



ANZGOSA  
Australia & New Zealand  
Gastric & Oesophageal  
Surgery Association

# NEWSLETTER

Issue 27

April 2018

## President's Report

Our Society remains in a strong position with lots of activities underway.

Our **Fellow training programme** was approved by the RACS Post-Fellowship Training and Education Committee! This now means that we can offer our trainees the surety that the RACS recognises and approves of our programme. I would again like to thank our Immediate Past President Ross Roberts who did an enormous amount of work to ensure we gained this recognition and we are very grateful for the time he has invested in this process.

Our **Annual Meeting** was held in conjunction with the AGITG in Cairns. Iain Thomson did a fantastic job pulling together a very informative and interesting programme. The venue was also amazing. Our international visitor John Reynolds was a fantastic contributor and we were very fortunate to have him at the meeting. The only slight down side was the combined AGITG dinner – and I know a lot of you shared my concerns about some of the content of the speeches. We did raise our concerns with the AGITG executive and received an apology as well as an assurance that this would not be the flavour of future meetings. Many thanks to Iain for his very hard work putting together that programme.

The **ANZGOSA audit** was discussed extensively at our AGM in Cairns. We were forced to close the Audit as we were not able to support its ongoing function without risking the Societies overall financial viability. We ceased inputting data in December 2017, however, the existing data is securely stored with our RACS custodians and can still be accessed. The Audit started with the SUGSS group, led by Garrett Smith. This initial database was the first phase of the development of the audit. On the back of the success of this initiative, we rolled the audit out bi-nationally becoming the second phase of the audit. This was also a very successful process, ably led by Sarah Thompson. By 2017 we had 100 contributing surgeons, and our first research project had been published. Despite this success, and many concerted efforts, we were unable to secure funding to support the continuation of the audit. Closing the audit gives us the opportunity to consider phase three. A working party led by Andrew MacCormick has developed a proposal that will see the audit re-launched as a registry. This will be a leaner dataset with a focus on quality and safety measures. We hope this will provide data that will enable risk-adjusted benchmarking that will be valuable to our members and potentially improve the quality of care our patients receive. We hope by refocusing our purpose, that the activity might be of more interest to funders. We will keep you informed as we progress through this process.

Our **annual meeting** this year will be combined with ANZHPBA October 8 to 9 at the Te Papa Museum in Wellington, NZ. Andrew MacCormick and Jonathan Koea have put together a very interesting programme based around management of risk. Our visitor is Professor David Flum – who is a professor of surgery, pharmacy, and public health and an expert in measuring and improving healthcare outcomes. We are sure to learn a lot and we have a great social programme arranged – apparently you will not want to miss the conference dinner! Watch the website for more details.

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*President's report continued.....*

This year's annual meeting will host our inaugural **Cancer Nurse Specialist** programme. This day long programme will focus on topics of interest to our nursing colleagues who are so important in supporting our patients' care. I hope moving forward that this will be a regular part of every meeting, and I am keen to support other allied/integrated health specialties who would like to develop their own interest groups within our Society. Please feel free to let me know how we can help!

The **Fellow's weekend** this year will be October 6 to 7 in Wellington. It is being hosted by the ANZHPBA. All of our Fellows will attend and it is a great opportunity for them to get to know their colleagues and the faculty.

I have recently been asked as President of ANZGOSA by the Commonwealth Department of Health to contribute to an MSAC review of bariatric surgery item numbers as well as the use of superannuation for surgical procedures. I expect feedback on my responses in the next few weeks and will keep you informed of any changes that may impact on your practices.

I am very grateful, as always, to Leanne for the terrific job she does keeping us all on track. There is a lot that goes on in the background to ensure that our Fellows are selected and placed appropriately, the hospitals where they are placed are accredited, letters are answered, bills are paid and that our meetings run smoothly. We simply could not do without Leanne!

I would also like to acknowledge the hard work of our Board. Each one of them works hard to support the Society's activities and I am very grateful for their support.

Please let me know if there are issues you feel that ANZGOSA should be engaging with – we are a stable society, with a growing membership – this gives us opportunity to undertake new initiatives that will better support our member needs.

All the best

Wendy Brown, ANZGOSA President

### **Future Dates**

#### **8 - 9 October 2018**

Te Papa National Museum  
Wellington, New Zealand  
Combined ANZHPBA and ANZGOSA

#### **2019**

Dates to be advised (October)  
ANZGOSA/ANZMOSS combined annual meeting  
Brisbane Convention Centre



## **Secretariat**

Please feel free to contact our Executive Officer, Leanne Rogers, should you have any queries.

