

# Chair's Report 2022

ANZGITA has survived, I might say even thrived in novel ways, in the COVID pandemic.

Well, yes, our in-country activities have been severely curtailed due to the virus, but even in the face of COVID, we accepted the invitation to run our annual program at Fiji National University (FNU) and Colonial War Memorial Hospital (CWMH) this last June. An enthusiastic team of ANZGITA doctor and nurse trainers was there, on the ground, renewing relationships, making new friendships, and cementing the ANZGITA model of training which has proved so popular. Some might say too popular, as the number of trainees stressed the training hands-on opportunities given the available time. Four weeks was planned, but unfortunately COVID truncated it to 3 weeks. Nevertheless, there was agreement that the program accomplished its aims of skill transfer. My thanks to our trainers who stepped up at short notice to commit their time when our partners in Fiji judged there was a window within COVID. Postgraduate students in internal medicine at FNU as well as established clinicians attended. However, the numbers from beyond Fiji were smaller in proportion due to borders in some countries still being closed.

Long term member **Robyn Nagel** has kindly and competently stepped up to take on the role of overall ANZGITA Programs Coordinator. Robyn has enthusiastically embraced the complexities of the role, under the transition tutoring of Tony Clarke. As part of the Fiji team in June, she has absorbed the challenges in service delivery and training, and is shaping up new approaches to test. Robyn is winding down her practice in gastroenterology in Toowoomba and has an extensive network of colleagues especially in Queensland to entice into the ANZGITA fold. Robyn is also attended our second 2022 training program in Timor-Leste in August. Thank you Robyn!

Another new appointment is Assoc Prof **Bruce Waxman** OAM as ANZGITA Surgical Coordinator. This role will explore the role of surgeons within ANZGITA, and the reception of surgeons within ANZGITA training programs and locations. Gastroenterology is a speciality practised by physicians and surgeons: demonstrating the synergy and collaborative nature of the disciplines is, and should be, a feature of our training programs. We value highly our relationship with RACS, and RACS Global Health's support for our activities through the DFAT funded PIP program. I meet quarterly with the RACS team (Robyn Whitney and Philippa Nicholson). Dr John Crozier has recently been appointed by the RACS Council as the Chair, Global Health, and we look forward to our collaboration with him and RACS.

I cannot pass further in this report without expressing my enormous gratitude to **Tony Clarke** who is retiring at the AGM, having been the inaugural ANZGITA Programs Coordinator and Deputy Chair of ANZGITA. Tony's energy, never-say-no approach, superb organizational skills embedded in a deep understanding and experience in endoscopy and gastroenterology from his career in Canberra, has been indisputably one, if not the greatest contributor to the success of ANZGITA as seen from ANZ and from our partners across the Pacific. His counsel is always wise, measured, well expressed and usually totally influential in the Board's discussions. Tony feels he has given his best and has been handing over the Programs Coordinator baton to Robyn during 2022 using the Fiji and Timor-Leste programs. Tony, my heartfelt thanks for all you have done.

So ANZGITA is thriving. Last year I noted the further development of virtual training activities. The webinars, now as the Pacific Gut Club, have continued under **Chris Hair's** and FNU's Asst Prof **Mai Ling Perman's** tutelage, with monthly high impact and popular interactive discussions on a range of relevant gastroenterological discussions. Just recently, Prof **David Russell**, in my view Australia's best physician with expertise in nutrition, has been part of the webinars. Fabulous talks, geared to the challenges of the Pacific. David in earlier days enjoyed teaching in Papua New Guinea – teaching is his forte attracting streams of Basic and Advanced Physician Trainees to his tutelage in Melbourne. Chris Hair's enviable talent of knowing by name every engaged clinician from country partners across the Pacific, their circumstances, needs and networks, underpins his personal and inclusive approach to training, and leaves us all with great admiration for his training approach and cultural sensitivity. Also deserving of recognition are our other program leaders, Eileen Natuzzi, Mark Norrie and Chris Kiely, and those closely involved in Pacific support, e.g. Karen Kempin and Ian Turner, who kept in touch with colleagues and provided support during the year.

**Michael Schultz** in Dunedin flies our flag with keenness in New Zealand, and with more time availability from later in 2022, is keen to lead on various fronts across our programs; we are very grateful.

**Peter Katelaris** has been well in harness managing gastroenterology and COVID at Concord but has still been able to supervise the Helicobacter Pylori research project with FNU academic and endoscopist, Dr Vikash Sharma in Suva, with the WGO. Peter's sound advice on the structure of training programs based on much experience and clear teaching is a mark which he stamps across our teaching programs. Thanks Peter!

