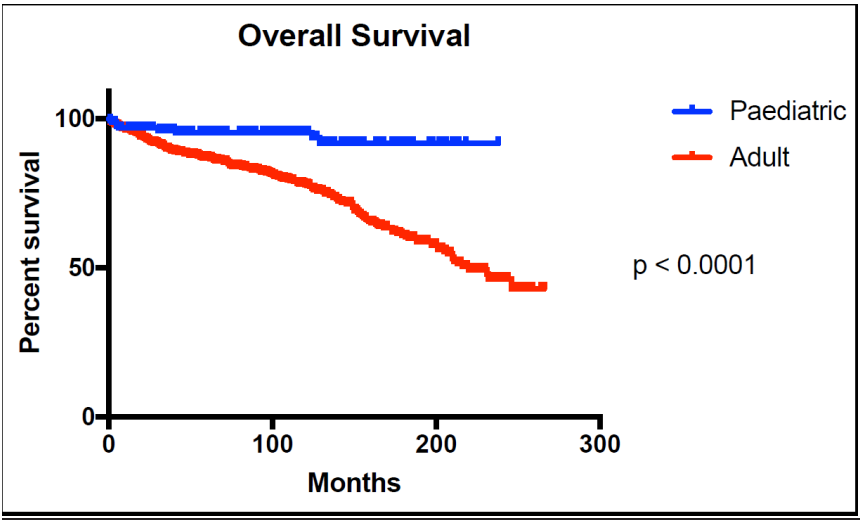
Length of stay

The average post-transplant length of stay in hospital in 2020 was 17 days (range 4- 104 days). For children, the average stay was 20 days (range 11-43 days) and for adults it was 54 days (range 5-104 days). The mean intensive care stay was 3.7 day (range 0 - 42 days).

Rejection

There were 9 episodes of acute rejection occuring in the 54 transplants (16.6%). Of these rejection episodes the majority were treated with, and responded to, high dose intravenous methylprednisolene. One of the episodes required Thymo-globulin treatment and another required Plamsapheresis/IVIG treatment.

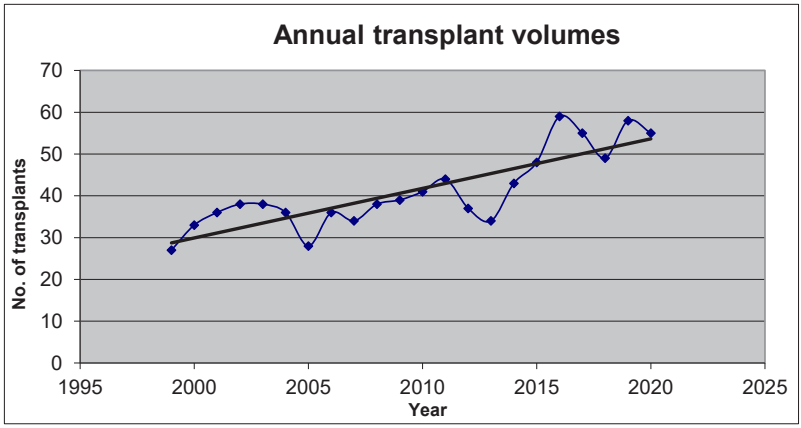
Figure 3



Transplant volumes

Figure 4 (on page 22) demonstrates the trend in liver transplant volumes year-on-year since the inception of the programme in 1998. While the 54 trans-plants carried out in 2020 is slightly fewer than in 2019 it was still possible to carry out more than 50 and hence maintain volumes.

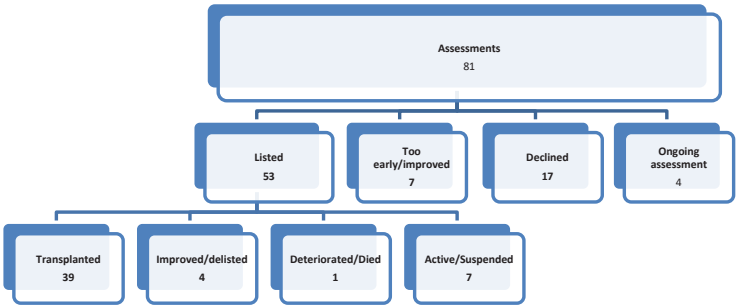
Figure 4



Assessment Data

Of the 81 liver transplant assessment performed in 2020, 53 patients were listed for transplantation (See Figure 5). Of those listed, more than half were transplanted within the same calendar year

Figure 5



Adolescent and Young Adult (AYA) Service at the New Zealand Liver Transplant Unit (Dr Rachael Harry).

