



ANZGITA

Australian & New Zealand Gastroenterology
International Training Association

Officers' Reports 2018/19

Chair's Report

Finlay Macrae AO, ANZGITA Chair

ANZGITA runs so smoothly, that there is little need for a Chair report given the wonderful and competent Board and other leadership that is ANZGITA. Their reports are elsewhere in this report – Secretary Frank Eastaughffe, Programs Coordinator Tony Clarke, Treasurer Alan Studley, Pacific Lead Chris Hair, Curriculum development Peter Katelaris, the indefatigable Dianne Jones shaping our nursing excellence, industry expertise and counsel Jon Long, New Zealand insights from Alan Fraser, and fund raising expertise from the professional: Alison Byrne.

There have, however, been some future strategic planning that the Board as a whole has addressed.

First has been the opportunity to support the development of gastroenterology in Papua New Guinea (PNG). The Board has considered engagement in PNG in the past, but had directed our efforts to other very needy invitations in our region of the world. But PNG is our closest neighbour with enormous needs. So it was a unanimous decision to partner with RACS and the Australian Government to accept the invitation from the PNG Government to support and develop GE training in PNG from 2019. We could not do this without the support from DFAT through RACS, nor we believe could DFAT/RACS do it effectively without the experience and expertise of ANZGITA! So we are excited to join in this partnership with RACS, DFAT and our PNG colleagues not only in Port Moresby but in Lae and elsewhere. Security for our teams has been of paramount importance to the Board and we are satisfied this concern has been addressed by RACS/DFAT. Tony Clarke, Dianne Jones and our PNG Country Leader Kate Naphthali have already visited Port Moresby and Lae, and there is active planning for a roll out of training later this year and throughout next year. I am particularly pleased that the Karl Storz company has invested a lot of attention and equipment in PNG and are keen to see a collaborative association with ANZGITA over the path we travel. This resonates well with my own experience with Karl Storz in their active support for WGO Training Centres in Africa. Their heart is palpably in their commitment to gastroenterology in these challenging countries.

This year has brought us into closer cooperation with RACS. We are especially grateful to Lachlan Butcher, Manager - Global Health, who, with the support of Susan Wardle, Executive General Manager, Partnerships has embraced ANZGITA and its expertise within

the framework of the brief RACS has from DFAT to develop specialist services in our region. ANZGITA feels an unspoken impetus for Australia to demonstrate its commitment to the region in real, pragmatic and tangible ways with committed and sensitive personnel, supporting the nation's interests in the region in the face of other powerful interests perhaps with different agendas. Many of you will understand this. In 2019, this has been much more evident to our members and executive as we engage directly with the region and the response from our nation's leaders. We see it and understand it perhaps better than most. From my own involvement with the Solomon Islands Government early this year, and all levels of the Solomon Island's community (from taxi driver and patients to Ministry Permanent Secretary) the implications were clear.

ANZGITA has a large number of networked connections which are both exciting and important to maintain. I have enjoyed the challenge. From Australian Ambassadors and High Commissioners throughout our region, to regional Ministers of Health, even regional prime ministers, to CEOs of our host hospitals and hospital Board chairs, to Deans of regional medical schools, matrons and senior staff, to senior RACS and RACP executives, it has all been interesting and exciting – but I would say essential to see us so well placed in the training field in our region. We work collaboratively and cooperatively with GESA, GENCA and SIES (Sydney International Endoscopy Symposium). We have also been brought mutually into close relationship with the World Gastroenterology Organization who see ANZGITA as one of, perhaps the most, effective organizations globally in training in gastroenterology in the developing world.

Perhaps what satisfied me most was the opportunity to engage in PNG. With gastroenterology identified by the PNG Government as a priority, translated to RACS, and without hesitation, ANZGITA was seen as the “go to” service provider for the Australian Government to fulfil the need. Another fulfilling moment was the “metastasis” of our training activity and model to the northern Pacific: Payne Perman, a graduate of our Fiji program from the Federated States of Micronesia, has been a leader in supporting tele-education services throughout the Pacific with the cooperation of our wonderful colleague Christina Higa at the Pacific Telehealth Resource Centre (University of Hawaii) – but now is actively developing a program of training with Fiji expertise in Pohnpei. Truly a rippling training progression. Give a man a fish and you feed him for a day; teach a man to fish and you feed him for a lifetime!... Great credit to Chris Hair and Payne.