**Chris Hair** is championing the vTERM project – virtual Training in Endoscopy by Remote Mentoring. He has made great progress especially in Palau in the North Pacific, with tested equipment in place and a pilot to start in the second half of 2022. Chris brought together a highly credentialed multi-national project team, and its members are noted in the Annual Report. The project has been wonderfully supported by our partners at CR Kennedy and led by Steve Williams. This approach to training promises great efficiencies and more frequent contact with trainees in their home environments – all real-time and remotely from ANZGITA teams in Australia. **Tony Rahman** in Brisbane is a pilot trainer in this initiative as well. We see opportunities to lead Medical Professional Indemnity providers to support these activities and contribute to original medico-legal academic observations and publications, which we are exploring with the University of Melbourne Faculty of Law. Thank you, Chris for all your energy and innovative activity.

Sourcing, transporting and maintaining equipment, when our partners call for our assistance and where we suggest improvements can be made, consumes a lot of attention and planning by the Board – especially **Di Jones, Chris Hair, Jon Long and Frank Eastaughffe**. Personally, I am so proud that in the last few years we have been able to install appropriate cleaning and disinfection reprocessing equipment in Solomon Islands and Timor-Leste, and recently a drying cabinet in Timor-Leste. (Our Solomons Islands partner has one already). With her depth of practice experience, **Di Jones** provides much informed advice on equipment – including our collaboration now with the WHO to see endoscopy equipment is on the WHO essential surgical equipment list – which makes it difficult for governments in our region to ignore the need! Di is ever available for support, including being our most travelled member (to our training locations) and leading certain research projects.

The support of our industry endoscopy equipment partners – CR Kennedy (FujiFilm), Olympus and Pentax has been essential to our ability to train our in country partners in safe endoscopy given the potential for cross infection in a virally (and bacterially) contaminated world. During the year other industry suppliers, some who have supported us for many years and some new, have also contributed to ANZGITA achieving our objectives. They are noted in the Annual Report. **Graham Hines**, from CR Kennedy, who has been an indefatigable support for ANZGITA, especially ensuring functional endoscopes at our training hub in Fiji, deserves special recognition for sure as he too steps into retirement. So thank you Graham – we hope you will continue to offer your expertise to ANZGITA after retirement.

**Alan Studley**, as Treasurer, provides us with sound financial management. Crucially, he also provides insightful advice to myself and the Board on a broad range of governance and management issues using his lengthy experience as a CFO and a healthcare sector company director.

**Frank Eastaughffe and Barb Hines** are the engine room of our organization. In addition to general administration, Frank has worked on streamlining and automating the complex process that confronts our trainers in satisfying best-practice compliance requirements for volunteers working overseas. Frank's dedication and immersion in all that is ANZGITA is at the core of the smooth functioning of ANZGITA. Barb has done a wonderful job focussing on marketing and promotion. The website, newsletters and Annual Report are remarkable – please visit our website.

Diversification of income and support is important as the Australian budget suffers from its trillion-dollar debt. The budgets of the countries where we work have also been hit hard with decade long recoveries envisaged for most by financial observers. Chris Hair has developed a relationship that I believe will result in an exciting partnership for ANZGITA with an important foundation that has like-values, and which will bring significant benefit to one of our in-country partners. Personally, I hope this will be the first of a number of organisations who look to the ANZGITA brand of capacity building across the IndoPacific to partner in synchrony with their own missions. We have a track record of organizational and delivery success, a very high reputation in the field, and a network of contacts across the region which offers great opportunities for such partnerships.

Finlay Macrae AO MBBS MD FRACP FRCP AGAF FASGE MWGO

## Program Coordinator's Report 2022

### Introduction:

COVID-19 has continued to have a major impact on our in-country programs, with only one being undertaken during this year. This has not stopped our efforts to support our partners in the Pacific, Timor Leste, and to a lesser degree Myanmar. Covid has had a massive effect on the healthcare professionals throughout the Pacific with many deployed to care for Covid-19 patients and unable to utilise their gastroenterology skills. Travel is now returning

towards normal, and it is hoped that our training programs will be back to usual levels within the next year.

While travel was disrupted, training online continued under the energetic guidance of Chris Hair. This has created a cadre of very committed trainees around the Pacific with doctors in PNG now also involved. Chris has had very enthusiastic support from many ANZGITA doctor and nurse trainers from throughout Australia, New Zealand, and North America.