This service, a joint venture between the paediatric and adult liver transplant services, was started in 2012 in order to support young people who had had liver transplants in childhood as they transition from paediatric to adult health services and those who have transplants in their AYA years. Initially envisaged as a transition clinic for 14 to 18 year olds, we continue to work to improve services to age 25 years in the adult sector reflecting WHO definitions of youth based in on going cognitive development to mid-twenties.

This year has seen a few changes for us. Jay Gong, senior pharmacist, has left his work at the DHB to undertake post-graduate study towards a PhD thesis and we wish him well and hope he comes back to us one day. Lisa Dudley, paediatric nurse specialist, joined us last year and is already a valuable member of our team and it is a pleasure working with her. Helen Evans and Stephen Mouat (paediatric hepatologists) continue to provide the paediatric arm of this service, along with Lisa, while Barry Harrison (nurse practitioner and liver transplant co-ordinator,) and myself provide the care young adults in the adult service. Christopher Budd (clinical psychologist with Starship consult liaison and paediatric liver transplant team) continues to work with us to provide invaluable support young people as part of this service.

Unfortunately we have not yet been successful in gaining additional funding to add to our team but despite this we continue to improve our services to AYA under our care. We provide clinic services for young people at the young persons' liver clinic in Auckland.

One of the positive outcomes from the COVID disruption to health care this year was the development of improved electronic communication. We have embraced this to keep in touch with some of our patients outside Auckland and hope to progress this work to reach the wider New Zealand community. In addition, we now hold regular case conference meetings to plan to discuss our young people of higher need and are building a network of colleagues around NZ with whom we can work to deliver local care.

The end of the year has provided us with a new and exciting collaboration with

like-minded colleagues from other transplant disciplines to address gaps in services needed to overcome inequity of outcomes we are seeing for adolescents and young adults, in particular our Maori and Pacific island young people. We hope to work together towards a joint service to address the needs of this population through 2021 and look forward to reporting on that next year.

Liver Research Unit (Professor Ed Gane)

The Liver Research Unit currently is conducting active studies in many different areas of hepatology. The most active area for growth has been in hepatocellular carcinoma – a huge unmet need with now more than 250 new cases presented at the HCC MDM each year. In addition to several studies of checkpoint inhibitors with or without oral TKIs and/or VEGF inhibitors as first line therapy for patients with advanced hepatocellular carcinoma, we are also conducting studies of checkpoint inhibitors as adjuvant therapy to prevent recurrence after resection, ablation or TACE. There are currently more than 60 HCC patients in active research trials. In the latest MORPHEUS study, all participants receive the best available treatment Atezolizumab plus Bevacizumab combine3d with another novel biologic agent.

In addition to the HCC work, we are conducting new studies of novel therapies for Wilson's Disease (a new once daily chelator), Hepatitis Delta (lonafarnib, the first oral therapy), PSC (FXR agonist) and NASH (CCR2/CCR5 inhibitor). We are also participating in the first study of tenofovir alafenamide in pregnant and lactating women. We are also conducting a study of gene silencing with a new monthly administered antisense oligonucleotide in patients with hereditary transthyretin amyloidosis.

Finally, we are about to start the first study of ant-inflammatory therapy for patients with alcoholic hepatitis, which is currently an unmet medical need.

In 2020, we completed studies of antiviral therapy in novel HCV populations including HIV coinfection and acute infection. Since June 2020, we have been recruiting for the National HCV DAA Failure Retreatment Study, whereby all VIEKIRA PAK and MAVIRET failures with documented NS5A resistance are retreated with 16 weeks sofosbuvir and Maviret (expected cure >95%). Sarah Middleton (LRU Co-ordinator) and Bridget Faire (NZLTU Nurse Specialist) will coordinate the retreatment with all the physicians and nurses around New Zealand. The sofosbuvir is being provided by an overseas benefactor. This trial has already retreated 50 patients and we are awaiting sofosbuvir supplies for an additional 25.

