



ANZGITA

Australian & New Zealand Gastroenterology
International Training Association



Annual Report 2016

www.angita.org

Training Program Visits

The voluntary contribution of time in support of the objectives of ANZGITA and the associated self-funding of some or all the associated costs of attendance are gratefully acknowledged.

Fiji

Michelle Dalby* (N)

Chris Hair (D)

Alice Lee (D)

Sunny Lee (D)

Jon Long^o

Geoff Metz* (D)

Lindsay Mollison (D)

Maureen Richardson (N)

Rebecca Ryan* (D)

Martin Schlup (D) (NZ)

Jim Toouli* (D)

Aimee Vajtaufer* (N)

Myanmar

Alan Fraser* (D) (NZ)

Thein Htut (D)

Dianne Jones (N)

Peter Katelaris (D)

Alice Lee (D)

Finlay Macrae (D)

Kate Mager* (N)

Kate Naphthali* (D)

Mark Norrie (D)

Enrico Roche* (D)

Ann Vandeleur (N)

Kim West* (N)

Solomon Islands

Tony Clarke[†]

Chris Hair (D)

Dianne Jones (N)

Michael Miros (D)

Eileen Natuzzi (D) (USA)

Terrance Tan (D)

Lea Wiggins (N)

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

Australian resident unless otherwise noted.

† Attended in his role as a director to assess the potential for further development of ANZGITA's contribution in Honiara, Solomon Islands.

o Travelled in advance to provide instrumentation and equipment support

Chair's Report

Finlay Macrae

The skills and knowledge at the core of ANZGITA continue to be in high demand in our region and beyond. I am grateful to all our members and trainers for their pro bono contributions and especially thank those who have been involved in the planning and delivery of our programs over the last year. There are changes in emphasis as the programs mature. Balancing the need and our capacity to deliver administratively, financially and through the pro bono generosity of our members, has been at the forefront of the Board's attention.

The teaching programs have again been very successful, as described by Deputy Chair, Tony Clarke, in his report. They have been well received by our partners in Fiji, Myanmar, and Solomon Islands and by others. In Fiji, the Prime Minister, Hon. Frank Bainimarama, had occasion to visit the Training Centre in Suva, and was so impressed with the training program there and the expertise in endoscopy, that he promised a major upgrade to facilities with dedicated endoscopy theatres. However, not long after, Fiji was battered by Cyclone Winston, so this has been placed on hold. Further, a report prepared by the Royal Australasian College of Physicians (RACP) on how it may engage better in the Pacific highlighted the success of the "ANZGITA model" and recommended it as a template for regional engagement. The success of our programs also is recognized by the World Gastroenterology Organisation (WGO). So much so, that I have been invited to take over the chairmanship of the WGO Training Centres committee which oversees the activities of all 23 WGO Training Centres, mostly in the developing world.

We continue to look for ways to better meet the needs of our existing partners while also seeking to accommodate new requests. In Myanmar, as the program has developed rapidly in Yangon, our efforts are now focusing more on nursing training support and extending the program to Mandalay – in February 2017. We have secured donations from multiple sources to provide a new disinfection facility in Honiara's National Referral Hospital's new endoscopy unit. Tony Clarke is managing this significant support project, larger than we have attempted before, and which we intend using as a model for other centres. We want to ensure it can be applied safely for all involved and well into the future. For the first time we have worked with the University of Melbourne, and an Honours' student (Ms B. Tebaa) is completing her thesis on the epidemiology

of pancreatico-biliary disease, providing important information on the need for ERCP in Fiji. To date, there is no ERCP service in the Pacific.

2016 has seen ANZGITA evaluating applications for our expertise in other regions. Timor-Leste is at the top of our new activities. Australian gastroenterologist Chris Kiely is resident in Dili, providing an opportunity for ANZGITA to partner and build sustainable operations over the medium term. Chris Hair, with Di Jones support, and in co-operation with the Royal Australasian College of Surgeons (RACS) is coordinating our efforts. John Croese and Di Jones have been to Nepal and are working towards a possible role for ANZGITA there too. I visited Antananarivo in Madagascar on the invitation of Australian Doctors for Africa in June. We are working towards an MoU with ADFA recognizing our mutual expertise and what support we can offer each other.

