



# ANZGITA

Australian & New Zealand Gastroenterology  
International Training Association



## Annual Activities Report 2017

# Volunteer Engagements

The voluntary contributions of time spent overseas on training programs and other projects by the following people in support of the objectives of ANZGITA is gratefully acknowledged. The self-funding of some, or all, of the associated costs of attendance by those able to do so is also acknowledged.

## Fiji

Program Leader: Chris Hair

Alison Byrne (Director)	Paul Clark* (D)	Melissa Fox (N)	Terrance Gavaghan (D)
Chris Hair (D)	Jason Hill NZ (D)	Karen Kempin NZ (N)	Kathleen McGee (N)
Allana Parkes (N)	Ian Turner* (D)		

## Myanmar

Program Leader: Thein Htut

Mark Cornwell* (D)	Henry Debinski* (D)	Kristina Dodd* (N)	Thein Htut (D)
Dianne Jones (N)	Finlay Macrae (D)	Katherine Mager (N)	Alison Raitt* (N)
Enrico Roche (D)	Tony Smith NZ (D)	Ann Vandeleur (N)	Charlotte Vaughan* (N)
Kim West (N)			

## Solomon Islands

Program Leaders: Eileen Natuzzi & Mark Norrie

Andrea Collins (N)	Eileen Natuzzi (D)	Mark Norrie (D)	Maureen Richardson (N)
Martin Schlup NZ (D)	Terrance Tan (D)		

## Timor-Leste

Program Leader: Chris Kiely

Dianne Jones (N)	Chris Kiely* (D)	Kate Naphthali (D)	Kim West (N)
------------------	------------------	--------------------	--------------

## Samoa

Cathy Conway (N)	Chris Hair (D)
------------------	----------------

\*First program      (D) Doctor Trainer      (N) Nurse Trainer

Australian resident unless otherwise noted.

ANZGITA members, nurses Dianne Jones and Ann Vandeleur, were trainers on a team lead by Dr. John Croese to **Nepal**.

In addition, the time provided pro bono by others, including ANZGITA members, supporters, directors; staff from healthcare industry suppliers; and staff from professional organisations to support our activities is acknowledged.

# Chair's Message

## Finlay Macrae AO

2016-2017 has seen further growth for ANZGITA. In the face of many opportunities, needs and demands, the Board has been careful not to over-stretch our resources and expertise. Nevertheless, we do live in a region of the world that can so much benefit from our engagement, and indeed does, where we engage. As usual, our programs and activities are always met with heartfelt gratitude in our partner countries, and at the same time, ANZGITA members return in awe of the skills and application of sound clinical practice of our partners, unsupported by the trappings we are used to in Australia.

We are often approached to assist other locations in our region. Amongst these under current consideration are Nepal, Samoa, and hepatitis B vaccination programs in several countries. The Board will be giving careful thought to these very worthy opportunities. A new venture was a very successful microbiology training program hosted by Peter Katelaris at Concord, to which we invited some of our partners in the Pacific.

Our membership is growing but we can always find training opportunities for new members so we welcome all of our colleagues to join! We do all the work and have the experience to get you to places that are exciting and where your talents are so valuable and so much valued.

We cannot do this alone, so it is important that we partner with others to maximize our impact. We are pleased that we have such a lot of good will, advice and support from the range of organizations with

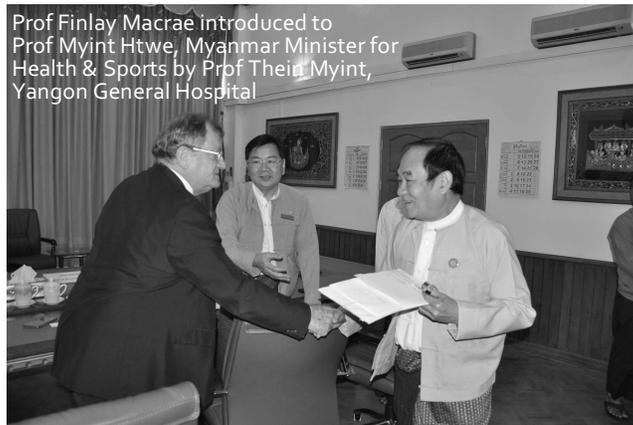
whom we are frequently in contact. These include RACS, RACP, the World Gastroenterology Organization, GESA, our industry partners in the business of endoscopy, our generous donors, Rotary and the Department of Foreign Affairs and Trade. Amongst the donors, I would like to mention Mr Len Ainsworth, the anonymous donor supporting the Foundation Project in Myanmar, and Malcolm Kennedy of CR Kennedy. We are also happy to offer tax deductible donation opportunities for anyone whose social conscience resonates with ours!