Contact details are: 08 8278 1249 (phone), 08 8125 6670 (fax), or, [anzgosa@gmail.com](mailto:anzgosa@gmail.com).

Postal address:

P.O. Box 374, Belair S.A. 5052

## **Facebook**

Please "like" and check out ANZGOSA on facebook.

Regularly updated with pictures, latest news and announcements.

Together with our website [www.anzgosa.org](http://www.anzgosa.org) we are keeping you up to date with the latest regarding our Association.

<http://www.facebook.com/pages/Anzgosa/304387776331914>.



## **ANZGOSA Board**

The current Board is:

<b>President</b>	Wendy Brown (VIC)
<b>Treasurer</b>	Iain Thomson (QLD)
<b>Board members</b>	David Martin (NSW)
	Krishna Epari (WA)
	Andrew MacCormick (NZ)
	Neil Merrett (NSW)
	Leigh Rutherford (QLD)
	Jon Shenfine (SA)
	Tim Bright (SA)
	Paul Burton (VIC)
	Paul Cashin (VIC)
	Cuong Duong (VIC)

## ANZGOSA Members

We welcome all our new members

## Financial Report

ANZGOSA continues to be in a good position.

A full financial report and Treasurers' report will be provided, and emailed, to all members after the AGM in October, for the year ended 30<sup>th</sup> June 2018.

We have deductible gift recipient "DGR" status through the Australian Taxation Office. ***The Association can now accept donations.***



## Find a surgeon

"Find a Surgeon" section on the website. The aim of this is to have most of our ANZGOSA members listed.

If you would like to be included could you please email me the following information -

SURNAME  
FIRST NAME (and title)  
LOCATION  
PHONE  
WEBSITE.

## Email correspondence

Please look for our regular membership emails. Many include updated conference information, future job opportunities and upcoming workshop information.

## Membership

Membership numbers are steadily growing with a membership now around 210.

Full membership is available for Medical practitioners with an interest in Upper Gastrointestinal, Gastric and/or Oesophageal surgery practice who hold FRACS or equivalent. Full members are entitled to full voting rights, and may stand for office. Associate membership is available to trainees or retired Upper Gastrointestinal surgeons, and other health professionals working in the area of Upper Gastrointestinal, Gastric and/or Oesophageal practice. Associate members do not have voting rights, and are unable to stand for office. A discount on membership fees is available to members who are also members of ANZHPBA. Please contact the Secretariat for an application for membership.



## Website

**[www.anzgos.org](http://www.anzgos.org)**

We are happy to hear of any suggested improvements to the website or any errors you may see. We do endeavour to keep it as up to date as possible.

If you encounter any areas of the website not working please report these immediately so our website managers can be advised.



# NEWS

## 2018/19 Membership Renewals

ANZGOSA membership renewals for the period 1<sup>st</sup> July 2018 – 30<sup>th</sup> June 2019 will be emailed in May. Please ensure prompt payment.



## ANZGOSA Hospital Unit Accreditation

We continue to invite any hospital unit to apply for ANZGOSA board recognition as a training centre.

Applications for 2018 Fellows have now been allocated. Ultimately accepting a Fellow will be at the discretion of the training unit. Hospital Unit site inspections will occur once you receive a Fellow. Fellow offers occur from late June each year.

Please note that if a training unit requires accreditation for both HPB and Upper GI then separate applications will need to be made to both ANZHPBA and ANZGOSA.

Could each unit applying please submit a letter addressing each Hospital Unit criteria below and nominate a future programme director (with contact details). All future communications will be to that director.

Applications should be either emailed [anzgosa@gmail.com](mailto:anzgosa@gmail.com) or posted to:

Leanne Rogers  
Executive Officer ANZGOSA  
P.O. Box 374  
Belair SA 5052

### Guidelines for a unit

#### **Surgical and Related Staff**

*An Upper GI Surgery Unit would be defined as a clinical team of at least 2 predominantly Upper GI surgeons and related staff. This may include other Upper GI surgeons.*

#### **Surgeons**

*The Unit should consist of a Unit Head and at least one other surgeon with the following specifications:*