To match the increasing research workload, the staff at LRU has also grown over the last 12 months. Ms Rebecca Hu has joined the team as the new Research Man-

ager. She brings a huge experience in early and late phase research units from her previous positions in Singapore, and University of Auckland and Auckland Clinical Studies. Dr Andrew Knox is a full-time MOSS to coordinate the many HCC studies and supervise the clinical research registrar (MATCH). A separate permanent non-MATCH advanced research fellowship has been funded for trainees wishing to complete an MD or PhD in Hepatology. The Fellow in 2020 was Dr Santhakumar (PhD in immunology of advanced HCC) who collaborated with the University of Sydney and Maurice Wilkins Centre at the University of Auckland to evaluate the role of the tumour microenvironment in hepatocellular carcinoma.
To accommodate the increased number of research participants requiring infusions (now almost 20 per week), the research coordinator/nurse pool has grown to 9 and a large purpose-built state of the art day-stay facility was commissioned in May 2020, which can run 3 infusion beds simultaneously, and also provide intensive PK and monitoring.

Service Clinical Director Comments (Dr Dominic Ray-Chaudhuri)

Like almost all aspects of life in 2020, the COVID-19 pandemic cast a significant shadow over the Liver Transplant Unit during the course of the year. While the public health strategies put into action early in the pandemic kept case numbers low and prevented an inundation of hospitals and ICUs that would have brought transplantation to a halt, the early weeks of the pandemic were still characterized by very little transplant activity as a result of few donor offers during that time. However, pleasingly we were able to 'catch-up' in the latter part of the year with the result that the number of transplants carried out in 2020 almost matched the figure for 2019. This transplant activity was maintained despite significant pressure on surgical staffing, particularly in the second half of the year, and with the standards of patient and graft survival that have been delivered in previous years maintained.

Following the retirement of Peter Johnston, Adam Bartlett's change of focus to Hepatobiliary surgery and the impending retirement of Stephen Munn, a search was launched for new transplant surgeons to join the unit.

Mr Peter Carr-Boyd, formerly a transplant surgical fellow here in Auckland, joined the unit as a permanent appointment in early 2020 but then temporarily left us in September to undertake a paediatric liver transplant fellowship in Pittsburgh (we were delighted to welcome him back in July 2021). However, while two high-calibre candidates from the UK came close to taking up the position both withdrew citing

the mounting COVID pressure in that country, together with the general difficult of moving countries during a global pandemic, as significant impediments.

Additionally, a plan for Antonio Romano, who took a sabbatical year from his post at The Karolinska Institute to work as a locum transplant surgeon in the unit in 2019, to return for several weeks in 2020, was also rendered impossible by the worsening COVID situation in Sweden.

We were therefore very grateful that Peter Johnston agreed to return to the unit after what proved a very brief retirement from transplant surgery! Special mention should also be made of John McCall's contribution over the last few months. During Peter Carr-Boyd's absence he was the sole paediatric liver transplant surgeon in New Zealand and without him the service could not have continued. Somehow, he endured 10 months of 1 in 1 on-call for paediatric liver transplantation while also participating in the adult liver transplant on-call roster.

The end of 2020 also marked the retirement of Professor Stephen Munn, transplant surgeon and NZLTU Clinical Director. Stephen was instrumental in the forming of the transplant unit in 1997 following his return to New Zealand from the Mayo Clinic in Rochester, USA and served as the Clinical Director of the unit from its inception until he retired. His contribution to the growth and development of the unit cannot be under-estimated and under his sage guidance, it has progressed from carrying out its first liver transplant in 1998 to now approaching its 1000th transplant and, more importantly, patient and graft outcomes on a par with the best overseas units. His seemingly limitless experience, knowledge and lateral thinking will be much missed.

As mentioned above, other changes in staffing include Jay Gong, senior pharmacist, left to embark on study for a PhD. He will also be missed but his large shoes have been very ably filled by his replacement, Aaron Fry.