There have been some changes at Board level. Thein Htut has resigned from the Board, to focus more on his role as liaison between ANZGITA and the programs in Myanmar. Thein has been the epitome of wisdom in guiding our programs throughout the Asia Pacific region, especially the timing and nuances of engaging in Myanmar. With Tony Smith's earlier resignation, we have had the opportunity to invite two new members to the Board. Alan Fraser from Auckland has accepted the invitation strengthening further our reach for membership and support in New Zealand. Alan joined us in training in Yangon this year. I am thankful for all the support Tony offered over his time on the Board. The Board has prioritized the need for a member with fund raising experience to join us. I am delighted that Alison Byrne, a career fundraiser with over 15 years' experience in the health sector, has enthusiastically agreed to join the Board. I am thankful to all the directors, who across a range of Board deliberations and through application of their specialist expertise, have supported me in guiding our development.

During the year we have been fortunate to benefit from the support and generosity of a number of organisations and individuals who are identified elsewhere in this report. My thanks, and those of our members and partners, goes to all of them. In this report I would like to highlight the generosity of Mr. Len Ainsworth who has supported us through a continuing grant. We have also just learnt of major grant from an anonymous donor to support our work in Myanmar. We need as much support as we can get if we are to expand to meet the obvious needs before us. For anyone interested in supporting us or membership, please visit www.anzgita.org to make contact.

ANZGITA welcomes new members. I hope this report reaches out to our colleagues in gastroenterology and GI Nursing and encourages you to join us. It is a life changing experience.

Programs' Report

Tony Clarke, Deputy Chair

Three training programs were held over the past year at our partners' centres and as before it was possible to recruit all the trainers required. A new program was also started in Dili in Timor-Leste.

Myanmar, February 2016: As before this was ably organized by Dr Thein Htut with a team of three nurse and eight medical trainers. The program included two 2 day courses (one medical and one nursing) which were very well attended. The curriculum had been developed by the staff at Yangon General Hospital. Endoscopy training was structured to ensure that hands-on training was limited to a small number of more experienced trainees with less experienced trainees having access to simulated endoscopy sessions. Afternoons were taken up with Case Presentations and Ward rounds which encouraged younger trainees to participate by presenting and discussing cases. A total of 114 doctors and 22 nurses from 13 hospitals throughout Myanmar attended the course. Dr Thein Myint provided a 9-page program report.

Solomon Islands, June 2016: A two-week training program was held in early June 2016 with two nurse and four medical trainers. Dr Tony Clarke attended on behalf of the Board to assess the potential for further development of ANZGITA's contribution in Honiara and to discuss the signing of a Memorandum of Understanding between ANZGITA and the National Referral Hospital (NRH).

The team at the NRH had clearly gone to considerable trouble to prepare for the program with the examinations being undertaken in the minor theater with the instrument reprocessing been carried out in the adjacent room. It was clear to the nurse trainers that the local nurses had a much improved understanding of the reprocessing process. Access to hand washing and drying facilities as well as instrument disinfection chemicals and other consumables, remained a real issue in this very resource limited environment. In addition to endoscopy training, a morning ward round was undertaken by the whole team which gave the trainers a good perspective of the burden of disease that the hospital team is faced with, and the conditions under which they work. These ward rounds were on occasion done in conjunction with visiting team of medical and nursing infection control specialists from Australia which added to the already high interest for the ANZGITA team.

Fiji August 2016: A four week structured program was run using a similar program to previous years. Three nurse and seven medical trainers attended. Dr Alice Lee spent a few days further consolidating the development of a hepatology service. Endoscopy training progressed satisfactorily but there were issues in developing the academic program mainly because the local physicians were too hard pressed to provide the recommendations and organization needed in time. However, Professors Toouli and Metz from WGO were able to present an abbreviated version of the organisation's Train-the-Trainer program. While attendance at this was not as high as had been hoped, all who did attend felt it was very valuable. A disappointment of this program was the inappropriate behaviour of one of the trainers which necessitated his removal.