As chairman of the Board, I am indebted indeed to our hard working management committee who give all of their time and expertise *pro bono*. If one were to account for it, it would be in the 100s of thousands of dollars of value. So thank you Frank, Tony and Alan!

We just would not have developed so quickly and successfully without this generosity. This year we welcome new Board members Alan Fraser (NZ) and Alison Byrne. Alan brings great clinical experience and teaching skills, and is well placed to promote ANZGITA's mission to our colleagues

in New Zealand. He has already participated in training in Myanmar. Alison brings professional fund raising to the Board, filling an important gap in the Board's spread of skills. Alison attended the first week of the Fiji training in July and has returned full of understanding and enthusiasm for our programs. Finally and centrally, there is all the generosity of our clinical participants in the training programs, in Fiji, Solomon Islands, Timor-Leste and Myanmar – all volunteered. So a big thank you to all and everyone.

We are a mature and wonderful organization of which I am immensely proud. ANZGITA is highly respected for its international activities by all with whom we are in contact, and, I think, represents Australians and New Zealanders at their best.



Prof Finlay Macrae introduced to Prof Myint Htwe, Myanmar Minister for Health & Sports by Prof Thein Myint, Yangon General Hospital

# Training Programs

## Tony Clarke, Deputy Chair

The past year has seen the completion of nearly all scheduled programs – only the effect of an epidemic of Dengue Fever and the serious illness of the spouse of one of our trainers has interfered. There have been more than adequate numbers of volunteers to participate as trainers, particularly by nurses. The formal and informal feedback that we have received from our trainers has been extremely supportive and all have found their contributions to have been enriching, with many trainers seeking further involvement in ANZGITA programs.

The past year has seen the adoption of a Clinical Governance Policy by the Board and all trainers are provided with a copy of this prior to a program. The Code of Conduct has also been upgraded including clauses that relate to working with children. The relationship with the Medical and Nursing Registration Boards/Councils of the countries where we operate is carefully managed and for the most part has worked well.

**Myanmar:** The Myanmar Program Leader is Assoc Prof Thein Htut but Dr Greg Lockry will take over this role during the coming year. Two programs have been supported over the past year. In October 2016, four nurses contributed to a large workshop in Yangon attended by nurses from the larger city hospitals as well as some of the smaller regional centres. Trainer feedback indicated that their involvement was much valued and certainly all our trainers found themselves working extremely hard. However, they felt it was

most rewarding and additionally were the recipients of wonderful hospitality.

In March, there was a larger program in Mandalay with 6 doctors and 5 nurses attending. There is a full Program Report as well as Trainer Feedback Report on this program. Mandalay was judged as providing a very suitable environment for training with a very capable core staff who should be able to play a role in improving gastroenterology and endoscopy standards in their region. Both these programs were superbly organised by Assoc Prof Thein Htut.

**Timor-Leste:** As mentioned in last year's Programs Report, Dr Chris Kiely an Australian gastroenterologist whose wife has a posting to Dili for 3 years with DFAT, has linked with the main teaching hospital in Dili and taken on the task, with ANZGITA

assistance, of establishing an endoscopy service. Di Jones has made 2 trips to Dili to assist set up the endoscopy facility in a very suitable space that Chris has been able to acquire. Equipment has been obtained with the assistance of ANZGITA and Rotary. In May, a program involving a doctor (who is fluent in Indonesian) and a

nurse spent a week in Dili, in particular bedding down the colonoscopy service. Medical Wizard have kindly donated a copy of their endoscopy reporting system, ScribeWiz, to the hospital and it is now installed. ANZGITA thanks Chandana Weerakoon for the support of his company.