### Documentation processes:

An important part of the Program Coordinator's role is to ensure that the trainers have a good understanding of what they will encounter and what is required of them and to facilitate the temporary registration process in the country they are visiting. In recent years, the Department of Foreign Affairs and Trade (DFAT) has progressively increased the documentation required for this with particular attention to ensure all trainers are fully conversant with DFAT requirements about child protection, sexual abuse and harassment and ethical use of images and stories. This has meant that trainers, who might be providing training for no more than a week or two, are required to not only read and understand several detailed policies but also demonstrate their understanding. ANZGITA fully appreciates the importance of all trainers complying with these requirements but is aware of the burden this puts on our trainers who are all extremely busy in their professional roles.

To lighten the trainers' burden to complete this documentation, ANZGITA Secretary Frank Eastaughffe has created an online portal which presents all the necessary documents in a way that facilitates understanding of what is required by the trainer, makes completion of all forms much easier, and leads the trainer to any required online modules. The first version of this online portal was well received by the trainers who went to Fiji in June, and Frank has made further improvements which have been trialled on the trainers who are scheduled to go to Timor in August. ANZGITA makes every effort to minimise the administrative burden on our trainers and will continue to challenge any new demands for us to add to the documentation process. In particular, ANZGITA believes that the documentation requirements should be proportional to the risks involved.

### Fiji:

It was possible to hold an in-country training program in Suva in June. The reason for the timing in June was to meet the needs of the main funder of the program – the Global Health Unit of the Royal Australasian College of Surgeons who were in the process of moving from one contract with DFAT to another, and so it was necessary to complete the program in the 2021-22 financial year.

It was possible to recruit and complete the documentation of the training team in a relatively short period. All in all, the program proceeded well considering that there had been a break of three years since the last program. However, Covid-19 intervened in the fourth week with several trainees and trainers contracting the condition and the Hospital Administration decided it was necessary for the program to be discontinued and the uninfected trainees and trainers to return home. While it was a pity to miss the last four days of the program, particularly for the trainers who had only recently arrived in Suva, it was accepted that these sorts of disruptions are likely to be a feature of programs in this early period of return to travel.

ANZGITA provided support to the team in Suva to better manage the endoscopy service which has less support than optimal from the CWM Hospital as the Endoscopy Unit is seen by the hospital to be a service provided by the University. ANZGITA is using its good standing to help resolve this issue so that the endoscopy service can have financial backing from the Ministry of Health rather than Education.

### Timor Leste:

While Covid-19 had a major effect on the endoscopy service for a prolonged period, there has been a very gratifying recovery in recent months. A two-week training program is planned for early August.

Endoscope reprocessing in a tropical environment provides particular challenges because of the high temperatures and humidity. While an instrument drying cabinet had been installed, it was designed for more temperate conditions and required a significant modification which proved to be a major logistical effort – aggravated by the first cabinet being a victim of a major flood. The strenuous efforts of Frank Eastaughffe and Jon Long eventually overcame all obstacles.

### Solomon Islands:

Country Program Leader Mark Norrie has maintained good contact with our Partners in Honiara. ANZGITA is sorry to hear of the retirement of Dr Rooney Jagilly who has been a major force in developing gastroenterology services in the Solomon Islands – as well as a gifted surgeon. We all wish Rooney a very happy and long retirement.

### PNG:

Recently ANZGITA was approached to assist the clinicians at Port Moresby General Hospital with the development of gastroenterology there. Discussions now are at an early phase, but it is felt that this is a task we should put in every effort to respond to, despite the obvious challenges that working in PNG presents.

### Conclusion:

The pandemic has significantly curtailed the training programs that ANZGITA has been able provide in-country to our partners. However, there is clearly a very significant thirst for training to be re-established as soon as possible. It is also evident that many trainers are enthusiastic to return to in-country visits. It is likely that Covid-19 will continue to impact on the programs, as it did on the June program in Suva. But it is my belief that this should not preclude ANZGITA proceeding with well-considered programs and be prepared to deal with any issues that arise.

After ten years in the role of Programs Coordinator, I have decided to retire from the position and my place on the ANZGITA Board. Fortunately, Dr Robyn Nagel has agreed to take on the position and I have every expectation she will more than fill my shoes and further develop the role.

