VOLUME 35 NUMBER 5 / NOVEMBER 2015

RACPNEWS JOURNAL OF THE ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS



The Royal Australasian College of Physicians

Dual training building capacity in regional communities College leads the call for climate action Supporting trainees through difficulties Integrated care: lessons from the United Kingdom

FELLOWS SUPPORTING GASTROENTEROLOGY IN THE ASIA PACIFIC REGION

The Australian and New Zealand Gastroenterology International Training Association (ANZGITA) delivers gastroenterology and endoscopy training programs to doctors and nurses in the Asia Pacific region. ANZGITA operates with the support of volunteers, the World Gastroenterology Organisation, governments and medical organisations.

Established in 2007, ANZGITA has had 60 volunteers participate in their programs and currently has 41 members.

Melbourne-based gastroenterologist Dr Greg Lockrey is one of ANZGITA's current members. He has recently returned from a volunteering opportunity in Suva at the Fiji National University (FNU) College of Medicine, Nursing and Health Sciences and Colonial War Memorial Hospital, the regional centre for undergraduate and postgraduate medical teaching.

Along with other volunteer gastroenterologist and nursing colleagues, Dr Lockrey was based in the hospital's endoscopy room for a two-week assignment.

Here he tells of his experience.

Some people ask, "Why would several physicians and nurses travel to Suva to spend long hours standing, talking and explaining procedures to a group of health professionals from various Pacific Island Nations?"

For each of us the answer is slightly different. Some wish to see improved medical services in our neighbouring countries, others enjoy teaching and sharing their knowledge, some desire new professional challenges, or seek adventure or new cultural experiences. But for most of us it is rewarding to see the skills development that takes place during our visit and on subsequent visits.

My colleagues and I each brought our own style of teaching to the program, undertaking coaching of local registrars and consultants in endoscopy and impromptu tutorials for our observers.

The teaching program covered indications, technical skills and management of diseases. Procedure lists ran for five to nine hours, with breaks taken for lunch, grand rounds, and radiology and pathology meetings.

As the trainees in the program had varying levels of experience, formal assessments and feedback were provided at several stages. Each day, one physician would accompany local doctors on their medical unit ward round, learning, as well as contributing. Postgraduate tutorials and short case ward rounds with registrars were also conducted.

Immunisation in Fiji is widespread; however, antivirals for Hepatitis B are not yet available. Cirrhosis due to Hepatitis B or alcohol is common presenting with the standard complications.

Patients with amoebic colitis and typhoid were encountered as often as those with inflammatory bowel disease. Liver abscesses and other infections presented frequently and cancer was also common.

Experienced endoscopy nurses also took part in the program, teaching local nurses about instrument care, infection control and monitoring of sedated patients, and assisting with procedures.

Volunteers spend two weeks on average at the hospital, living together in homestay accommodation, which provides a welcome opportunity to interact over dinner.

Over my four-year participation in the program, I have seen the endoscopy facilities progress from cramped temporary rooms to a newly built procedure room within the facility's theatre complex.

There are now well-trained gastroenterologists in Suva. The program is contributing to steady progress by a number of doctors and nurses from the Pacific region, with the prospect of improved clinical services in the near future.

Over the past 12 months ANZGITA has established a Board and developed relationships with numerous organisations, including the RACP, Royal Australasian College of Surgeons, American Society of Gastrointestinal Endoscopy, Australian Department of Foreign Affairs and Trade, FNU, and Yangon General Hospital (Myanmar).

Training programs are currently in place in Fiji, Myanmar and the Solomon Islands and acknowledgement of these initiatives within each of the countries has encouraged local trainees, academia and government officials to further develop the programs.

The programs to date have been well received and have pioneered a successful formula for engagement in the region.

ANZGITA encourages gastroenterology specialists interested in participating in one of their programs to contact Frank Estaughffe, ANZGITA Secretary, at secretary@anzgita.org.

Professor Finlay Macrae Chair, ANZGITA

Dr Greg Lockrey Member, ANZGITA

www.anzgita.org