ANZGITA has agreed to provide a complement of equipment required to ensure that instrument disinfection can meet international standards at the estimated cost of \$70,000. Planning for the upgrade to house this equipment is well advanced and Di Jones has managed the selection and installation of the equipment – a considerable amount of work.



Fiji Prime Minister, Hon Frank Bainimarama, (centre) with Chris Hair, Fiji Program Leader (left) and Colonial War Memorial Hospital staff

**Fiji:** Dr Chris Hair accepted the position of Fiji Program Leader late in 2016 and has put considerable effort into improving the program. Chris has been in regular communication with the team in Suva and elsewhere in the Pacific and developed a much improved understanding to the educational and equipment needs of the region in preparation for this year's program.

CR Kennedy has agreed to provide, service and support all the endoscopy equipment needs of the Colonial War Memorial Hospital in Suva for the next 3-5 years. This will include the provision of the equipment needed, servicing support and the transport costs of equipment that need to return to Australia for repairs.

At the time of writing (July), our 4 week program was half way through and going well. The program was opened by the Prime Minister Frank Bainimarama who has been a wonderful advocate for our program. The Australian High Commissioners for Fiji and Tuvalu have also visited the program.



Nurse Trainer Karen Kempin (wearing badge) with trainees at the recent Fiji Training Program

**Solomon Islands:** Dr Eileen Natuzzi from San Diego remains the Solomon Islands Program Leader with Dr Mark Norrie as Co-Leader – both have a long association with the Solomon Islands and Eileen has a deep commitment to developing medical services there. Communication with the clinicians and administrators of our Honiara partner has been close and very satisfactory. Unfortunately, a one week program initially scheduled for November was postponed till March because of a Dengue Fever epidemic and then had to be cancelled because of the serious illness of a trainer's spouse. However, the

two-week program in June was completed without difficulty with 4 doctors and 2 nurses providing the training, including both Program Leaders. They have provided a very helpful Program Report. It is suggested that in future years we offer two one week programs with a limited training staff to better meet the needs of the local clinicians.

Pentax Australia has offered to provide and support the equipment in the National Referral Hospital for the foreseeable future. Mr John Lovegrove from Pentax spent a week in Honiara at the time of the June program and developed a very strong bond with the local clinicians and will be a well-informed advocate for ANZGITA and the NRH within Pentax Australia.

While there were some delays in progressing the plans for the new endoscopy centre at the NRH, approval has recently been given to proceed and the planning is well advanced. ANZGITA has agreed to provide up to AU\$70,000 for disinfection equipment. Eileen Natuzzi has been provided with another US\$5,000 by a veteran's family for other equipment.

**Conclusion:** The programs that ANZGITA have supported have largely been completed as planned. We continue to have very good take up when we seek volunteer trainers. The administrative structures needed to maintain an increasing number of programs are developing well. There is now very real Industry support for at least two sites, and we expect this will continue to grow. The Programs Coordinator would like to thank all the volunteer trainers for their involvement and commitment.

# Other Projects

**The Myanmar Foundation Project:** An anonymous donation of US\$100,000 p.a. for three years is now being used in the Foundation Project with the overall objective of significantly contributing to the improvement of gastroenterology services in Myanmar. Greg Lockrey is the project manager as well as taking on the program leaders role. In this project, we are delighted to partner with the Myanmar Gastroenterology and Liver Society under its President, Prof Lt Col Kyaw Soe Tun (Rtd). Following the consent of the Myanmar Ministry of Health and Sports, we feel it is on a solid footing. Prof Thein Myint, our close colleague at Yangon General Hospital, has offered some of his departmental space and his own supervision for the program administrator and nurse educator employed for the project. Amongst the main tasks of the project are the development of a national inventory of facilities, equipment and human resources to support planning for further investment; and to monitor and advise on the cleaning and disinfection processes of the endoscopy services around the country. Kim West will be doing a sabbatical in September with the project team to support these important tasks.