I would like to thank those many people who have made my work with ANZGITA so fulfilling. It has been a delight to work with our partners in the Pacific, Timor Leste, Myanmar, Nepal, and PNG – there are so many dedicated health professionals who work so hard for their patients despite very limited resources. I have much admired the attitude of all the trainers

who engage with ANZGITA – all providing their time pro-bono, and many requesting no financial support to cover their out-of-pocket expenses.

All the ANZGITA Board Members and other contributors have my unreserved admiration. There are three that deserve mention by name. Di Jones not only provides the leadership for the nurses in ANZGITA, but also has an extraordinary ability to adjust world-leading practice to what is possible in a resource limited environment. She also sets the standard as a trainer wherever she goes. Frank Eastaughffe is so much more than the Secretary of ANZGITA. In addition to those duties, he has developed a formidable database that allows all to have access to all the information very easily, organises a myriad of logistical challenges and manages the day-to-day financial affairs of the organisation together with the Treasurer. The time that Frank puts into ANZGITA is extraordinary!

Finally, I would like to mention Finlay Macrae. For 15 years he has, among many other responsibilities, developed the concept of ANZGITA and saw it to fruition by engaging with clinicians and administrators over a significant fraction of the world's surface. He recognises every academic opportunity that our work offers while continuing to be a trainer on many programs. He remains inspirational and ANZGITA is a testament to his vision and ability to work effectively with others. He is a true leader.

Tony Clarke  
5 August 2022

## Treasurer's Report 2022

For the operating year of 2021/22 ANZGITA has recorded funds inflow of \$88,381 and funds outflow on programs and administration of \$96,876 creating a net cash decrease of (\$8,496).

Funds are held in two Westpac accounts being the Community Solutions account used for daily operating expenditures and the Community Solutions Cash Reserve. Total funds held by Westpac at 30 June 2022 were \$96,294.24 in the Cash Reserve and \$102.05 in the Community Solutions account.

The total expenditure on administration and in-country programs, covering capital and service items, was \$96,876 with services and equipment delivered across Fiji, Palau and Tonga and by virtual programs to other locations.

All bank transactions from the Westpac accounts flow into and are reconciled by Xero accounting system which now reports a 7 year operating history for ANZGITA. ANZGITA does not own or hold any fixed assets and as such cash at bank of \$96,396.29 represents the only current asset owned by ANZGITA and this is shown on the balance sheet.

With 7 years of operating results available in a consistent format, the board can review the pattern of donations and other philanthropy that generates funding as well as the in-country program expenditures. The Covid crisis continues to impact service delivery and travel patterns and these have adjusted to particular in-country controls. ANZGITA has significantly reduced program delivery in-country whilst increasing the funding of essential service delivery capital equipment.

The Board of ANZGITA has acted to ensure that comprehensive insurance coverage is in place to protect the activities of both directors and program clinicians as they undertake their duties in Australia and the countries in which services are delivered. The Board believes that it has adequate cover in place to protect ANZGITA from all identified risks.

Services provided by directors are on a pro bono basis, the exception being where some directors apply their clinical skills to overseas programs. In such cases travel and living expenses may be reimbursed to directors. All program participants including directors are reimbursed their expenses only after an expense claim has been submitted to and approved by the Secretary and then counter signed by the Treasurer.

ANZGITA does not undertake a formal external audit as the cost of such an activity would outweigh the benefits given ANZGITA's funds are principally directed to support overseas clinical programs in developing countries. The bank balance is reported regularly at both management and board meetings and details are noted in meeting minutes. The Profit & Loss Statement and Balance Sheet are certified annually by an independent member of CPA and a report issued to the Board and the regulatory body ACNC (Australian Charities and Not-for-profit Commission).

Alan Studley  
Treasurer

26 July 2022

## Secretary's Report 2022

The ANZGITA Board, with members spread across Australia and New Zealand, met four times in the last financial year. Meetings were all held using an Internet videoconferencing service and covered all aspects of the Board's responsibilities. Attendance by directors has been good with one or two apologies being the norm.

For personal reasons Prof Michael Schultz missed all meetings. The Chair and other directors felt that in the circumstances Michael could not be expected to undertake his duties and supported his decision to take leave. However, for FY23 he is now in a position where he will be able to undertake his duties and be a regular attendee at Meetings.

There were no director resignations during the year and no casual appointments.

Potential and actual Conflicts of Interest for directors are reviewed at each Board meeting as is the situation with regard to any risks that have arisen or changed. Any complaints are reviewed and recorded in a Complaints Register as per our Feedback & Complaints Policy.