- a. FRACS
- b. Postgraduate experience in Upper GI surgery, either within Australia, New Zealand or overseas
- c. Experience in one or more of the following:
  1. Interventional endoscopy (eg oesophageal stent placement, Barrett's oesophagus ablation etc)
  2. Oesophageal and Gastric Endoscopic Ultrasound
  3. Oesophageal Cancer Surgery
  4. Gastric Cancer Surgery
  5. Anti reflux Surgery and advanced laparoscopic surgery
  6. Bariatric surgery
  7. Postgraduate Research Degree/Diploma
- d. Member of ANZGOSA.
- e. At least 50% of practice related to Upper GI surgery

### **Other Medical Staff**

The Unit shall have allocated to it:  
An Advanced Trainee in General Surgery or its equivalent and/or a Upper GI Fellow  
An HMO (RMO) as either an Intern or second year level dedicated to the Unit.

### **Nurse Unit Manager and Staff**

The Upper GI Unit should have access to one ward, or part thereof, to serve the majority of the patients admitted to that Unit. Some of the nursing staff on this ward should have a specific interest in Upper GI surgery. Ideally, the ward should be shared with the Gastroenterology Unit and/or other Gastrointestinal Surgery Units of the hospital.

### **Ancillary Staff**

The Unit should have available, other allied health professionals to provide a spectrum of care (for example dietician, physiotherapy, occupational therapy and medical social worker, pastoral care and liaison psychiatry).

### **The Hospital and Supportive Services**

To support an Upper GI Unit, the hospital involved should be equivalent size to, at least, a 300 bed metropolitan teaching hospital with availability of the following services:

1. Laboratory and Anatomical Pathology with a 24 hour frozen section service.
2. Intensive Care Unit and/or High Dependency Unit with the capacity to manage epidural anaesthesia.
3. Operating Theatres with a fully staffed recovery room.
4. Anaesthetic Department with at least one member of the anaesthetic staff with a particular interest in gastrointestinal surgery and pain management and regional anaesthesia.
5. Operating theatre nursing and technical staff with at least one team with a specific interest in Gastrointestinal Surgery.
6. Access to emergency endoscopy services either under the Banner of the UPPER GI unit or the Gastrointestinal Medical service.
7. There should be support for time and venue for a MDT meeting
8. Accident and Emergency Department adequately staffed
9. Radiological sciences and an accredited imaging department with facilities for x-ray screening, CT scan, Visceral Angiography, MRI and Nuclear medicine.
10. Oncology and Radiotherapy access either within the hospital, network or region for ambulatory care or inpatient radiotherapy and chemotherapy. Specifically the availability of an inpatient consultative service in medical oncology and radiotherapy.

### **Specifications and Function of the Upper GI Surgery Unit**

#### **Operating facilities**

Each surgeon should have, on average, one half day operating per week.

#### **Pre-admission Process**

The Unit should have access to a pre-admission clinic or similar arrangement to assess elective surgical patients to facilitate same day surgical admissions.

#### **Outpatient or Private Office Assessment**

The Unit should have a dedicated outpatient clinic.

#### **After Hours Cover**

The unit should provide 24 hour cover for the unit's inpatients.

#### **Weekly Ward Rounds and Meetings**

The Unit shall meet on a regular basis to conduct meetings to discuss the patients, protocols or any other business combined at some stage with a visit to the patients (ward round).

#### **Quality Assurance and Audit**

The Unit should be involved in a regular mortality and morbidity meeting, at least on a monthly basis with a six monthly or annual review. Quality assurance programmes (for example Clinical Indicators or quality projects) should become standard and reviewed at the weekly Unit meetings or audit meetings.

#### **Research**

The Unit shall have an interest in research either by encouraging individual research projects within the hospital or collaborating with existing clinical research projects.

#### **Academic Affiliation**

The Unit should have an affiliation with one of the University Medical Schools and be involved in Undergraduate Teaching Programmes.

### **Basic and Advanced Training in General/Upper GI Surgery**

Members of the Unit should be involved with the RACS activities to encourage surgical trainees in basic and advanced training in General and Upper GI Surgery. The Unit should also encourage overseas trainees or Upper GI surgeons to visit the Unit.

### **CME and Recertification**

The Unit head should be responsible for ensuring that the Guidelines provided by ANZGOSA are fulfilled and participate in CME activities.

The purpose of hospital accreditation is to ensure the highest quality of training for the Upper GI Fellowship and that the approved posts provide an appropriate supervision and learning environment to the prescribed standard.