**Building Endoscopy Facilities:** For some years, Tony Clarke has been planning our assistance in the development of needed endoscopy facilities both in Solomon Islands and Timor-Leste. In Timor-Leste, we have been delighted to partner with Rotary and the Timorese government in this task; and in Solomon Islands, with the national government and the National Reference Hospital in Honiara. We are

particularly concerned to ensure cleaning and disinfection facilities are proper and safe, including protection of staff from environmental exposure to glutaraldehyde. Automatic re-processing machines have a tendency to lie unattended after minor breakdowns if there is not ready support expertise at hand. ANZGITA has formed the view that well designed manual cleaning and disinfection is the appropriate standard methodology. Other equipment provision has been ultrasound cleaning, fume hoods, air conditioning, and the dedicated sinks required for the task. We are very grateful for the funding support for this from Mr Len Ainsworth and the Gastroenterology Society of Australia.



Drs Chris Kiely & Celia Santos at HNGV, Dili

**RACS & Pacific Islands Program:** Our management team has enjoyed a mutually supportive relationship with the Pacific Islands Program (PIP) team at the Royal Australasian College of Surgeons (RACS). We value this relationship and their vast experience in delivering specialist clinical services in the Pacific. We especially thank Daliah Moss for her advice. This year Chris Hair and Cathy

Conway were invited by the PIP team to advise the Samoan Government on the provision of endoscopic services in Apia. They did a wonderful job, Chris providing a valuable report that has been welcomed from all quarters. Under a new funding scheme instituted by DFAT, which involves the Pacific Community (SPC) and RACS, Pacific Island Nations can apply for funds for projects that support the development of healthcare services. As our trainees who enrol for the training in Suva come from a wide range of these nations, ANZGITA sees this as an important development: we will be working with RACS to identify how we can further assist.

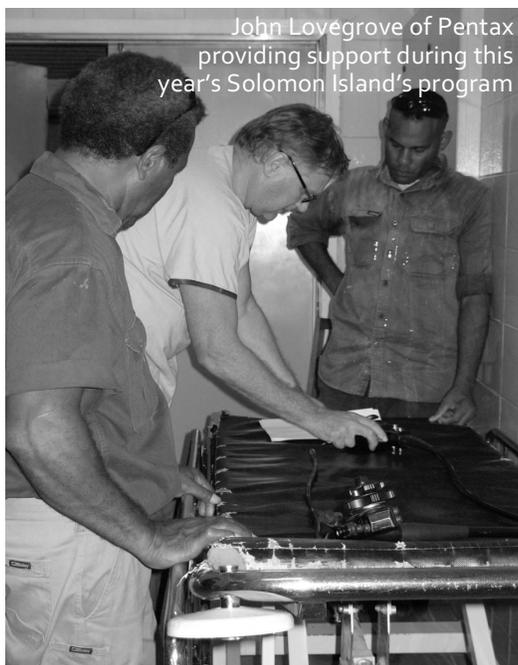
**Nepal:** John Croese, with the support of Di Jones and others, has been going to Kathmandu for some years. Following his most recent team visit, John is keen to work more closely with ANZGITA as this works further develops. The Board will be considering this proposal carefully over the coming months.

**Partnership with industry:** Under the chair of Warren Bingham, the Industry Liaison Committee has developed a strategic plan for closer partnerships with industry. We have had very helpful and supportive conversations with all the endoscope distributors in Australia who have recognised the work of ANZGITA across the region. Alison Byrne, who joined the Board this year, brings her professional donor relationship skills to ANZGITA and guides us in these approaches, as well as more generally in philanthropy. Our objective is for long term, well-coordinated partnerships, particularly ensuring equipment is kept functional and accessories and consumables are maintained at necessary operational inventories in the centres with which we partner overseas.

**Specialist course in microbiology:** Board member Peter Katelaris has a penchant for developing academic initiatives appropriate for the clinical challenges in the regions in which we are active. This year he secured places for two microbiologists to attend a specialist course in parasitology at Concord Hospital. We offered to fund both. Only CWMH in Suva could accept and the attendee found it very beneficial for herself and, by extension, the colleagues with whom she would be able to share her new knowledge and skills. This initiative opens new pathways for us in supporting identified training needs.