There were five meetings of the Management Committee. Its practice was to meet once between Board meetings. The Industry Liaison Committee, Quality and Risk and the Finance and Audit Committees, although constituted, did not meet as the Board and Management Committee have been able to address the relevant issues during COVID in the normal course of their meetings.

Barbara Hines took on the role of marketing and events manager during the year. She led on the production of a scaled down 2019/20 Annual Report document which reflected the COVID situation. Her work also entailed support for the virtual webinar programs run by Chris Hair.

We continued to engage the services of Barbara Hines through her company during the year but less intensively due to the effect of COVID on our activities and other changes. As a result of Barbara's work a monthly newsletter was produced and our current activities always displayed on the website. She is again managing the production of the Annual Report. Barbara will not be available in the coming year to provide her paid services but still plans to provide some voluntary assistance. Barb has made a very valuable contribution and I thank her for it.

This year I led the work on the development of a web portal which enabled trainers to be advised on the documentation they needed to provide for a program and an area where it could be uploaded. This has reduced most of the email traffic and almost eliminated double handling of documents. There is more refinement to be done but it is a good start. My thanks to Tony Clarke for his assistance during this work.

My thanks to Finlay Macrae, Alan Studley with whom I work closely on secretarial and administrative matters, to the other directors and program leaders for the support they have provided and to the members. A special note of thanks to Tony Clarke who is retiring at the AGM. He has been most helpful to me over the years, always very responsive to my requests, and an excellent work companion. Thanks also to his wife Michelle who has been very understanding.

Frank Eastaughffe  
September 2022

# Profit and Loss

## Australian and New Zealand Gastroenterology International Training Association Ltd For the year ended 30 June 2022

	2022	2021
<b>Trading Income</b>		
GESA Grant	-	9,090.91
Individual Donations	2,705.78	3,355.00
Interest Income	24.74	32.69
JGH Foundation	-	29,176.68
Other Grants	15,150.00	2,000.00
Other Revenue	25,500.00	15,911.20
PayPal Donation Platform	-	4,700.00
RACS Reimbursement for Program Expenses	45,000.00	3,617.31
<b>Total Trading Income</b>	<b>88,380.52</b>	<b>67,883.79</b>
<b>Gross Profit</b>	<b>88,380.52</b>	<b>67,883.79</b>
<b>Operating Expenses</b>		
Bank Fees	60.00	50.00
Equipment and materials	9,756.85	51,138.99
Freight & Courier	2,937.28	2,565.50
General Expenses	10,793.03	7,723.49
Insurance	3,694.95	2,081.45
Interest Expense	1.10	-
Office Expenses	-	29.16
Program Expenses - Fiji	44,239.59	-
Program Expenses - Palau	11,500.00	-
Program Expenses - Virtual Programs	1,793.00	833.00
Project Contributions - Tonga	10,500.00	6,000.00
Repairs and Maintenance	986.04	-
Travel - International	614.57	-
<b>Total Operating Expenses</b>	<b>96,876.41</b>	<b>70,421.59</b>
<b>Net Profit</b>	<b>(8,495.89)</b>	<b>(2,537.80)</b>

# Balance Sheet

## Australian and New Zealand Gastroenterology International Training Association Ltd As at 30 June 2022

	30 JUN 2022	30 JUN 2021
<b>Assets</b>		
<b>Bank</b>		
ANZGITA Everyday	102.05	114.47
ANZGITA Interest Bearing	96,294.24	102,252.10
<b>Total Bank</b>	<b>96,396.29</b>	<b>102,366.57</b>
<b>Current Assets</b>		
Accounts Receivable	-	1,743.06
<b>Total Current Assets</b>	<b>-</b>	<b>1,743.06</b>
<b>Total Assets</b>	<b>96,396.29</b>	<b>104,109.63</b>
<b>Liabilities</b>		
<b>Current Liabilities</b>		
Accounts Payable	1,583.50	-
GST	(1,299.96)	(499.01)
Owner A Funds Introduced	6,976.00	6,976.00
Rounding	0.10	0.10
<b>Total Current Liabilities</b>	<b>7,259.64</b>	<b>6,477.09</b>
<b>Total Liabilities</b>	<b>7,259.64</b>	<b>6,477.09</b>
<b>Net Assets</b>	<b>89,136.65</b>	<b>97,632.54</b>
<b>Equity</b>		
Current Year Earnings	(8,495.89)	(2,537.80)
Retained Earnings	97,632.54	100,170.34
<b>Total Equity</b>	<b>89,136.65</b>	<b>97,632.54</b>