1. The process for accreditation for appropriate centres for training in Upper GI surgery will be initiated by the Upper GI unit in conjunction with the hospital administration. The appropriate documentation will be completed and sent to the ANZGOSA training committee (see details).
2. The inspection will consist of at least 2 members of the ANZGOSA committee. Accreditation will be provided on a five year basis. Provisions for limited accreditation for one year and subsequent review should be available.
3. The recommendation of the supervisory team will be communicated to the ANZGOSA training committee and subsequently sent to the CEO (or other appropriate representative) of the hospital for comments. The final draft will be presented to the ANZGOSA executive for final approval
4. The accreditation committee should allow for at least a half day for the process.

Meetings would normally include:

- a) Meeting with Hospital Unit Supervisor and administrative staff of hospital and supervisor of Upper GI training to discuss general issues
- b) Meeting with members of the Upper GI unit to discuss case load and other issues
- c) Individual, confidential meetings with current trainee(s)/fellow.
- d) Inspection of the facilities.
- e) Briefing session to the whole team regarding issues of concern.

### **Post Fellowship Training Programme RACS accredited**

We are very pleased the ANZGOSA Post fellowship training programme is now RACS PFET accredited. This is a very exciting new step in recognition of our training programme.



### **New Board members**

We welcome new board members Paul Burton and Paul Cashin. We look forward to your contributions over the next three years.



## **ANZGOSA/AGITG Meeting 2017**

Thankyou to all delegates who attended the first combined ANZGOSA/ AGITG meeting held in Cairns.

Combining with AGITG provided us with a unique opportunity to focus on the problems of oesophageal and gastric cancer, considering not only the surgical aspects of these disease but also advances in adjuvant and neo-adjuvant therapies and emerging therapies that are currently being trialled. Iain Thomson put together an interesting and diverse programme and our international speaker Professor John Reynolds from Dublin was a fantastic contributor.

Overall the meeting was an outstanding success.



## **Post Fellowship Training in Upper GI Surgery**

2018 ANZGOSA fellows have now started their hospital unit placements. Applications have now closed for the 2019 post fellowship training programme. Many thanks to all who have applied for training programme in Upper GI Surgery. We will advise all successful applicants of interview early May, for interviews on June 2<sup>nd</sup>. All placements for Year 1 and 2 fellows are finalised in June.

## 2018 ANZGOSA / Medtronic Travelling scholarships

We are still awaiting approval from Medtronic.

2018 Annual meeting  
8 and 9 October 2018  
Te Papa, Wellington New Zealand

# REGISTER NOW

<http://www.conference.co.nz/anzgosa-anzhpba-18>

On behalf of the Australia and New Zealand Gastric and Oesophageal Surgery Association (ANZGOSA) and the Australia and New Zealand Hepatic, Pancreatic and Biliary Association (ANZHPBA) we would like to welcome you to our combined meeting in October 2018. The previous conjoint Queenstown meeting in 2014 was a huge success and enjoyed by all. This time we are in Wellington which is a magnificent setting for such a meeting.

We have a very exciting social and scientific programme planned which includes opportunities to enjoy the best of the capital. There will be separate, focused Upper GI and HPB sessions and a combined day discussing areas of shared interest. The content will be relevant to specialists in these areas and General Surgeons with an interest. We are also running a separate session on the Monday for cancer care nurses.

Save the date and we look forward to seeing you in Wellington.

Jonathan Koea & Andrew MacCormick  
Co-convenors



## Abstracts Open

[http://www.conference.co.nz/anzgosa-anzhpba-18/call\\_for\\_abstracts](http://www.conference.co.nz/anzgosa-anzhpba-18/call_for_abstracts)

Abstract Submission is **now open** for papers to be included in the 2018 October programme.

### Important Dates

Closing date for abstract submissions: 12 midday, **30 May 2018**.

Review : **June / July 2018**

Acceptance or rejection will be advised from: **Monday 6 August 2018**.

### HPBA Papers

Free papers - 9 minutes ( 7 presentation + 2 Q/A) on Day 1 and on screen (*subject to change*)  
and /or

E Posters (displayed on multi-touch display interactive screens within lounge)  
and / or

Quikshots session (5 mins - 3 + 2) on Day 2

### ANZGOSA Upper GI Papers

Free papers - 9 minutes (7 presentation + 2 Q/A) on Day 1 and on screen (*subject to change*)  
and /or

E Posters (displayed on multi-touch display interactive screens within lounge)  
and / or

Quikshots session (5 mins - 3 + 2) on Day 2

### Industry Partner

**Medtronic**  
Further, Together