**Timor-Leste:** Chris Kiely has recommended that Dr Celia Santos from Dili be supported to improve her endoscopy skills by having a scholarship to spend 3 months in 2018 in Canberra Hospital which has agreed to have her as an international trainee. An application for funding has been made to the DFAT Fellowships Scheme and we are hopeful of success.

**Administration Projects:** We have made further advances this year on automating and streamlining our administrative processes. Sending 28 clinicians on programs last year required completing, assembling and sharing some 800 documents to facilitate the trainers' temporary registration. We now have a well



organised database for holding and cataloguing information. Documentation that does not change need only be supplied once and program specific documentation can be easily added. Good news for all involved. Trainer registration, feedback and expenses reimbursement are examples of on-line forms which enable us to handle the management of data and financial information better. All this work continues to be carried out on a pro bono basis but could in the medium term require funding.

## Our Supporters

Thanks are extended to our supporters in the various forms they come, whether as individuals, foundations or companies that have donated, whether in monetary or in-kind forms, and whether directly to ANZGITA, or in-directly via ANZGITA's partners and suppliers. Our volunteer doctors and nurses working with our partners could not accomplish what they do without your contributions. Direct donations in the last year:

# Treasurer's Report

## Alan Studley

Ainsworth Foundation	Glen Eira Day Surgery
Anonymous	Mark Norrie
BBB Partners	Sam Islam
Boston Scientific	Cliona Maguire
Calvary Hospital, Canberra	Hunter New England Health
Cook Medical	Olympus Australia
CR Kennedy	Pentax Australia
J & M Croese	Rebecca Ryan
Endomed	Terrance Tan
GESA Foundation	Whiteley Corporation
ScribeWiz	

Our thanks also to the following partners and other organisations who have worked with us during the year in support ANZGITA objectives.

Australian Doctors for Africa (ADFA)  
College of Medicine, Nursing & Health Sciences,  
Fiji National University  
Commonwealth War Memorial Hospital, Suva, Fiji  
Department of Foreign Affairs and Trade (DFAT)  
Doctors Assisting in Solomon Islands (DAISI)  
Gastroenterological Nurses College of Australia  
(GENCA)  
Gastroenterology Society of Australia (GESA)  
Hospital Nacional Guido Valadares (HNGV), Dili,  
Timor-Leste  
Mandalay General Hospital, Myanmar  
National Endoscopy Centre, Yangon General  
Hospital, Myanmar  
National Referral Hospital, Honiara, Solomon  
Islands  
New Zealand Society of Gastroenterology (NZSG)  
Rotary Club of Melbourne  
Royal Australasian College of Physicians (RACP)  
Royal Australasian College of Surgeons (RACS)  
World Gastroenterology Organisation (WGO)

The operating year of 2016/17 has seen ANZGITA management and reporting functions become more complex to cope with the increase in revenue received from healthcare entities, philanthropists and other donors and the extension of service delivery programs into additional countries. To better manage the funding demands of the Myanmar program, ANZGITA has established a new bank account with Westpac which is better able to directly service funds transfer into Myanmar.

ANZGITA undertook a major review of its insurance coverage in the context of overseas countries in which volunteer staff work. In consideration of both the risks that might be incurred by clinicians and the OH&S obligations of ANZGITA to these clinicians, additional and more comprehensive travel insurance policies have been purchased. The additional protection of travelling clinicians is more than offset by the increase in insurance costs for 2016/17.

Bequests and donations of \$196,500 were received during the year. During this period ANZGITA committed \$63,768 to the support of programs in Myanmar, Timor Leste, Fiji and Solomon Islands. ANZGITA incurred administrative expenses of \$17,534 and the largest items were Insurance \$8,542, Travel \$4,188 and Conferences/AGM \$4,457.

The Commonwealth Bank account balance at 30 June 2017 stood at \$145,966 and in addition the Westpac Bank account held a balance of \$3,000 preparatory to funds being transferred in July 2017 to Myanmar to commence the clinical program.

ANZGITA continues to apply strong corporate governance and accounting controls over the receipt of funds and the management of funds that are then distributed to the major overseas programs.