Timor-Leste: ANZGITA was approached by Dr Chris Kiely, who is an Australian gastroenterologist based in Dili till the end of 2018, for assistance in developing endoscopy in that city. This opportunity was eagerly accepted. It is clear that endoscopy equipment, accessories and consumables will need to be provided for the service to be sustainable. However, the hospital administration is very supportive of developing the service as are the local doctors. Di Jones spent a week in Dili helping setting up the facilities and providing initial training. ANZGITA has sourced some second hand endoscopy equipment and a long term plan to ensure a sustainable service will be developed.

Material Support for the centres: The Industry Liaison Committee is developing a strategy to significantly increase the material support that can be provided in the coming years. It has become clear that in most of the countries in which ANZGITA operates, the hospitals are unlikely to have a reliable supply of consumables or the ability to fund the servicing of the endoscopy equipment.

During this year, a considerable quantity of equipment donated by hospitals and suppliers have been provided to all the sites. In addition, Whiteley has made very generous donation and provided the transport of high quality glutaraldehyde to the Solomon Islands, Fiji and Timor-Leste. CR Kennedy has again proved to be most helpful in servicing the endoscopes in Suva and Jon Long has again travelled there to support the instruments and the Medivator disinfection machine there.

While in Honiara, Tony Clarke was asked if it would be possible to arrange for some assistance in designing an endoscopy suite – the hospital had identified an appropriate area for this service and had allocated quite substantial funds but the Department of Infrastructure Development did not have the capacity to undertake the planning in a reasonable time frame. A Canberra architect, Mr John Hanrahan, agreed to undertake this work pro bono and final sketch plans have been provided. ANZGITA has agreed to provide sufficient funds to enable the unit to have a functional instrument reprocessing facility.

Company Secretary's Report

Frank Eastaughffe

During the year ending 30 June 2016 ANZGITA completed registration with the Australian Charities and Not-for-profit Commission (ACNC) and committed to adopting the Australian Council for International Development (ACFID) Code of Practice for charities that deliver aid and development services in developing countries.

We are currently considering the resourcing and process load associated with the reporting requirements of applying to the Australian Government for direct funding. It has already provided some informative data. Based on the government's quite conservative valuation models, the value of ANZGITA's training work, including associated travel and accommodation costs, was over \$180,000 in 2015/16. In addition, management and administration time was valued at over \$50,000.

I am pleased to report that we now have 53 members drawn mainly from trainers who have attended programs. However, membership is open to any individual and corporation that commits to support ANZGITA in achieving our objectives. That commitment can be carried through in many ways and in the coming year we plan to actively recruit memberships from across the healthcare industry and beyond. All up, we have 95 registered pro bono trainers of whom 22 have attended multiple programs. We have launched a members' newsletter which we will produce at least 3 times a year. Where possible we are looking to automate our administration processes so as to keep them manageable for the time being within a pro bono framework. Some progress has been made and in the coming year we plan to automate more of our routine processes. We seek the continuing cooperation and feedback from trainers as we progress.

Finally, congratulations to Finlay Macrae, our Chair, who was appointed an Officer (AO) in the General Division of the Order of Australia in January this year for distinguished service to medicine in the field of gastroenterology and genomic disorders as a clinician and academic, and to human health through the Human Variome Project.

Treasurer's Report

Alan Studley

The focus during the period 1 July 2015 to 30 June 2016 continued to be on the development of governance supports, operating policies and procedures and the establishment of relationships with key administrative service providers.

These operating and reporting activities are based on the Australian Charities and Not-for-Profits Commission (ACNC) and the Australian Council for International Development (ACFID) which have published extensive material designed to assist charities and not-for-profit entities to meet their legal and corporate obligations whilst safely delivering services to recipients that may be based locally and internationally.