In conclusion, 2020 was not any easy year for anyone, but the excellent outcomes outlined in this report confirm that what has seemed like an endless pandemic has not stood in the way of the delivery of a high quality liver transplant service, and for this I thank the dedication, commitment and expertise of our staff. Although our results are worthy of great pride, the unit remains committed to improving access to transplantation both by exploring strategies to increase the number of organs available for transplantation but also by working hard to ensure that access to transplantation and the organs available is equitable for all New Zealanders.

Paedatric Gastroenterology Services Report

by Professor Andrew Day

Clinical Aspects
- Further and ongoing COVID-19 related disruptions, especially in Auckland.
- Embedding of virtual consultations, especially to support outreach services

National Paed GI Network
- Contributions to EGGNZ
- Reorganisation of clinical network structure

Collaborative Research Studies (two examples of various national and international studies)
- TransTasman Programme to develop and establish a paediatric module for CCCare Assessment of consistency of baseline testing at diagnosis of IBD across a cohort of 100 children: manuscript arising under review

New Initiatives
- Development of PaEDiatric Australasian Gastroenterology REsearch Network (PEDAGREE) in 2021: ready to launch in 2022
- Submissions to Pharmac on relevant topics. One successful outcome was listing of Dulcolax SP drops for problematic constipation.

Education
- CIRTA 2021 conducted very successfully as hybrid conference in July 2021
- Contributions to other meetings (e.g. NZSG meetings)

Other
- Dr Simon Chin and Dr Alison Wesley nominated for Life Membership of NZSG
- Dr Rob Lopez commenced role at Starship in February 2021
- Contributions to patient focused groups such as Coeliac NZ and Crohn's Colitis NZ

National Intestinal Failure and Rehabilitation Service Report (NZ-NIFRS)

by Dr Amin Roberts

Personnel

- Rebecca Coggins (from the Waitemata NST) now the Adult NIFRS co-ordinator while Briar McLeod is on secondment to another role
- Ruchika Tandon joined us in a new role as NIFRS Pharmacist. Ruchika also works as a senior pharmacist within Starship

National Clinical Network

- National Guidance document on Intestinal Failure now completed (web-based, available via the Starship Clinical Guidelines website, feedback welcome)
    - Paediatric sections completed
    - Small section of adult guidelines remain incomplete (team working on these)

Education Day & CME

- Two Webinars held this year
- Next webinar planned for April 2022 (topic TBC)
- Next face-to-face Education Day will be held in 2023

CIRTA 2021 (Congress of the Intestinal Rehabilitation & Transplant Association)

- Successful Hybrid format Conference held June 30 – July 2
- Modest profit made despite format and current environment/restrictions
- Thank you to all those who attended from NZ!

New initiatives / Future directions

- Upgrade to web-based Dendrite database in progress – ongoing
- Development of credentialing guidelines for IVN/PN prescribing in NZ

Research collaboration

- NZ-NIFRS - Largest contributor to the pilot International Paediatric IF Registry study in 2019/2020
- Registry now up and running since early 2021 (we hope to start contributing once ethics has been obtained)

Aotearoa NZ ATS Report

by Dr Derek luo

- Derek Luo took over the role as chair of the Aotearoa NZ Advanced Training Subcommittee from 19th November 2020.
- We welcome Henry Wei and Chris Graddon (trainee representatives) who have joined the committee this year
- There are 21 accredited core training posts (adult gastroenterology).
- No new sites have been accredited this year.
- We will have 24 adult and one paediatric trainee supervised this year.
- Two new trainees have been appointed; one adult and one paediatric.
- Zero trainees on “trainee in difficulty” pathway.
- One new trainee post under consideration – Liver Research registrar
- Gastroenterology Core Curriculum under review with the RACP Advanced Training Committee.

NZ Conjoint Committee Report

by Dr Marianne Lill

Committee Objectives

The New Zealand Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy (NZCCRTGE) is a New Zealand body compromising 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.

Year	RACP	RACS	Total
2002	8	26	34
2003	1	4	5
2004	28	27	55
2005	5	4	9
2006	16	11	27
2007	9	10	19
2008	5	8	13
2009	5	4	9
2010	4	6	10
2011	8	6	14
2012	4	6	10
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
Total	179	177	356

Assessment Outcomes
The previous table is an outline of the number and type of Fellows recognised by the Conjoint Committee since December 2002.