I started recognizing our Board. And what a Board! Tony Clarke has signalled that he wishes to step down from his role as Programs Coordinator; we are working to ensure a transition. We need both administrative and medical experience to cover his role which he has done so superbly. The Board has ideas but welcomes suggestions to fill his enormous shoes. We will also be losing Alison Byrne as she moves to newer pastures away from Melbourne. Alison has had her heart in ANZGITA and offered wonderful guidance in her role in fund raising. Alan Studley keeps us grounded with respect to our ambitions and the reality of our resources, thus making us so attractive to our supporters including DFAT and RACS. And Frank our Secretary...we all are deeply indebted to Frank who sees and acts on opportunities and risks, and keeps the ship stable and on course. I feel so secure as Chair in Frank's hands!

This Chair thanks all our members – participatory especially but also our general members – you are the backbone of ANZGITA without which we would be nothing. We also are so grateful to our major sponsors – RACS/DFAT, Ainsworth Foundation, CR Kennedy, Olympus,

Pentax, Whiteley Corp and Boston Scientific, and to our other sponsors (whom we encourage to take even more of a stake), JGH Foundation, GESA Philanthropy, Susan Lim Endowment Fund, and Cook Medical.

To all who read and resonate with our mission...please either join (its free) and/or donate to support us. The need is much greater than the supply of resources. We can do more with you!

Programs Co-ordinator's Report

Tony Clarke, ANZGITA Deputy Chair and Programs Co-ordinator

Introduction:

ANZGITA has continued to experience significant growth of the programs it organises. Fortunately, our trainers have been very happy to take up the increased opportunities that this presents, and it has remained relatively easy to fill all placements. While all clinicians need a long lead time because of their clinical and teaching commitments there have been relatively few trainers who have needed to drop out, and when that has occurred it has been for good reasons. Backfilling these positions has usually been achieved but was not always possible.

With the increase in the number of programs and the countries where they are held, more work has had to be delegated to the Country Program Leaders who organise the training programs and liaise with our in-country partners regarding the equipment needs of the site. This seems to be working well and is much appreciated.

The recent agreement with the Royal Australasian College of Surgeons (RACS) which has ensured that there will be much more reliable financial support for our trainers is much welcomed and will allow all trainers going to the Pacific or PNG will have all their costs of travel, accommodation and registration reimbursed. There will also be a *per diem* paid for each day spent in the training site. While this is great news for the trainers, unfortunately the amount being provided to help cover ANZGITA's increasing administrative costs of running and supporting the growing number of programs is well below what is required.

One issue that our partnership with RACS has raised is their requirement that all documentation required for temporary registration in the host country should be no more than 3 years old. At present ANZGITA keeps many documents on file which are used for successive programs thus saving the need for the trainers to send in the same document more than once. It has always been my earnest endeavour to minimise the demands on the trainers to provide documentation so some reconciliation of this problem will need to be sought.

Communication with the registering authorities in the countries where we provide training remain satisfactory (if not always prompt and efficient), and all authorities have welcomed the use of Airtable which provides all the documents for the training team in a tabular form. Using Airtable is very efficient for ANZGITA.

Fiji:

ANZGITA completed its twelfth training program in the Colonial War Memorial Hospital in August 2019 and it continues to attract a very enthusiastic trainee team and is much sought after by our trainers. Prof Jioji Malani, Dr Mai Ling Perman and Dr Aminiasi Rokocakau continue to organise the four-week program very well and provide a very welcoming reception for the trainers. Country Program Leader Chris Hair and Nurse Leader Karen Kempin have put considerable effort into liaising with them to further improve the training outcomes from our program and also to support the equipment and consumables needs of CWMH. Chris and Karen have continued to assist in the development of a long-term plan for gastroenterology in Fiji, but many factors do seem to make it difficult for all layers of administration in Fiji to adopt and implement an agreed plan.

Dr Rokocakau returned to Suva having undergone training in ERCP in Melbourne and has started to undertake these procedures at CWMH with mentoring supervision which is being led by Dr Dinesh Lal from Auckland. This includes a monthly visit by an ERCP proceduralist and nurse to work with Dr Rokocakau and his nursing staff for 2-3 days. This program is supported by the RACS program.