During the 2015/16 year ANZGITA received funds from 3 sources, these being donations from The Journal of Gastroenterology and Hepatology Foundation (JGHF) (\$13,200), Boston Scientific (\$20,000) and ANZGITA directors (\$7,976). ANZGITA incurred expenditures of \$6,846 for this same period, being bank fees (\$110), insurance (\$1,821) and legal fees (\$4,915). At 30 June 2016 ANZGITA had funds of \$34,377 held in account with CBA. Additionally, the Royal Australian College of Surgeons (RACS) has an AsiaPacific Gastroenterology Training Program with ANZGITA as its delivery partner. A fund for that program holds monies that may have been sourced from both the Commonwealth Government and individual donors. As at 30 June 2016, this account held a balance of \$79,931.

ANZGITA continues to adopt, where applicable, the recommendations prepared by the ACNC and ACFID which includes advice for good governance, protection from fraud, protection against the risk of terrorism financing, general compliance reporting and codes-of-conduct for Australian charities working overseas. ANZGITA has selected, amended to ANZGITA requirements and implemented many of the recommendations. The Board has adopted an updated Code of Conduct for all

volunteers and Terms of Reference for the Management Committee, the Audit and Finance Committee, the Quality and Risk Committee and the ANZGITA Board. Memoranda of Understanding (MoU) or their equivalent are being finalised with all major partners.

Deductible Gift Receipt (DGR) status has been conferred by the Australian Tax Office. This enables Australian donors to claim a tax deduction for all donations over \$2. Banking facilities are with the Commonwealth Bank, Parkville and strong communication channels apply with key administrative support providers such as legal advisers Russell Kennedy and RACS and our insurers.

A Forecast Budget has been prepared for the operating year 1 July 2016 to 30 June 2017 that identifies likely revenue streams and details of administrative and program expenditures. Supporting this Forecast Budget are separate costed proposals for each planned program that will be delivered into Solomon Islands, Timor-Leste, Myanmar and Fiji. To assist in reporting on the expenditures relating to each project and to enable regular reporting of the financial position of ANZGITA, accounting and project management software is being reviewed with an intention to implement within the next few months.

ANZGITA has been delivering its clinical programs into the Pacific region for a number of years and plans to expand its service delivery both in terms of the locations serviced as well as the depth of service offered. Accordingly, ANZGITA has framed its Forecast Budget 2016/17 with a strong focus on future program sustainability and is looking to broadly assess program needs in the AsiaPacific region over the next decade and frame its funding requirements around these estimated medium to long term program obligations.

For a small organization such as ANZGITA there is a careful balance to be determined and managed in order to govern according to the recommendations and regulations of bodies such as RACS, ASIC and ACNC and overseas service recipients. ANZGITA will continually review the appropriateness of its policies and procedures to ensure it meets its obligations to all stakeholders.

Donors & Partners

Our thanks to the individuals, foundations and 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.

Anonymous	Medical Technologies Australia
Airnorth	Medtronics
Boston Scientific	Melbourne Private Hospital (Healthscope)
CK Surgictech	Norgine
Cook Medical	Olympus
Covidien	Mr. Paul Salteri
CR Kennedy	Qantas
Endofix	Royal Australasian College of Surgeons
Fresenius Kabi	Royal Melbourne Hospital
Geelong Private Hosp., Endoscopy Unit	Singapore Airlines
GESA Foundation	St John of God Surgery Centre, Geelong
Gibson Freight	Thai Airways
JGH Foundation	University Hospital Geelong, the Greta Volum Day Surgery Centre
Mr. Len Ainsworth	Whiteley Corporation

Our thanks 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)
Gastroenterological Nurses College of Australia (GENCA)
Gastroenterology Society of Australia (GESA)
National Endoscopy Centre, Yangon General Hospital, Myanmar
National Referral Hospital, Honiara, Solomon Islands
New Zealand Society of Gastroenterology (NZSG)
Royal Australasian College of Physicians (RACP)
Royal Australasian College of Surgeons (RACS)
Strengthening Specialised Clinical Services in the Pacific (SSCSiP)
World Gastroenterology Organisation (WGO)