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 (RACS rep)	Dr Marianne Lill	June 2015 -
Secretary (RACP rep)	Dr Alasdair Patrick	June 2015-
RACP rep	Dr Richard Stein	June 2015-
NZSG rep	Mr Bevan Jenkins	October 2019-
RACS rep	Mr Rowan French	June 2015-Aug 2021
NZSG rep	Dr Rees Cameron	March 2017-

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

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

Mr Rowan French offered his resignation. The Committee offered thanks for his contribution. A replacement is being sought.

Financial Status
The Financial Report for the year ending 31 March 2021 records a total income of $7,300 and a total expenditure of $4,462, resulting in a profit of $2,838. The fund overall as of 31 March 2021 has a balance of $16,563.

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

Progress since the last Report

The following is a summary of the completion of activities listed in the annual report last year as being in progress:

- Online register of recognised practitioners is running and contains 81 practitioners.
- Application process is now online.
- Referee reports are now online.
- The update to criteria for recognition of training has been introduced, with agreement from NZSG, NZBIGS and RACP.
- The ANZ Conjoint DOPS for gastroscopy and colonoscopy are in use for applications. This has been introduced formally as a requirement in Australia too from 2022.
- Experienced Practitioner Pathway has been introduced and the first applications processed.
- International Pracitioner Pathway has been introduced and the first applications processed.
- SOLA based logbooking is now accepted and the first application has been processed.
- The first nurse endoscopist application has been processed.
- A new recognition certificate has been designed and will be issued to applicants from 2021 onward (awaiting approval from RACP).

Current Activities and Issues

The following is a summary of current activities in progress, and issues that need to be addressed:

- DOPyS and DOPS for ERCP have been developed, consulted and sent to the societies fro ratification. Currently these are on track for introduction in early 2022 (awaiting agreement from GESA, GSA and ANZHPBA).
- A further update to the recognition of training criteria has been drafted and is under consultation. This includes
    - introduction to DOPS and ERCP and DOPyS as a requirement
    - Paediatric endoscopy
    - Capsule endoscopy
    - EPP and IPP for ERCP
- ProVation based logging has been tested in advance of becoming required for trainees starting in January 2022. Simple Education is need for both trainees and supervisors.
- Plans are underway for development of the New Zealand Endoscopy Dashboard, with conceptual support indicated from the Ministry of Health. This would allow contemporary ProVation based KPI logging for trainees and practitioners accessible via the dashboard.

Compilation Report

NZ Committee for Recognition of Training in Gastrointestinal Endoscopy
For the year ended 31 March 2021

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 2021.

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 Sp Purpose Reporting Framework used is appropriate to meet your needs and for the purpose that the financial statements w prepared.

The financial statements were prepared exclusively for your benefit. We do not accept responsibility to any other person fo 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 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 provic

Disclaimer

We have compiled these financial statements based on information provided which has not been subject to an audit or revi 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, includin liability by reason of negligence, to any person for losses incurred as a result of placing reliance on these financial statemer

MTM Accounting Limited
Chartered Accountants
Floor 3
191 Thorndon Quay
Wellington

Dated: 23 September 2021

Statement of Profit or Loss

NZ Committee for Recognition of Training in Gastrointestinal Endoscopy
For the year ended 31 March 2021

	NOTES	2021
Trading Income		
Subscriptions		7,250
Admin Fee JAG/GESA recognition		50
Total Trading Income		**7,300**
Gross Profit		**7,300**
Total Income		**7,300**
Expenses		
Accounting & Consulting		863
Bank Fees		48
Insurance		1,449
Secretariat Support		1,770
Subscriptions		332
Total Expenses		**4,462**
Profit (Loss) for the Year		**2,838**

Balance Sheet

NZ Committee for Recognition of Training in Gastrointestinal Endoscopy
As at 31 March 2021

	NOTES	31 MAR 2021	31
Assets			
Current Assets			
Cash and Bank			
BNZ Bank Account		8,877	
Total Cash and Bank		**8,877**	
Prepayments		1,692	
Total Current Assets		**10,569**	
Non-Current Assets			
Intangibles	3	7,763	
Total Non-Current Assets		**7,763**	
Total Assets		**18,331**	
Liabilities			
Current Liabilities			
Trade and Other Payables		1,768	
Total Current Liabilities		**1,768**	
Total Liabilities		**1,768**	
Net Assets		**16,563**	
Equity			
Retained Earnings		16,563	
Total Equity		**16,563**	