CR Kennedy have continued to provide extremely generous support to the endoscopy service at CWMH as well as other help to ANZGITA. For ERCP, Boston Scientific, Olympus, CK Surgitech and Cantel Australia have all provided product or services and a Medivator automatic reprocessor excess to their requirements was donated by Montserrat Day Hospitals.

Solomon Islands:

This program is still being led by Country Program Leaders Drs Eileen Natuzzi and Mark Norrie who have a wonderful relationship with the staff and administrators in Honiara. The commitment of all concerned, particularly the clinicians in Honiara is remarkable.

The most notable development of the year for ANZGITA in the Solomon Islands was the formal opening of the new Endoscopy Unit in the space which was formerly the National Referral Hospital cafeteria. The fit-out was funded by the Republic of China (Taiwan) and RACS provided funds from the generous donation from the Ainsworth Foundation to provide most of the equipment required for disinfection of the instruments. President Finlay Macrae took the opportunity of the opening to both represent ANZGITA as well as being a member of the training team for the week which gave him a good opportunity to understand the issues facing the local clinicians and to liaise with the senior hospital and health managers.

Pentax Medical Australia and Whiteley Corporation continue to provide much appreciated support and equipment to the service in NRH which is much valued by both the hospital and ANZGITA. Whiteley now provides reprocessing chemicals for all our partner centres.

Timor-Leste:

Gastroenterology services at the Hospital National Guido Valadares in Dili continue to develop well with the support of the hospital administration and Country Program Leader Chris Kiely. Chris continues to have an active involvement in the functioning of the program and is in regular communication with the service. Two one-week programs have been held

and proceeded very satisfactorily, apart from one of our trainers unfortunately becoming ill and needing to return home very early.

The ANZGITA supported disinfection equipment installation (also provided using the donation from the Ainsworth Foundation) was installed in the last quarter of 2018. As the Laokin equipment had not previously been installed by the contractor, Cantel, a number of challenges were encountered but eventually overcome after a second visit by the technicians. The equipment is now working well and much appreciated by all the clinical staff. It would appear that this semi-automated disinfection system is a very appropriate solution for remote and resource-poor countries.

Dr Celia Santos, a physician at HNGV, was awarded an Australian Award Fellowship for 3 months to upskill her clinical and endoscopic capacity in Canberra. The fellowship was going very well indeed when after only 5 weeks her son became ill in Dili and she felt it necessary to return urgently and was not able to return to complete the fellowship. While this was unavoidable, it is regretted that considering all the effort that was required to manage the acquisition of the fellowship, completing the considerable requirements of visa, temporary registration and FRACP approvals as well as obtaining agreement for the clinical placement, the fellowship could not achieve its full potential.

Olympus Australia have committed to provide considerable support in the provision and servicing of equipment and, where required, training to the HNGV in the coming years and this will make the sustainability of the service much more secure.

Myanmar:

As indicated in last year's Programs Coordinator's report, Yangon General Hospital decided to terminate its relationship with ANZGITA for reasons that remain unclear. ANZGITA is still in communication with clinicians at Mandalay General Hospital and at Thingangyun Sanpya Hospital in Yangon and has indicated it would be happy provide training and other support as long as there was formal approval from the relevant university as well as the Ministry of Health and Sports. Recent communication suggests that these approvals will be provided shortly.

Nepal:

ANZGITA's first training program in Nepal was held in November 2018 at the instigation of Dr John Croese from Brisbane who has been visiting Nepal for some years providing support and training. Most of the training was provided at the Nepal Medical College (NMC) which is a large teaching hospital in Kathmandu. The 5 ANZGITA trainers received a very warm welcome and found the trainees to be well trained and committed to caring for their patients. Storz Medical provided supplementary endoscopy equipment.

There are a number of significant challenges to the further development of gastroenterology service in Nepal – the most obvious is the absence of any trained gastroenterologist in Nepal to lead the service. The NMC has recognised this problem and will be striving to appoint someone who has gastroenterology training to the staff. In addition, there are the usual issues of shortages of endoscopes and consumable equipment. Imbedding adequate infection control practices is always particularly difficult in these busy

hospitals where staff have been accustomed to the lack of disinfecting chemicals and personal protection equipment.

It is particularly in situations like this that ANZGITA attempts to assist clinicians develop better practices and a second program is being planned for November 2019.

Papua New Guinea:

The Department of Foreign Affairs and Trade has contracted with RACS to provide training to clinicians in PNG across a number of specialties over the next 3 years. RACS in turn has asked ANZGITA to take up the role to provide the gastroenterology training. This fits well with ANZGITA's mission. In addition, DFAT is currently investing a considerable sum in the redevelopment of the ANGAU Memorial Hospital in Lae and sees the need to ensure that local clinicians have access to training to enable them to use the new facilities to full advantage.

At the beginning of May, a team from ANZGITA visited Port Moresby and Lae to meet the relevant clinicians and administrators and to assess the facilities. They were very impressed with the enthusiasm from all they met for training to occur. The major challenge is that while Port Moresby General Hospital has a committed staff of general physicians and surgeons, the subspecialties are completely undeveloped, apart from cardiology. The team concluded however, that there was a clear need for training in gastroenterology which was strongly supported by all involved.

Their recommendation to proceed with training programs with the first to occur in December with 3 more programs planned for 2020. During 2020 the training will be provided at Port Moresby General Hospital with smaller teams providing outreach training in Lae and Goroka as well. Dr Kate Naphthali from Newcastle has agreed to be the Country Program Leader.

DFAT and RACS will be providing good financial support to cover all the out-of-pocket costs for all trainers and the security arrangements should ensure the safety of all trainers.

Outreach programs to Samoa, Tonga and Federated States of Micronesia:

ANZGITA has been requested to provide an 'outreach' to Samoa, Tonga and the Federated States of Micronesia (FSM). These visits (generally with one doctor and one nurse for one week) are intended to assist some of the clinicians who have attended one or more training programs in Fiji, who have established an endoscopy service in their home island and are keen to have an assessment of their facilities and practices. The first program to Samoa was completed in May and Tonga is scheduled for August and FSM in November.

Conclusion:

The programs that ANZGITA has supported have all 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. However, the workload has become such that the administrative load is now more than this Programs Coordinator is prepared to undertake unaided. The Board is considering

appointing a Programs Administrator to undertake the administrative work under the guidance of a clinician Programs Coordinator.

The Programs Coordinator would like to thank all the volunteer trainers for their involvement and with very few exceptions, fantastic assistance in completing the necessary documentation. Di Jones and Cathy Conway have been extensively involved in the selection, preparation and support of all nurse volunteers as well as providing much valued advice on many topics – particularly on what equipment should be selected. The support of the Country Program Leaders is of course much appreciated as well as the work of Peter Katelaris with curriculum development, the Industry Liaison Committee and Fin Macrae's tireless work. Frank Eastaugh continues to be a huge help to the Programs Coordinator and the man who gets most of the administrative work of the Association done.

Treasurer's Report

Alan Studley, Treasurer

For the operating year of 2018/19 ANZGITA has recorded funds inflow of \$86,735.80 (\$139,723 in 2017/18) and outflow on programs and administration of \$241,035.91 (\$99,440 in 2017/18) creating a net cash decrease of \$154,300.11 (cash increase of \$40,283 in 2017/18).

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 2019 were \$32,196.12 (\$186,496.23 at 30 June 2018) with \$32,024.27 in the Cash Reserve and \$171.85 in the Community Solutions account.

The total expenditure on in-country programs, covering capital and service items was \$241,035.91 across Myanmar, Timor-Leste, Solomon Islands, Nepal, Fiji and a clinical scholarship program.

ANZGITA spent \$17,863.80 (\$15,279 in 2017/18) on non-clinical program expenses being Insurance \$5,642.50 (\$5,908 in 2017/18), AGM and other Australian based clinical forums \$9,373.14 (\$6,428 in 2017/18) general expenses such as postage, printing and annual report preparation of \$2,686.16 (\$2,893 in 2017/18) and CBA bank fees of \$92.00. The Board of ANZGITA has acted to ensure that a complete insurance coverage is in place to protect the activities of both directors and program clinicians as they undertake their duties in Australia and the five countries in which services are delivered. The Board believes that it has adequate cover in place to protect ANZGITA from all identified risks.

The costs of company obligations include maintaining an appropriate level of risk management via insurance policies covering public liability, travel and directors & officers, holding an AGM and attendance at clinical forums throughout the year.

Directors are offered reimbursement of travel and living expenses when they travel exclusively for ANZGITA activities, including where some directors apply their clinical skills to overseas programs. All programs participants including directors who may be engaged directly 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.