Statement of Changes in Equity

NZ Committee for Recognition of Training in Gastrointestinal Endoscopy
For the year ended 31 March 2021

	2021	2020
Equity		
Opening Balance	13,725	11,994
Increases		
Profit for the Period	2,838	1,731
Total Increases	**2,838**	**1,731**
Total Equity	**16,563**	**13,725**

Notes to the Financial Statements

NZ Committee for Recognition of Training in Gastrointestinal Endoscopy
For the year ended 31 March 2021

1. Reporting Entity

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

NZ Committee 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 23 September 2021.

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 financials 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. Polices 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.

	2021	2020
3. Intangible Assets		
Website	7,763	-
Total Intangible Assets	**7,763**	**-**

	2021	2020
4. Income Tax Expense		
Net Income for the Year per Financial Statements		
Current Year Earnings	2,838	1,731
Total Net Income for the Year per Financial Statements	**2,838**	**1,731**
Additions to Taxable Profit		
Non-Deductible Expenses	4,462	2,369
Total Additions to Taxable Profit	**4,462**	**2,369**
Deductions from Taxable Profit		
Non-taxable income	7,300	4,100
Total Deductions from Taxable Profit	**7,300**	**4,100**
Taxable Profit	-	-
Tax Payable at 33%	-	-
Deductions from Tax Payable		
Dividend Imputation Credits	-	-
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. (2020: none).

7. Capital Commitments

There are no capital commitments at balance date. (2020: none).

National Bowel Cancer Working Group

by Dr Teresa Chalmers-Watson

The NBCWG has met 3 times virtually in 2021. There have been several streams of work that are progressing.

1. Bowel Cancer QPI Recalculation: This second round of the Quality Performance Indicators for colorectal cancer management in NZ has now been completed and is at present being formatted for publication on the Ministry of Health website and distribution to the DHBs. These show that there has been a significant improvement in 90 day postoperative mortality for elective colonic resection and for combined Urgent and elective colorectal cancer surgery. There remains a worse outcome for Māori and Pacific people with respect to diagnosis of CRC after presentation at the Emergency Department.

2. Revising Surveillance Recommendations for Category 2 Family History: With the completion of the national roll out of the NBSP the NBCWG and the NBSP have been working with representatives of the appropriate professional societies and organisations to revise the recommendations regarding surveillance for individuals with a 'Category 2' family history of CRC to ensure that those who could have their follow up in the context of the NBSP are routed into that stream rather than continuing to have surveillance colonoscopy once they reach NBSP screening age.

3. Supporting the FIT for Symptomatic Pilot: The pilot for FIT testing of patients who are on the waiting list for colonoscopy for surveillance of symptoms is progressing slowly. The initial site to begin this is Waikato DHB. The Service Delivery Model is almost completed and is being supported by the National Screening Unit. Unfortunately, the recent COVID-19 situation has diverted some of the resources needed to get the process underway.

4. Follow-up Protocols for CRC across NZ, a Possible National Approach: The NBCWG has surveyed clinicians in the different DHBs and collected the present follow-up protocols for patients with CRC. There is strong support for national guidance to ensure that there is uniformity of practice across the country and this document is being drafted for circulation and comment at present.

5. New Treatment Regimens in Rectal Cancer: The recent trials of neoadjuvant therapy in rectal cancer have changed the landscape in the management of rectal cancer. Advice on how this may be implemented as the evidence evolves is being collated by a sub-group led by Ben Lawrence.

6. Providing advice and support to the NBSP: The NBCWG is kept informed of the progress of the NBSP roll out and the associated challenges of colonoscopy delivery not only for the screening patients but also for symptomatic and surveillance patients.

The NBSP will be assuming co-responsibility for the NBCWG with Te Aho Te Kahu as a reflection of these shared initiatives.

After ten years in the role, Ian Bissett has stepped down from the chair of the NBCWG and will be replaced by Ralph van Dalen. The NBCWG are very grateful for Ian's hard work and leadership over that time.