At present 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 supported overseas clinical programs in developing countries. The bank balance is reported regularly with management information at both management and board meetings and details are noted in meeting minutes. Payments require a two-step approval process to be completed by the secretary and treasurer.

Financial statements provided for the period are the Westpac Bank Reconciliations and Funds Flow Statement (see pages 10 & 11). An audit opinion covering the financial statements has been completed by a qualified external accountant.

Secretary's Report

Frank Eastaughffe, ANZGITA Board Secretary

The ANZGITA Board, with members spread across Australia and New Zealand, met five times in the last financial year. Meetings are normally held using an Internet videoconferencing service and cover all aspects of the Board's responsibilities. One face-to-face meeting was possible as it was held immediately prior to AGW2018 and six directors were able to attend with one attending via the videoconference service. Attendance by directors has been good with up to one or two apologies being the norm.

Under the modification to the Constitution carried at the 2018 AGM, Finlay was to nominate five directors to retire at the 2019 AGM. He nominated Jon Long, Alison Byrne, Alan Fraser, Peter Katelaris and Dianne Jones. They are all eligible to re-nominate.

There were also four meetings of the Management Committee. It normally met once between Board meetings. The Industry Liaison Committee under Chair, Dr Tony Rahman, met twice during the year. Tony had hoped it would meet bi-monthly but circumstances beyond his control severely limited his availability for much of the year. The 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 in the normal course of their meetings.

The Marketing and Communications Committee Chair, Alison Byrne was also very restricted in her availability during the year mainly due to work commitments. As a result, the committee did not meet. However, the Board and Management Committee addressed relevant issues and a considerable amount was achieved through the pro bono contribution of Barbara Hines. Of particular note was our presence at the trade shows associated with AGW 2018, SIES 2019 and the 2019 GENCA Annual Conference. There was good interest

from attendees in participating in our work and a great deal of interaction with industry and our members and trainers on programs and projects, e.g. Fiji ERCP training planning at SIES.

This year the number of registered pro bono trainers rose to 205, an increase of 51 over the year and the Association now has 139 members committed to actively supporting its objectives. There were five newsletters for members produced. A formally designed Annual Report was produced for the first time and it has been used throughout the year to inform many people of our objectives and work.

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.

My thanks to Finlay Macrae, Tony Clarke, Alan Studley with whom I work closely on secretarial and administrative matters and to the other directors for the support they have provided and to the members and trainers who have assisted in getting the non-clinical work associated with a growing not-for-profit completed.

ANZGITA Westpac Bank Reconciliations for 1 July 2018 to 30 June 2019

Westpac Community Solutions Account

Opening Balance 1 July 2018	\$2,285.92
Interest	\$2.09
Donation	\$1,000.00
Other Credits	\$5,057.75
Inter Account Transfer	\$232,850.00
Less Program Expenses	-\$223,172.11
Less Amin Expenses	-\$17,851.80
Closing Balance 30 June 2019	\$171.85

Westpac Community Solutions Cash Reserve

Opening Balance 1 July 2018	\$184,210.31
All Donations	\$75,070.74
Other Credits	\$5054.15
Interest	\$551.07
Inter Account Transfers	-\$232,850.00
Less Bank Fees	-\$12.00
Closing Balance 30 June 2019	\$32,024.27

Total ANZGITA Funds 30 June 2019 **\$32,196.12**

ANZGITA Funds Flow Statement for 1 July 2018 to 30 June 2019

Source of Funds

Interest Income		\$553.16	
Donations - Boston	\$10,000.00		
JGHF	\$20,962.89		
Whiteley	\$2,343.53		
Anon: for Fiji	\$25,000.00		
Miscellaneous	\$10,264.32		
S Lim	\$7,500.00	\$76,070.74	
Other & Refunds		\$10,111.90	
Total Funds Inflow			\$86,735.80

Application of Funds

Administration	\$299.16		
Bank Fees	\$102.00		
AGM/SIES/Annual Report	\$11,820.14		
Insurances	\$5,642.50	\$17,863.80	
Programs and Equipment		\$223,172.11	
Total funds Outflow			\$241,035.91
Net Funds Outflow			-\$154,300.11

Add Opening Bank Balances as at 1 July 2018

Westpac \$186,496.23

Closing Bank Balance as at 30 June 2019 \$32,196.12